

ASS. REC. BY:

REF: CS/TM1 19021375/ 6v43n2

Special Instruction:

SUBJECT:

G&

ASSIGNMENT (Office)

From (Person):

Telma Gomez

of

TM1

Date/Time: 3.12.19 17.32p.m

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHC 1399H

Insured:

SLJ 3450 U

at Workshop m/s

Comfodigno

Tel:

6248200

of

59 Loyang Drive

Policy No:

MK000584

Claim No:

M1909429

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 2.12.2019

CA / REV / REP. / REV 24 HRS

"up"

Date/Time:

4.2.19 8.30a.m

Person Contacted:

Juman

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 1399H - CS/FCI 190143421 / Lg 2312 D.O.A - 16/03/2019

SLJ 3450U - X

4/12/19

Send preli revised via meimen

5/12/19

Final fig \$1773.48 confirmed by email (Ref 710.64, 2990)

TMI

SHC1399H

Q5 Jan 2017

OD / TP WS / TP RES / OD RES / EVA / INV / MY

at Workshop min: *Comfort layup*

261

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

To: Tokio Marine Insurance Singapore Ltd 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn: Telma Gomez	Date: 04 Dec 2019

Preliminary Advice

Insured Vehicle No	: SLJ3450U	Accident Date	: 02/12/2019
TP Vehicle No	: SHC1399H	Assignment Date	: 03/12/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 3
Date of Inspection	: 3/12/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,484.12
Revised Amount	:S\$	1,773.48
Check Items (Estimated)	:S\$	19.68
Total	:S\$	1,793.16
Lump Sum Repair	:S\$	

Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments :The above survey was conducted on a 'Without Prejudice' basis.

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Dec 2019 19:00 Sendback Est	02 Dec 2019 19:08 \$52,484.12	03 Dec 2019 17:32 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	LION CITY RENTALS PTE LTD, Co. Reg. No.: 201504621K		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC1399H	Date of Loss:	02/12/2019 11:00 - :59 [34 Months and 27 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1909429	Policy/Cover Note No.:	MK000584 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLJ3450U	Policy No. (Claimant):	
		Excess:	\$51,500.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Telma Gomez - 65926402]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 12/12/2019]		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.



ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 5 December 2019 8:48 AM
To: 'Lim Kwok Eng'; Guo Qiang (LKKAUTO); SUR
Cc: Roger How Keen Meng; Tan Pei Wei
Subject: RE: SHC1399H finalize

Dear Mr Lim,

WITHOUT PREJUDICE

Confirmed amount \$1773.48 @ 3 working days.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Lim Kwok Eng <limke@cdge.com.sg>
Sent: Wednesday, 4 December 2019 5:53 PM
To: Guo Qiang (LKKAUTO) <GuoQiang@lkkauto.com>
Cc: Roger How Keen Meng <rogerhow@cdge.com.sg>; Tan Pei Wei <tanpw@cdge.com.sg>
Subject: SHC1399H finalize

Dear Guo Qiang,

Kindly expedite finalize, refer attachments, thanks.

Best Regards

Lim Kwok Eng

Taxi Crash Repairs / ComfortDelGro Engineering Pte Ltd

Tel. 6214-8355 / 6214-8156



Think Before Printing

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHC1399H
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Dec 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU701228
Chassis No.:	KMHLB41UMHU097914
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,110.00
Original Registration Date:	05 Jan 2017
First Registration Date:	05 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$20,154.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jan 2025
PARF Rebate Amount:	\$15,115.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jan 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,516.00
COE Rebate Amount:	\$25,744.00
Total Rebate Amount:	\$40,859.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 04 Dec 2019

OK

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.

SHC1399H

Make / Model

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Vehicle Type :

H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1 :

Air-Con (Taxi)

Vehicle Scheme :

Taxi (Company)

Chassis No. :

KMHLB41UMHU097914

Propellant :

Diesel

Engine No. :

D4FDGU701228

Motor No. :

-

Engine Capacity :

1685 cc

Power Rating :

-

Maximum Power Output :

100.0 kW (134 bhp)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/12/2019 15:11
Date Of Accident	02/12/2019 11:35
Exact Location Of Accident	CHURCH STREET TWDS COLLYER QUAY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1399H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHIA MIAH YAM
NRIC No	S1206958H
Date Of Birth	21/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96757754
Fax Number	
Contact Number	
Email Address	SCMYAM@GMAIL.COM

Address	BLK 830 HOUGANG CENTRAL #07-534
Postcode	530830
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3450U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

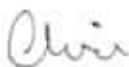
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CONFIDENTIAL INFORMATION HEREIN



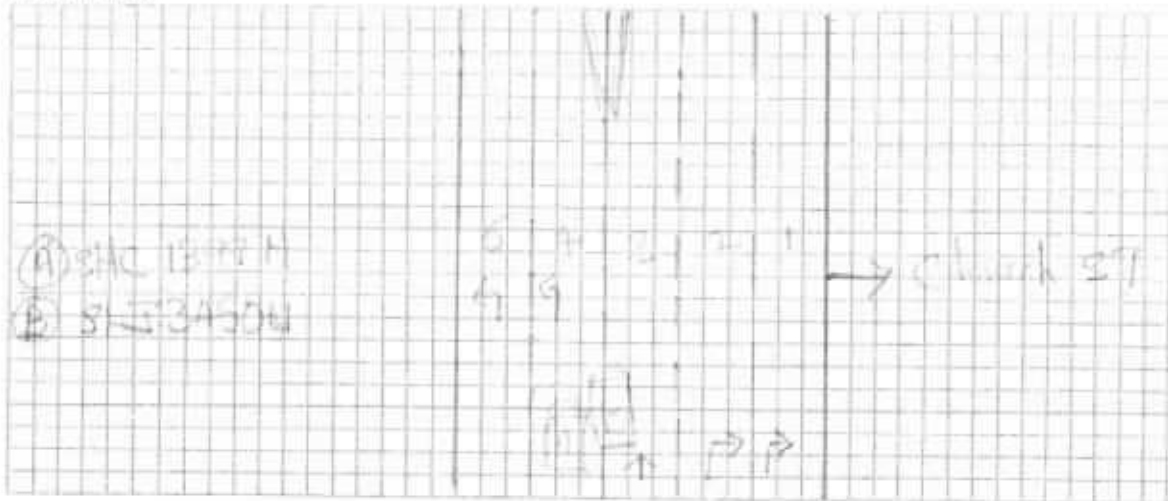
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

02/12/19

Reporting Centre Personnel's Signature
Name:
NRIC/NN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/12/2019 at about 1135 hrs, I vehicle A was driving my taxi along Church Street on the fourth lane. while I going straight, vehicle B was on my right side. Suddenly vehicle B cuts into my lane cause the accident. No one was injured at that time.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

02/12/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Date/Time: 02.12.2019 15:55

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305358428

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

CUNT CARD NO.

REGN NO.

SHC1399H

MILEAGE

MAKE

HYUNDAI

FUEL

E 1/2 F

MODEL

I-40

DATE/TIME IN

02.12.2019 12:20

YR OF MANU.

05.01.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU097914

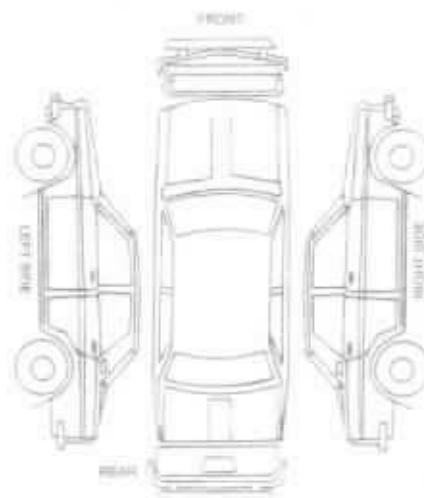
COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 02.12.2019

NATURE: 3P 02.12.2019

S/NO LABOR CODE DESCRIPTION



KEY & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Id.: SHC1399H

LKE

Vehicle No.

SHC1399H

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

CTPL

Singapore

Like

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	02/12/2019
Vehicle Reg. No.:	SHC1399H	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	05/01/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU701228	Chassis No:	KMHLB41UMHU097914
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,573.12
Miscellaneous Items	11.00
Labour	900.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,484.12
+ GST 7.00% (S\$)	173.89
Nett Amount (S\$)	2,658.01

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 02 Dec 2019)**Parts:** 143 - HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC1399H/02/12/2019 19:08**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT BUMER COVER <i>re</i>	20.00	0.00	*1,052.20 FL
2	1		*FRT FENDER RH <i>X repair</i>	20.00	0.00	*566.30 FL
3	1		*FRT FENDER SHIELD RH <i>re</i>	20.00	0.00	*175.90 FL
4	1		*FRT FENDER RETAINER RH <i>X NN</i>	20.00	0.00	*24.60 FL
5	1		*FRT BUMPER TOP BRACKET RH <i>X NN</i>	20.00	0.00	*22.40 FL
6	1		*FRT FENDER ADVERTISEMENT LOGO RH <i>re</i>	0.00	0.00	*100.00 F

F=Franchise part, L=ListItemDisc.

Sub Total (S\$) **1,941.40**- List Item Discount on L Items (S\$) **368.28**Total Parts (S\$) **1,573.12**

ComfortDelGro Engineering Pte Ltd/SHC1399H/02/12/2019 19:08. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	280 350.00
2	SPRAY PAINTING CHARGE	New	400 500.00
3	TUFF KOTE	New	N/A X 50.00
Gross Labour Cost (S\$)			900.00

ComfortDelGro Engineering Pte Ltd/SHC1399H/02/12/2019 19:08. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

P/P [Signature] 12/19
before paint photos

Gen. Org.

03/12/19.

3 Days.

2:40 pm

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	280 350.00
2	SPRAY PAINTING CHARGE	New	400 500.00
3	TUFF KOTE	New	NX 50.00
Gross Labour Cost (S\$)			900.00

ComfortDelGro Engineering Pte Ltd/SHC1399H/02/12/2019 19:08. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

P/P

refuel pump + photos

Guo Ong.

03/12/19.

3 Days.

2:40 pm

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305358428
 REGN NO : SHC1399H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 05.01.2017
 DATE/TIME IN : 02.12.2019 12:20
 ACCIDENT DATE : 02.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A I40V3 BUMPER W LIP & FOG 1 L 1,052.20 20.00 841.76

0002 04-01-0103-2934-A I40V3 GUARD ASSY-FRONT WH 1 L 175.90 20.00 140.72

SUB-TOTAL : 982.48

JOB NATURE

0000 20-05 RENEW ADVERTISMENT STICKER- 100.00

0001 L MERIMEN CHARGE 11.00

0002 L PANEL BEATING 280.00

0003 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 791.00

TOTAL : 1,773.48

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Our Job Ref No 305358428

Date : 04.12.19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr GUO QIANG

Vehicle Reg No. SHC1399H CTPL

02.12.19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO MARINE --- SLJ3450U
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$982.48
(b) Labour Charges	\$791.00
Total for Part-By-Part Repair Cost	\$1,773.48
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : _____

Name : LIM KWOK ENG

Name : _____

Tel : 62148316

Date : _____

Fax : 65468156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/TMI19021375/GVF3N2

Date: 06/12/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000584
Claimant Vehicle No :	SHC1399H	Insured Vehicle No :	SLJ3450U
Date of Loss:	02/12/2019	Nature of Claim:	TP
		Claim No:	M1909429

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC1399H	Engine No:	D4FDGU701228
Make & Model:	HYUNDAI I40, 1.7 D CRDI (A)	Chassis No:	KMHLB41UMHU097914
Reg. Date:	05/01/2017 (Man. Year: 2016)	Odometer:	603952 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,573.12	1,082.48	490.64	31.19
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	900.00	680.00	220.00	24.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,484.12	1,773.48	710.64	28.61
+ GST 7.00/7.00% (S\$)	173.89	124.14	49.75	28.61
Nett Amount (S\$)	2,658.01	1,897.62	760.39	28.61

INSPECTION

Date of Assignment:	03/12/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	03/12/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: XING GUO QIANG

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 06 Dec 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC1399H)
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRT BUMER COVER	Deformed	1,052.20 FL	*1,052.20 FL
2	1		*FRT FENDER RH	Repair	566.30 FL	*- FL
3	1		*FRT FENDER SHIELD RH	Deformed	175.90 FL	*175.90 FL
4	1		*FRT FENDER RETAINER RH	Not Necessary	24.60 FL	*- FL
5	1		*FRT BUMPER TOP BRACKET RH	Not Necessary	22.40 FL	*- FL
6	1		*FRT FENDER ADVERTISEMENT LOGO RH	Necessary	100.00 F	*100.00 FS

F=Franchise part, S=SpcNett, L=ListItemDisc.

Sub Total (S\$)	1,941.40	1,328.10
- List Item Discount on L Items 20.00/20.00% (S\$)	368.28	245.62
Total Parts (S\$)	1,573.12	1,082.48

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Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	11.00	11.00
Sub Total (S\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	350.00	280.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	TUFF KOTE	New	50.00	0.00
Gross Labour Cost (S\$)			900.00	680.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >