ASS. REC. BY: | REF: CS/TMI/1904693/Fyf362 | Special Instructions:

Surveyor: Ram

ASSIGNMENT (Office)

From (Person): Driver Santhiran S Selangor of: TMI Date/Time: 10.12.19 10.199.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHA 7944E Insured: SJK 1586T

at Workshop m/s: Comfortdelgro Tel: 6148300

of: 59 Jalan Dival

Policy No: MT 109126 Claim No: M1909600

Sum Insured: Excess:

Make of Veh: D.O.A: 9.12.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 10.12.19 10.00a.m Person Contacted: Jumani H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 7944E - CS/GW/1904693/Fyf362 DOA - 9/12/2019
	SJE 1586T - X

ASSIGNMENT

From [redacted] Date

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	X

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 7944E Yr Regn 27/03/2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai I 40 c.c 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp.Reading 358658 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHLB41UMEU052876

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or HANKOOK

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A	9/12/19 07:30	D.O.I	9/12/19

Survey held at (confidential (Loyang)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or rear

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	C/S $950+ (Red $803-84, 95%) YOKO minimum C/S

RECEIVED 30 JAN 2020

Date/Time, File Pass to?

1) [ ] : Preli. Report

[ ] : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee: 250

Transportation:

Add Fee: [ ] Site Insp ($)

[ ] Interview ($)

[ ] Tech. Insp ($)

[ ] Others ($)

Date/Time, File Pass to?

2) 30/1/20 Typist

Total Fee: $950+

11

261

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Dec 2019 18:15 Sendback Est	09 Dec 2019 18:29 **S$1,464.84**	10 Dec 2019 10:19 Assign				***New Assignment*** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS

Insured:	**CTPL**, Co. Reg. No.: 199303821R		
Main Claimant:	**CTPL**		
Vehicle Reg. No.:	**SHA7944E**	Date of Loss:	09/12/2019 07:00 - :59 [**68** Months and **12** Days From LTA Reg Date (Man Yr)]
Claim Type:	**TP** / M1909600	Policy/Cover Note No.:	MT109126 (Comprehensive) Coverage: 25/10/2019 - 24/10/2020
Vehicle Reg. No. (Insured):	**SJK1586T**	Policy No. (Claimant):	
		Excess:	S$0.00
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 **Dilien Senthilan so Selvarajoo**]		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [**Final Rpt** due 19/12/2019]		

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.

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 witholding 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	09/12/2019 13:41
Date Of Accident	09/12/2019 07:30
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI B4 EXIT 22 ENG NEO AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7944E
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	TONG GHIM SIONG
NRIC No	S1198106B
Date Of Birth	03/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	28/02/1975
Driving Experience	44 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85354713
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 204 TAMPINES STREET 21 #07-1205
Postcode	520204
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
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: : MALE

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	SJK1586T
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAMALRUDDIN BIN KASIM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TONG GHIM SIONG
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHA7944E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.
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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.

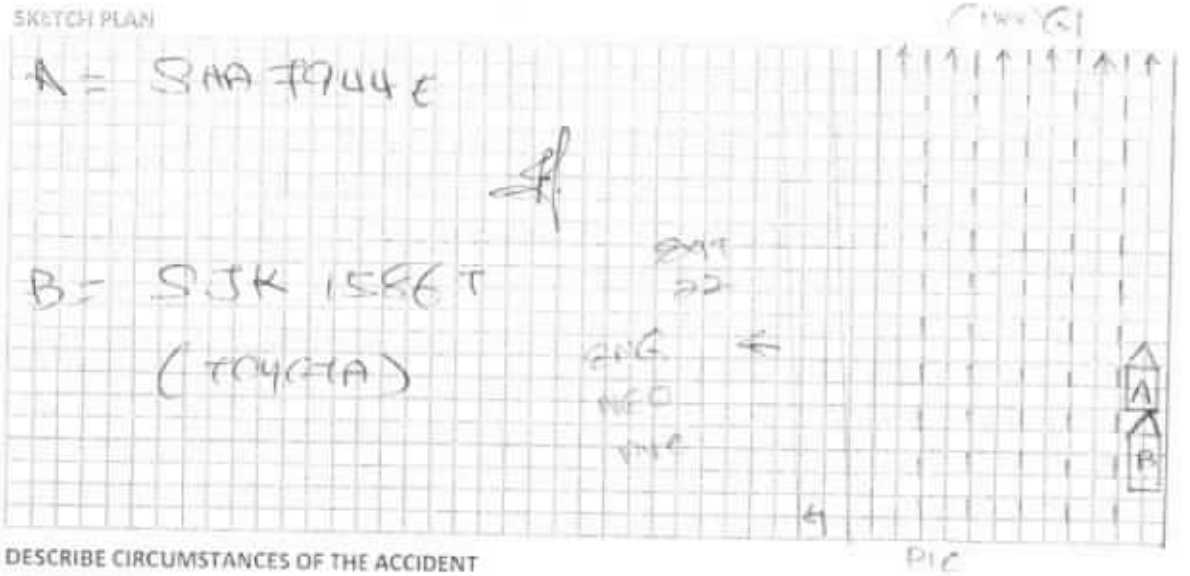
Olivia Wendy

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

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

Olivia **Wendy**

Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

H2R B>A

Describe Circumstances of the Accident.

On the 09/12/2019 @ 07:30hrs, I was driving along PIE towards Airport with 1 male passenger on board my taxi.

As I was driving before the Exit 22 towards Eng Neo Ave, the front slow down to stop so I brake as well when suddenly there's an impact from behind my taxi. I step out to checked and found a vehicle of SJK1586T front left had collided onto my taxi rear right portion.

I felt slight pain on my neck and will consult doctor later.

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

Witnessed by Reporting Centre Personnel


SJK
1586T


6552 1111
SHA 7944E

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579721
Workshops
38 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
16 Pandan Road Singapore 609296
24 Genesis Loop Singapore 738156
7 Bongai Kechil Way Singapore 728781
351 Yishun Industrial Park A Singapore 768737

Date/Time: 09.12.2019 14:36 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305365690

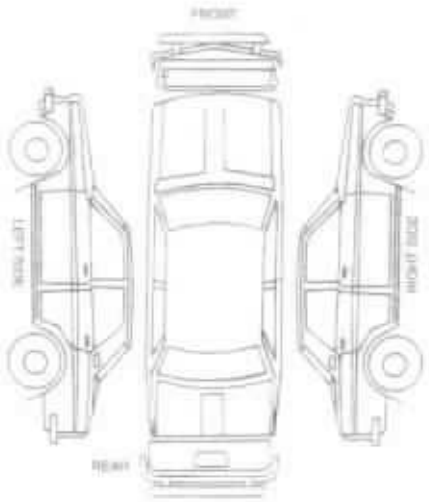
OMER	REGN NO.: SHA7944E / MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI / FUEL E 1/2 F
OMER NO. 7010045	MODEL: I-40 / DATE/TIME IN: 09.12.2019 11:35
IESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU: 27.03.2014 / TARGET DATE
(R) 65508755 (O)	CHASSIS CODE: KMHLB41UMEU052876 / COMPLETION DATE/TIME:
(P)	
OUNT CARD NO.	

Tokio Marine

JOB DESCRIPTION

Accident Date: 09.12.2019
NATURE: 3P 09.12.2019

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHA7944E LKE

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7944E

Name of Service Advisor

Date

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

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	09/12/2019
Vehicle Reg. No.:	**SHA7944E**	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	27/03/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU411443	Chassis No:	KMHLB41UMEU052876
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	723.84
Miscellaneous Items	11.00
Labour	730.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**1,464.84**
+ GST 7.00% (S$)	102.54
Nett Amount (S$)	**1,567.38**

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: 09 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/SHA7944E/09/12/2019 18:29**	
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		***REAR BUMPER** Crq	20.00	0.00	*553.00 FL
2	10		***REAR BUMPER CLIPS** nec	20.00	0.00	*22.00 FL
3	1		***REAR BUMPER BRACKET RH** x nn	20.00	0.00	*35.60 FL
4	1		***REAR BUMPER BRACKET LH** x nn	20.00	0.00	*35.60 FL
5	1		***REAR BUMPER UNDER COVER** Br	20.00	0.00	*228.00 FL
6	1		***REAR BUMPER REFLECTOR LAMP RH** Scr	20.00	0.00	*30.60 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S$)	**904.80**
- List Item Discount on L Items (S$)	180.96
Total Parts (S$)	**723.84**

ComfortDelGro Engineering Pte Ltd/SHA7944E/09/12/2019 18:29. 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	~~350.00~~ 280
2	**SPRAY PAINTING CHARGE**	New	~~250.00~~ 200
3	**WIRING CHARGE**	New	~~50.00~~ NV
4	**REMOVE/REFIX REVERSE SENSOR**	New	~~80.00~~ 50
		Gross Labour Cost (S$)	**730.00**

ComfortDelGro Engineering Pte Ltd/SHA7944E/09/12/2019 18:29. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7944E **DATE 9/12/2019 11:45**

MAKE :

MODEL : HYUNDAI i40

LKC Tokio Mari

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper CRG			$ 553.00	
	Rear Bumper Clip 10 pcs NCC			$ 22.00	
	Rear Bumper Bracket XMN		$ 35.60	$ 71.20	
	Rear Bumper Under Cover BC			$ 228.00	
	Rear Bumper Reflector Lamp (RH) SCR			$ 30.60	
	SUB TOTAL			**$ 904.80**	
	LESS 20%			$ 180.96	
	DISCOUNTED TOTAL			**$ 723.84**	
	Rear Bumper Advertisement Logo ~~ARC~~ XMN			$ 50.00	**Nett**
	Rear Bumper Rubber Mat XMN			$ 50.00	**Nett**
	Rear Fender Advertisement Logo (LH/RH) ~~XMEC~~ XMN		$ 100.00	$ 200.00	**Nett**
				$ 300.00	
	Labour Charge				
	Panel Beating			$ 350.00	$280
	Spray Painting Charge			$ 250.00	$200
	Wiring Charge			$ 50.00	XMN
	Remove/Refix Reverse Sensor			$ 80.00	$50
	Mermen Charge			$ 11-00	
	TOTAL LABOUR			**$ 730.00**	
	ESTIMATE TOTAL			**$ 1,753.84**	

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:

9/12/19

Ram (LKK)
09/12/19 [illegible] 9hrs
ramsurya@lkkauto.com
88622778 (HP)
3 repair days (LS)
add rear photo

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305365690

Date : 27.12.19

FINALIZATION FORM

To : LKK Fax :

Attn : Mr RAM

Vehicle Reg No. SHA7944E CTPL 09.12.19

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

1. The repair job shall bill to: **TOKIO MARINE --- SJK1586T**

2. The finalized amount shall be:

(a)	Spare Parts after List discount		
(b)	Labour Charges		
	Total for Part-By-Part Repair Cost		
(c.)	Lumpsum Repair (if applicable)		
	Total for Lumpsum repair cost after Less:	20%	$950.00
	Final Lumpsum Repair cost		**$950.00**

Yvonne

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.

Signature :

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

We confirm the estimates and finalized amount

Signature :

Name : Ram

Date : 6/1/2020

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:

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Dec 2019 18:15 Sendback Est	09 Dec 2019 18:29 **S$1,464.84**	10 Dec 2019 10:19 Edit Adj Rpt	**S$950.00** Edit Estimates	**S$950.00** View Rpt		**Pending for Survey Report** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS

Insured:	**CTPL**, Co. Reg. No.: 199303821R		
Main Claimant:	**CTPL**		
Vehicle Reg. No.:	**SHA7944E**	Date of Loss:	09/12/2019 07:00 - :59 [**68** Months and **12** Days From LTA Reg Date (Man Yr)]
Claim Type:	**TP** / M1909600	Policy/Cover Note No.:	MT109126 (Comprehensive) Coverage: 25/10/2019 - 24/10/2020
Vehicle Reg. No. (Insured):	**SJK1586T**	Policy No. (Claimant):	
		Excess:	S$0.00
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 **Dillen Senthilan so Selvarajoo**]		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [Handled by **PARASURAM SHANMUGAM**] ... [**Final Rpt** due 19/12/2019]		

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.

Claim Documents

SHA7944E (M1909600)
[SJK1586T]
TP
CTPL
Dec 9 2019 7:00AM
[CTPL]
ComfortDelGro Engineering Pte Ltd

Upload Documents | Upload Photos | Compose New Letter — View: View in Browser

Assessment Reports			1 per page		
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	09/12/19 18:29	Repairer Estimates		Load HTM	

Photos/Images			3 per page		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	11/12/19 09:09	General View		Load JPG	
2	11/12/19 09:09	General View		Load JPG	
3	11/12/19 09:09	General View		Load JPG	
4	11/12/19 09:09	General View		Load JPG	
5	11/12/19 09:09	General View		Load JPG	
6	11/12/19 09:09	General View		Load JPG	
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12	11/12/19 09:09	General View		Load JPG	
13	11/12/19 09:09	General View		Load JPG	
14	11/12/19 09:09	General View		Load JPG	
15	11/12/19 09:09	General View		Load JPG	
16	11/12/19 09:09	General View		Load JPG	
17	11/12/19 09:09	General View		Load JPG	
18	11/12/19 09:09	General View		Load JPG	
19	11/12/19 09:09	General View		Load JPG	
20	11/12/19 09:09	General View		Load JPG	
21	11/12/19 09:09	General View		Load JPG	
22	11/12/19 09:09	General View		Load JPG	
23	11/12/19 09:09	General View		Load JPG	
24	11/12/19 09:09	General View		Load JPG	
25	11/12/19 09:09	General View		Load JPG	

Documentation			1 per page		
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)		Thumbnail	Print
1	15/01/20 10:00	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee		Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	09/12/19 18:31	E-filed GIA report		Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	23/12/19 22:00	Letter of Demand from Third Party		Load TIF	
2	23/12/19 22:00	Letter of Demand from Third Party		Load TIF	

Documents Checklist

DOCUMENTS CHECKLIST Reset | Save | Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Repairer ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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/TMI19021693/FYF3E2
Date: 03/02/2020

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT109126		
Claimant Vehicle No :	SHA7944E	**Insured Vehicle No :**	SJK1586T		
Date of Loss:	09/12/2019	Nature of Claim:	TP	Claim No:	M1909600

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	**SHA7944E**		
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Engine No:	D4FDEU411443
Reg. Date:	27/03/2014 (Man. Year: 2014)	Chassis No:	KMHLB41UMEU052876
Colour:	Blue	Odometer:	558658 km
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:	205/60 R16	Rear Tyre Size:	205/60 R16
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	723.84	666.88	56.96	7.87
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	730.00	530.00	200.00	27.40
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S$)	**1,464.84**	**1,207.88**	**256.96**	**17.54**
Approved Total (Overridden) (S$)		**950.00**		
(S$)	1,464.84	950.00	514.84	35.15
+ GST 7.00/7.00% (S$)	102.54	66.50	36.04	35.15
Nett Amount (S$)	**1,567.38**	**1,016.50**	**550.88**	**35.15**

INSPECTION

Date of Assignment:	10/12/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	09/12/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: PARASURAM SHANMUGAM **Manager:** YVONNE WONG YIN CHENG

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: 03 Feb 2020)
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 SHA7944E)	
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	Reference	Amount
1	1		***REAR BUMPER**	Cracked	553.00 FL	-	*553.00 FL
2	10		***REAR BUMPER CLIPS**	Necessary	22.00 FL	-	*22.00 FL
3	1		***REAR BUMPER BRACKET RH**	Not Necessary	35.60 FL	-	*- FL
4	1		***REAR BUMPER BRACKET LH**	Not Necessary	35.60 FL	-	*- FL
5	1		***REAR BUMPER UNDER COVER**	Broken	228.00 FL	-	*228.00 FL
6	1		***REAR BUMPER REFLECTOR LAMP RH**	Scratched	30.60 FL	-	*30.60 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S$)	**904.80**	**833.60**	
- List Item Discount on L Items 20.00/20.00% (S$)	180.96	166.72	
Total Parts (S$)	**723.84**		**666.88**

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
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
Labour Items				
1	**PANEL BEATING**	New	350.00	280.00
2	**SPRAY PAINTING CHARGE**	New	250.00	200.00
3	**WIRING CHARGE**	New	50.00	0.00
4	**REMOVE/REFIX REVERSE SENSOR**	New	80.00	50.00
		Gross Labour Cost (S$)	**730.00**	**530.00**

Report was unsubmitted during this print-out.

< END OF ESTIMATES >