

Surveyor: Apm

DOI: 10/12/19

Date / Time: 10/12/19

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GZ 2113 A Claim No. : _____
 Name of Insured : Hung Soon Medical Trade Pte Ltd Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess See II : \$5 D.O.A : 06/12/2019 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (VA: YES / NO) Insured Liability : % Final ? Yes / No

SHD 3114U



INSRS: WSP: comfort delgro
 Tel : _____
 Liability : _____
 RMKS : _____



INSRS:
 WSP:
 Tel : _____
 Liability : _____
 RMKS : _____



INSRS:
 WSP:
 Tel : _____
 Liability : _____
 RMKS : _____



INSRS:
 WSP:
 Tel : _____
 Liability : _____
 RMKS : _____

Date/ Time	STAGE	DATE / PIC
	Non-Reporting Itr (1st):	
	Non-Reporting Itr (2nd):	
	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
	Call OI: <u>EMMA 21/120</u>	
	After call Itr to OI:	
	Documentation Check List: Handler Typist	
	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: Apm
 Repair Cost: 43 \$5900 (3 days) Reduction: 80 % Email Call

FINAL SETTLEMENT Date/Time: 14/02/2020 Confirm with: Ching Hui Email Call
 Final Liability: 100% % 50 (Agreed / Assessed) BOLA S/N No. : 190 If NO or B 28, Ass. Lia :
 Repair Cost: 2147 + 9340 \$5 481.30 did move off from Str...

Loss of Rental (LOR): 294.75 \$5 272.38 (5 days) * 116.95
 Loss of Use (LOU): - \$5 - (\$ x 5 days)
 Loss of Income (LOI): 125.00 \$5 125.00 (\$ 50 x 5 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search 13.49 \$5 7.49
 Medical: - \$5 -
 Disbursement: - \$5 - (e.g. Tow/ Independent)
 Legal Cost - \$5 -
 Total: 1,805.24 \$5 906.37 Global Sum \$5: 910.00

FINAL PAYMENT Date/Time: 14/02/2020 Confirm with: Ching Hui Email Call

Payee 1: \$5 910.00 Name 1: COMFORT DELGRO ENGINEERING PTE LTD
 Payee 2: (Strike if N.A.) \$5 Name 2: _____
 Payee 3: (Strike if N.A.) \$5 Name 3: _____

COMFORT DELGRO
14/2/20

ASSIGNMENT

From _____ 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.
 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: SHD 314 U Vi Regn: 16/06, 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
 Make: Hyundai i40 cc 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 550209 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLEB410MS009469
 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. 06/12/19 D.O.I. 10/12/19
 Survey held at comfortelgro (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt & O/S Frt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>4s: +900 (R&D: + 3,583.20 20%)</u>
	<u>L/S</u> <u>Ching Tai</u>

Date/Time: File Pass (1/7) : Preli. Report : Final Report

Days Of Repair: _____ Resurvey No. of Trip: _____

Arld Fee: : Site Insp. \$: Interview \$: Test. Dr. time \$: Other \$

Survey Fee: _____
 Transportation: _____
 3 + PS \$ _____
 Flares _____
 Other _____



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: TBA
Our ref: CC3/CTI19021813/Fea3

Date: 03/01/2020

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHD 3114U

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 10/12/2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:-

Workshop Estimate Amount	: S\$	4,483.20
Revised Estimate Amount	: S\$	900.00
"Check" Items Amount	: S\$	-
Total (Including Check Items)	: S\$	900.00

Market Value	: S\$	-	(est.)
LTA Reimbursement Value	: S\$	-	(est.)
Nett Value	: S\$	-	(est.)

Description of Damage:

The vehicle sustained damages at the O/S front portion and front portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 3 days

Yours faithfully,

RAM
Licensed Appraiser

Member of COMFORTDELGRO

Date/Time: 06.12.2019 16:59 Page : 1

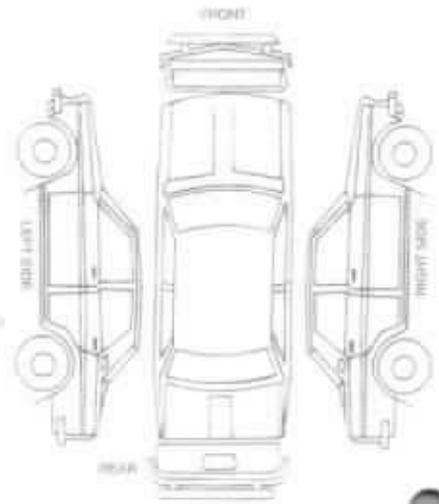
Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO: 305359825

MEMBER COMFORT TRANSPORTATION PTE LTD 7010045 MEMBER NO 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 (P) 65508755 (M) (P) UNIT CARD NO.	REGN NO:	SHD3114U	MILEAGE
	MAKE:	HYUNDAI	FUEL E _____ 1/2 _____ F
	MODEL:	I-40	DATE/TIME IN 06.12.2019 13:40
	YR OF MANU:	16.06.2016	TARGET DATE
	CHASSIS CODE	KMHLB41UMGU091469	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 06.12.2019
 NATURE: 3P 06.12.19/C

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



ED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Agreement Slip Vehicle No.: SHD3114U LIMITS	Exit Pass Vehicle No.: SHD3114U
Signature of Advisor _____	Signature of Customer _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

China Taiping
LKE - Ram
CL5

(Fri)
Date: 06.12.2019
Time: 17:45:33
Page: 1/2
IS

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

JOB NO : 305359825
REGN NO : SHD3114U
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 16.06.2016
DATE/TIME IN : 06.12.2019 13:40
ACCIDENT DATE : 06.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	FRT BUMPER	1	1,052.20	20.00	841.76	x(R)
0002	04-01-0103-0782-A	HEADLAMP RH	1	1,388.00	20.00	1,110.40	xnn
0003	04-01-0103-0573-A	FRT FENDER RH	1	663.00	20.00	530.40	x(R)
0004	04-01-0103-4991-G	FRT BUMPER GRILLE RH	1	51.70	20.00	41.36	xnn
0005	04-01-0103-0638-G	FRT BUMPER UPR BRKT RH	1	22.40	20.00	17.92	xnn
0006	04-01-0103-0640-G	FRT FENDER RETAINER RH	1	24.60	20.00	19.68	xnn
0007	04-01-0103-0658-G	FRT WHEEL CAP RH	1	107.10	20.00	85.68	scr
0008	04-01-0103-0594-G	WING MIRROR RH	1	670.00	20.00	536.00	x(R)

\$8562

SUB-TOTAL : 3,183.20

JOB NATURE

0000	PB	PANEL BEATING	600.00	\$560
0001	SP	SPRAYPAINT CHARGE	500.00	\$450
0002	17-01	CHECK ALL LIGHTING	40.00	\$20

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE *China Taiping CHS*
LKK - Ram.

(Fri)
Date: 06.12.2019
Time: 17:45:33
Page: 2/2 *TS*

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

JOB NO : 305359825
REGN NO : SHD3114U
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 16.06.2016
DATE/TIME IN : 06.12.2019 13:40
ACCIDENT DATE : 06.12.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 20-00 TUFF COAT ON AFFECTED PARTS.	40.00		<i>xun</i>		
0004 L WHEEL ALIGNMENT	120.00		xun <i>\$60</i>		
SUB-TOTAL :					1,300.00
TOTAL :					<u>4,483.20</u>

Lmkf

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

RAM (LKK)
10/12/19 1200hrs
Parasuram@lkkauto.com
88622778 *(HS)*
aft repair photo
(3) repair days

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:

Our Job Ref No : 305359825

Date : 11/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHD3114U

Date of Accident : 06-Dec-19

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

1. The repair job shall bill to: CHINA TAIPING --- GZ2113A

2. The finalized amount shall be:

(a) Spare Parts after List discount 10% off _____

(b) Labour Charges _____

Total for Part-By-Part Repair Cost _____

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$900.00

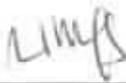
Final Lumpsum Repair cost \$900.00

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 T S

Name : RAM

Tel : 62148398

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:

Mei Kwan (LKKAuto)

From: Ben Tang <Ben.Tang@sg.cntaiping.com>
Sent: Monday, 6 January, 2020 9:22 AM
To: Mei Kwan (LKKAuto); Asher Sng (LKKAuto)
Cc: Claims Dept of CTI; Chee So Chow
Subject: RE: OUR REF: SNM19D205880/GZ2113A/BEN - Accident Involving GZ2113A (OI : CTI - TBA) and SHD3114U (TP : LKK REF - CC3/CTI19021813/Fea3) on 06/12/2019
Attachments: SAS2716041.pdf
Categories: HMK

Dear Mei Kwan

We refer to above matter.

Attached our insured SAS report for your reference.

Thank you.

Best Regards
Ben Tang
Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #XX-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6175 | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Claims Dept of CTI
Sent: Friday, January 3, 2020 5:50 PM
To: Ben Tang <Ben.Tang@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; Mei Kwan (LKKAuto <Meikwan@lkkauto.com>; 'Asher Sng (LKKAuto)' <AsherSng@lkkauto.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: OUR REF: SNM19D205880/GZ2113A/BEN - Accident Involving GZ2113A (OI : CTI - TBA) and SHD3114U (TP : LKK REF - CC3/CTI19021813/Fea3) on 06/12/2019

Dear Ben,

Please revert LKK.

Note : officer in charge – Ben Tang 63896175.

***** Kindly quote our reference number when replying.**

Thank you



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC3/CT119021813/Fea3n2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 19-02-2020	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GZ 2113A	Veh. Inspected	SHD 3114U
Policy No.	DMCVSN1752071902	Coverage (\$)	0.00
Claim No.	SNM19D205880	Excess (\$)	0.00
Assign From		Assign Date	10/12/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091469	Colour	BLUE
Odometer	550209	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/12/2019	Inspection Date	10/12/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3114U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRT BUMPER	TO REPAIR SEE LABOUR	1,052.20	-
1	HEADLAMP RH	NOT NECESSARY	1,388.00	-
1	FRT FENDER RH	TO REPAIR SEE LABOUR	863.00	-
1	FRT BUMPER GRILLE RH	NOT NECESSARY	51.70	-
1	FRT BUMPER UPR BRKT RH	NOT NECESSARY	22.40	-
1	FRT FENDER RETAINER RH	NOT NECESSARY	24.60	-
1	FRT WHEEL CAP RH	SCRATCHED	107.10	107.10
1	WING MIRROR RH	TO REPAIR SEE LABOUR	670.00	-
	LESS 20% DISCOUNT		-795.80	-21.42
			3,183.20	85.68
LABOUR				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRT BUMPER, FRT FENDER RH AND WING MIRROR RH.		600.00	560.00
	SPRAYPAINT CHARGE.		500.00	450.00
	CHECK ALL LIGHTING.		40.00	20.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	-
	WHEEL ALIGNMENT.		120.00	60.00
			1,300.00	1,090.00
GRAND TOTAL			4,483.20	1,175.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				900.00

Report Ref No. CC3/CTI19021813/Fea3n2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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