

ASS. REC. BY:

REF:

CS/TM219022909 / TT+302

Special Instruction:

Survisor: Taufiq

ASSIGNMENT (Office)

From (Person): Ong Chin Kat

of

TMC

Date/Time: 3.12.19 9.11.19 M

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 8670C

Insured:

SLN 652C

at Workshop m/s

Comfort Auto

Tel:

6214 8300

of

59 loyang Drive

Policy No:

MS 003490

Claim No:

M1910107

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 27.12.2019

CA / REV / REP. / REV 24 HRS

Date/Time: 31.12.19 9.41.19 M

Person Contacted:

Sumari

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time

Action/Instruction ( ✓ ) Estimate

SLN 652C X

SHC 8670C - CC3/TM218013088/M24M2 DOR: 17/07/2018

01/1/2020 9.56am revised to Ong Chin Kat via Merimen.

ASS. REC. BY:

REF:

## 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. \_\_\_\_\_

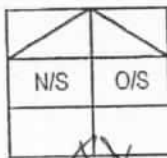
Claims No. \_\_\_\_\_

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: \_\_\_\_\_ 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: SHC8670C Yr Regn: 2016 JanType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 567356 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HLB41um 64083102Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 6 4

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Woxlake

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 27/12/19 0235pmSurvey held at COGE WyongDes. of Damages: Frt / Rear / O/S / N/S / U/C / Roof or \*

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

Date / Time Action / Instruction

15/1/20. 459/100, 2 days Email to Lm. Red: 997.26; 470/0

RECEIVED 16 JAN 2020

Date/Time, File Pass to?

1) 16/1 Typist ☐ : Preli. Report☒ : Final Report

Date/Time, File Return to?

2)

Rep. Form: TPLump Sum / L.B. 1100Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Survey Fee: 250

Transportation:

S + RS. SI

Photos

Others 11

TOTAL

261

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	27 Dec 2019 17:45 <a href="#">Sendback Est</a>	27 Dec 2019 17:54 <b>S\$2,097.26</b>	31 Dec 2019 09:11 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8670C	Date of Loss:	27/12/2019 11:00 - :59 [47 Months and 20 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1910107	Policy/Cover Note No.:	MS003490 (Comprehensive) Coverage: 20/04/2019 - 19/04/2020
Vehicle Reg. No. (Insured):	SLN652C	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 Ong Chin Kiat]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 10/01/2020]		

### 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.									

**Note: This document has not been finalised.**

## 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: Ong Chin Kiat

Date: 02 Jan 2020

### Preliminary Advice

Insured Vehicle No	: SLN652C	Accident Date	: 27/12/2019
TP Vehicle No	: SHC8670C	Assignment Date	: 31/12/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 27/12/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

### Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,097.26
Revised Amount	:S\$	1,379.10
Check Items (Estimated)	:S\$	528.16
Total	:S\$	1,907.26

Lump Sum Repair	:S\$	
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### **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.
- ( ) Other comments :

## 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	27/12/2019 14:28
Date Of Accident	27/12/2019 11:35
Exact Location Of Accident	ALONG BALESTIER RD TOWARDS MOULMEIN RD AFTER X-JUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8670C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	CHENG SWEE LEN
NRIC No	SXXXX447C
Date Of Birth	02/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1969
Driving Experience	50 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94501383
Fax Number	
Contact Number	
Email Address	971SLCHENG@GMAIL.COM

Address	BLK 971 HOUGANG STREET 91 #14-198
Postcode	530971
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	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	SLN652C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG HAOWEN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

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 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. 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.

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:

27 DEC 2015





**Describe Circumstances of the Accident.**

On the 27/12/2019 @ about 11:35hrs, I was driving along Balestier Rd towards Moulmein Rd  
direction with a couple passenger on board my taxi.

As I almost reached the X-junction of Whampoa Dr I switched on my hazard light to indicated my intention to stop to drop off my passenger. Just as I was about to collect the fare suddenly there's an impact from behind my taxi so I stepped out to checked and found out a vehicle of SLN652C front portion had collided onto my taxi rear right.


No injury at the point of accident.

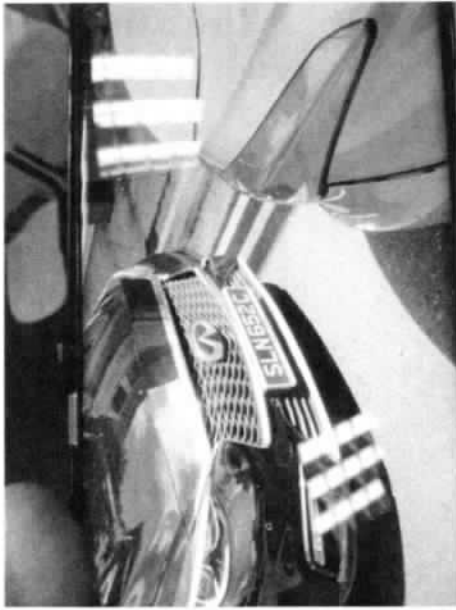
## Declaration

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

Olivia Wendy   
Witnessed by Reporting  
Centre Personnel



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305370241

OMER

S COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

JUNT CARD NO.

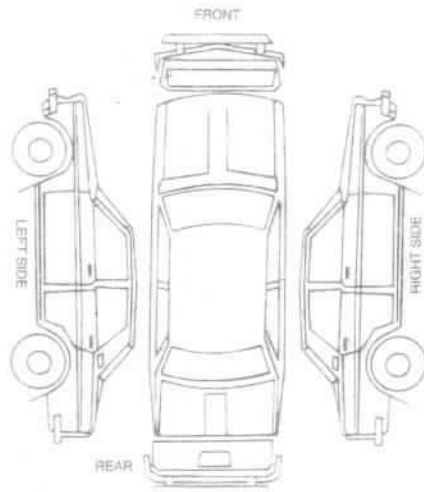
REGN NO.: SHC8670C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 27.12.2019 12:50
YR OF MANUF 07.01.2016	TARGET DATE
CHASSIS CODE RMHLB41UMGU083102	COMPLETION DATE/TIME:

Tokio Marine

JOB DESCRIPTION

Accident Date: 27.12.2019  
NATURE: 3P 27.12.2019

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

o.: SHC8670C LKE

Vehicle No.: SHC8670C

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## \*REPAIR ESTIMATE\*

DATE 27/12/2019 15:23

DATE 27/12/20  
Clee

Tokio Marine

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>de ✓</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>nei ✓</i>			\$ 22.00
	Rear Bumper Bracket <i>Xnn ✓</i>		\$ 35.60	\$ 71.20
	Rear Bumper Under Cover <i>de ✓</i>			\$ 228.00
	<b>SUB TOTAL</b>			<b>\$ 874.20</b>
	<b>LESS 20%</b>			\$ 174.84
	<b>DISCOUNTED TOTAL</b>			<b>\$ 699.36</b>
	Rear Bumper Reverse Sensor <i>nw ✓</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>ne ✓</i>			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating		<i>280</i>	\$ 350.00
	Spray Painting Charge		<i>200</i>	\$ 250.00
	Wiring Charge		<i>30</i>	\$ 50.00
	Remove/Refix Reverse Sensor		<i>30</i>	\$ 80.00
	<b>TOTAL LABOUR</b>			<b>\$ 730.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,615.06</b>
	<p><i>[Signature]</i> 2/1/2020  Tanjong 974 1574 9  WP 27/12/19 E 350g  Lumpsum  Remuneration after repair.  2 days  sure / handshake</p>			
	<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer  Signature:  Date:</p> </div>			
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 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:	27/12/2019
Vehicle Reg. No.:	<b>SHC8670C</b>	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	07/01/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU566585	Chassis No:	KMHLB41UMGU083102
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	<b>NO</b>		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	1,356.26
Miscellaneous Items	11.00
Labour	730.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (\$\$)</b>	<b>2,097.26</b>
<b>+ GST 7.00% (\$\$)</b>	<b>146.81</b>
<b>Nett Amount (\$\$)</b>	<b>2,244.07</b>

**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: 27 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/SHC8670C/27/12/2019 17:54**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	20.00	0.00	*553.00 FL DE
2	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL REC
3	1		*REAR BUMPER SIDE BRACKET RH	20.00	0.00	*35.60 FL R
4	1		*REAR BUMPER SIDE BRACKET LH	20.00	0.00	*35.60 FL L
5	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL DE
6	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*428.40 FL R
7	1		*REAR BUMPER REINFORCEMENT BRACKET RH	20.00	0.00	*80.30 FL R
8	1		*REAR BUMPER REINFORCEMENT BRACKET LH	20.00	0.00	*80.30 FL L
9	1		*REAR BUMPER REVERSE SENSOR	0.00	0.00	*135.70 F NW
10	1		*REAR BUMPER RUBBER MAT	0.00	0.00	*50.00 F REC

F=Franchise part. L=ListItemDisc.

<b>Sub Total (S\$)</b>	<b>1,648.90</b>
<b>- List Item Discount on L Items (S\$)</b>	<b>292.64</b>
<b>Total Parts (S\$)</b>	<b>1,356.26</b>

ComfortDelGro Engineering Pte Ltd/SHC8670C/27/12/2019 17:54. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	280 350.00
2	SPRAY PAINTING CHARGE	New	200 250.00
3	WIRING CHARGE	New	30 50.00
4	REMOVE/REFIX REVERSE SENSOR	New	30 80.00
Gross Labour Cost (S\$)			730.00

ComfortDelGro Engineering Pte Ltd/SHC8670C/27/12/2019 17:54. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:





## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8670C

MAKE :

MODEL : HYUNDAI i40

DATE 27/12/2019 15:23

Lile

Toko Marin

MODEL	: HYUNDAI i40				
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>de✓</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>ner✓</i>			\$ 22.00	
	Rear Bumper Bracket <i>7✓</i>		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover <i>de✓</i>			\$ 228.00	

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

#### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	27 Dec 2019 17:45 <a href="#">Sendback Est</a>	27 Dec 2019 17:54 <b>S\$2,097.26</b>	31 Dec 2019 09:11 <a href="#">Edit Adj Rpt</a>	<b>S\$1,100.00</b> <a href="#">Edit Estimates</a>	<b>S\$1,100.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<b>Main</b>	<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<a href="#">Show All</a>
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#### CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8670C	Date of Loss:	27/12/2019 11:00 - :59 [47 Months and 20 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1910107	Policy/Cover Note No.:	MS003490 (Comprehensive) Coverage: 20/04/2019 - 19/04/2020
Vehicle Reg. No. (Insured):	SLN652C	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 Ong Chin Kiat]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 10/01/2020]		

#### 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

SHC8670C (M1910107)  
[SLN652C]  
TP  
CTPL  
Dec 27 2019 11:00AM  
[CTPL]  
ComfortDelGro Engineering Pte Ltd

<a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>		<b>View</b> <a href="#">View in Browser</a> <input type="button" value="v"/>
<b>Assessment Reports</b>		1 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)
1	27/12/19 17:54	<b>Repairer Estimates</b>
		Load HTM
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)
1	02/01/20 09:56	<b>Adjuster Immediate Advice</b>
		Load HTM
<b>Photos/Images</b>		3 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)
1	15/01/20 16:29	<b>Odometer Reading</b>
		Load JPG <input checked="" type="checkbox"/>
2	15/01/20 16:29	<b>Chassis Number</b>
		Load JPG <input checked="" type="checkbox"/>
3	15/01/20 16:29	<b>General View</b>
		Load JPG <input checked="" type="checkbox"/>
4	15/01/20 16:29	<b>General View</b>
		Load JPG <input checked="" type="checkbox"/>
5	15/01/20 16:29	<b>General View</b>
		Load JPG <input checked="" type="checkbox"/>
6	15/01/20 16:29	<b>General View</b>
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7	15/01/20 16:29	<b>General View</b>
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8	15/01/20 16:29	<b>General View</b>
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9	15/01/20 16:29	<b>General View</b>
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31	15/01/20 16:29	<b>General View</b>
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32	15/01/20 16:29	<b>General View</b>
		Load JPG <input checked="" type="checkbox"/>
33	15/01/20 16:29	<b>General View</b>
		Load JPG <input checked="" type="checkbox"/>
34	15/01/20 16:30	<b>After Repair Photo</b>
		Load JPG <input checked="" type="checkbox"/>
35	15/01/20 16:30	<b>After Repair Photo</b>
		Load JPG <input checked="" type="checkbox"/>
36	15/01/20 16:30	<b>After Repair Photo</b>
		Load JPG <input checked="" type="checkbox"/>
<b>Documentation</b>		1 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	27/12/19 17:57	E-filed GIA report		Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>
<div></div>
<b>Show Remarks To:</b> <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

## 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/TMI19022909/T1TF3E2

Date: 16/01/2020

## REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MS003490

Claimant

Vehicle No : SHC8670C

Insured Vehicle No : SLN652C

Date of Loss: 27/12/2019

Nature of Claim: TP

Claim No: M1910107

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHC8670C

Make &amp; Model: HYUNDAI I40, 1.7 D CRDi (A)

Engine No: D4DFU566585

Reg. Date: 07/01/2016 (Man. Year: 2015)

Chassis No: KMHLB41UMGU083102

Colour: Blue

Odometer: 567356 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: West Lake 6 mm

Rear Left Side: West Lake 6 mm

Front Right Side: West Lake 6 mm

Rear Right Side: West Lake 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,356.26	828.10	528.16	38.94
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	730.00	540.00	190.00	26.03
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>2,097.26</b>	<b>1,379.10</b>	<b>718.16</b>	<b>34.24</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,100.00</b>		
<b>(S\$)</b>	2,097.26	1,100.00	997.26	47.55
<b>+ GST 7.00/7.00% (S\$)</b>	146.81	77.00	69.81	47.55
<b>Nett Amount (S\$)</b>	<b>2,244.07</b>	<b>1,177.00</b>	<b>1,067.07</b>	<b>47.55</b>

## INSPECTION

Date of Assignment: 31/12/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 27/12/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd (Loyang)  
59 Loyang Drive  
Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: DENISE TAY KWEE 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

<b>Reference</b>		
<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 16 Jan 2020)
<b>Parts:</b>	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC8670C)	
<b>Validity:</b>	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	
<b>Further Info:</b>	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	Deformed	553.00 FL	-	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	-	*22.00 FL
3	1		*REAR BUMPER SIDE BRACKET RH	Not Necessary	35.60 FL	-	*- FL
4	1		*REAR BUMPER SIDE BRACKET LH	Not Necessary	35.60 FL	-	*- FL
5	1		*REAR BUMPER UNDER COVER	Deformed	228.00 FL	-	*228.00 FL
6	1		*REAR BUMPER REINFORCEMENT	Not Necessary	428.40 FL	-	*- FL
7	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Not Necessary	80.30 FL	-	*- FL
8	1		*REAR BUMPER REINFORCEMENT BRACKET LH	Not Necessary	80.30 FL	-	*- FL
9	1		*REAR BUMPER REVERSE SENSOR	Not Working	135.70 F	-	*135.70 F
10	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 F	-	*50.00 F

F=Franchise part. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>1,648.90</b>	<b>988.70</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>292.64</b>	<b>160.60</b>
<b>Total Parts (\$\$)</b>	<b>1,356.26</b>	<b>828.10</b>

Report was unsubmitted during this print-out.



## Recommended Miscellaneous Items

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

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	350.00	280.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	30.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			<b>730.00</b>	<b>540.00</b>

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;