Surveyor - Ri	am	ASS	IGNMEN	T (Office)			
From (Person):	iancis lyg twa. I	ay of	TMZ		D	ate/Time: 7	. Jan. 2020 15:4
Estimated Cost:				Bill to:			
	TP RES / OD RES		/ MV / CS		Insured:	SKF	84×
at Workshop m/s	ang brive	no			Tel:	6214831	00
Policy No: M	109162			Claim No: _	M 2000	027	
Sum Insured:				Excess:			
Make of Veh:(Client's Record)					D.	.o.A 1/ 1	1 2020
CA / REV /]	REP. / REV 24 HI 2020 4-09 p.n	RS Mp n 1 Person Co	ntacted:	Tumoni	Vel	H.O.D Endors	ement:
Date/Time	Action/Instruction (V) E	Stinute				
	SHA 3408 M			683/Uxf3	D. D. D.	- 04/1	12019
	SK + 84x-	COLINTA	Thora	11/11/22	01 h	Luna	120 II

10.00	
Crem Date .	Veh Ha SHA 3408M 11 Regn 10/03/2016
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No	Make Hyundai 140 66 1685
at Workshop in/s	Golour Blue A/O: Insured / Std / NI / NA
of e	Sp.Reading 537 365 T/Radio: Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	C/No: KMHLB41UMG085538.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / (STD A/Rim) or
	Tyre Size: F: 205/60 R (L
(Policy Condition)	R: -
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF WESTLAKE
Bal, or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport Consistent? : Yes or No	R/Bal. 4 mm R/Bal. 4 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. G mm L/Bal. G mm
Est Repairs. days Res.: Yes or No	D.O.A. 01/01/2020 D.O.I. 07/01/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at comfortdelgro (loyang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	rea
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	(118)
RECEIVED 1 8 JAN 202	
KLOLIVED	(In)
L/S:\$850/= with 2 repair days	
confirm on 15/1/2020 with chian	4. (Red 1052.62, 559)
	,
United United Plans and : Preli. Report	Days Of Repair:
. From Report	Resurvey No. of Trip: \ Survey Fee: 250
Date/Time File Return to	Transportation.
50 M	C
16/1 -typist Add Fee	: Interview (\$) their
merimen	Tech, how C
HS \$ 850	Phoof Sty.
The Transfer	To a series of the series of t

COMFORTDELGRO ENGINEERING

305372512 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 14/01/20 Date Fax: 6546 8156 FINALIZATION FORM LKK To Fax: RAM Attn SHA3408M 01/01/20 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-Z The repair job shall bill to: TOKIO SKF84X 2. The finalized amount shall be: (a) Spare Parts after List discount (b) Labour Charges Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost \$850.00 3. Estimated normal period for repairs: 2 working days. 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days Thank you for your assistance. We confirm the estimates and 5. finalized amount Signature: Signature: Ram : CHIANG Name Name 2020 62148314 Tel Date : 65468156 Fax For Official Use Only Document Confirm By Attached Remarks Item Amount (Signature) Yes or No Rental Rate P/Day YES 2. Loss of Income Paid N Survey Fees LTA Search Fee 7.49 Medical Fees (on behalf of driver, if applicable)

Overrun

Remarks:

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

		Est Submitted	Adj Assigned	Adj Rpt	Act	Submitted	Ins Auth'ed		Status	
Main	07 Jan 2020 15:09 Sendback Est	07 Jan 2020 15:19 S\$1,902.62	07 Jan 2020 15:40 Assign					New As Cancel		
N	lietts	Refere	nce	Claim D	etails		Documen	ts	_	Show All
CLAIM SUE	FOLDER DETAIL	S		The second section is						
nsured:	CTPL, Co. Reg	No.: 199303821	R							
Main Claimant:	CTPL	CTPL								
Vehicle Reg. No.:	eg. SHA3408M Date of Loss: 01/01/2020 07:00 - :59 [45 Months and 22 Days From LTA Reg II					Reg Date (Man Yr)1			
Claim Type:	TP / M200002	27		Policy Note I	Cover					
Vehicle Reg. No. (Insured):	SKF84X			Policy (Claim						
	12 2 22 22			Exces		S\$0.00				
Repairer: Handling		Engineering Pt								
nsurer:	Tokio Marine I	nsurance Singar	oore Ltd (HQ) -	Tel: 6221 6111	[Hai	ndled by Ng	Kwai Kay Fran	cis]		
Adjuster:	LKK Auto Cons	ultants Pte Ltd ((HQ) - Tel: 6256	-3561 [Fina	l Rpt	due 16/01,	/2020]			
ASSOCIATE	D MAIL RECEIVE	ED					,	/iew All	Compose	Case Mai
here are no	mail for this case.						_	new All	Compose	Case Mai
ALL ASSOC	IATED TASKS									
						View All	Search Tasks	Create I	New Task	Complete
No results.	Priority Typ	re Task Grou	p Subject	Handler	Assign	ed By	Completed On	Cr	eated On	Done

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

Го:	20 McCal #09-01 To	rine Insurance Singapore Ltd Ilum Street okio Marine Centre e 069046	Ltd From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933			
Attn:	Ng Kwai	Kay Francis	Date:	08 Ja	an 2020	
		Prelim	inary Adv	<u>/ice</u>		
Insure	ed Vehicle N	lo : SKF84X				
	hicle No	: SHA3408M		Accide	ent Date	: 01/01/2020
Make		: HYUNDAI I40		Assign	ment Date	: 07/01/2020
	of Inspectio			Est. Di	uration of Repair	:2
	ction At	:COMFORTDELGRO ENGINE	ERING PTE L	TD		
Point	of Impact	/ General Description of Damage	s			
The v	ehicle susta	ained impact / damages rear portion	n and parts cl	aimed	are consistent to	the accident.
		Descipate Fatimate (Grass)		S\$	1,902.62	
		Repairer's Estimate (Gross)		S\$	1,081.00	
		Revised Amount		S\$	469.36	
		Check Items (Estimated)		S\$	1,550.36	
		Total	3	34	1,550.50	
		Lump Sum Repair	1	S\$		
		Total Loss Consideration				
		New for Old Value		:S\$		
		Pre-Accident Value		:S\$		
		COE / PARF Rebate		:S\$		
		Salvage Value		:S\$		
		Margin for Repair		:S\$		
Rem	arks					
(hicle is repairable at our adjusted a let us have your authorisation.	amount. We h	nave al	so confirmed ex	cess and policy coverage
() The ve	hicle is uneconomical to be repaired	d, you are ad	vised to	o invite tender fo	r the wreck.
(X) Other o	comments :The above survey was o	conducted on	a 'With	nout Prejudice' ba	asis.

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.

	-1	~1	-	-					
-	•	SI.	u	-	 •	ΙА	TEN	$H \rightarrow V$	и п

Date Of Report 02/01/2020 14:07

Date Of Accident 01/01/2020 07:20

Exact Location Of Accident YISHUN AVE X AVE 9

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA3408M

Insured/Policyholder

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 140

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 ABDUL WAHID BIN ABU BAKARABDUL WAHID BIN ABU BAKAR

 NRIC No
 SXXXX919C

 Date Of Birth
 16/08/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/01/1991

Driving Experience 28 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87799553

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 269B YISHUN STREET 22

#07-559

Postcode

762269

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?

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

SKF84X

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

LER LI SHIANG ALCINA

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 17

Namè

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

ABDUL WAHID BIN ABU BAKAR

SHOULDER AND NECK

SHA3408M

YES

NO

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.

GIARLAT SketchPlastoom US

Sketch Plan Pg. 2

SKETCH PLAN		1	
Yis link G	Red		A)SHA3408N B)SKF84X
	- American	Tun Ave 6	
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	l lan wife	Weh A was
*			\
3 fationary	waiting a	it the traff	the junction (Red)
			to the rear of
my which	e . I d	lest pain or	The shoulder
and reck.	I will	So consul	this the
cloctor			
			A /
DECLARATION /We declare the foregoing particular	ars are true in every lespe	ect.	haland
vve na med	Cym	3	SEL 10
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the pol Date & Time:	licyholder) N	eporting Centre Personnel's Signature ame: RIC/FIN No.:

SIAPMOSkerchPtanForm_VII

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 509286

Date/Time^{20 Ub} 1074 30 Fap 2020 11:22 Page: 1

MILEAGE FUEL
EUEL
DAT E
DATE/TIME IN 07.01.2020 10:35
3,2016 TARGET DATE
341UMGU085538 COMPLETION DATE/TIME:

JOB DESCRIPTION

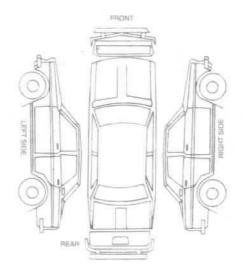
Accident Date: 01.01.2020

NATURE: 3P 01.01.2020

S/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:				
SERVICE ADVISOR			CUSTOMER'S SK	GNATURE
dgement Slip		常 Exit Pass		
SHA3408M C	HIANG	Vehicle No.: SHA3408M		
Service Advisor rned to Service Reception upon collection	Signature/Date	Name of Service Advisor To be kept by Security Guard	Date	

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

PART		VDC	OE	\sim 1	A INA
FAR	11.01	ARG	UL		AIIVI

Claim Type:

THIRD PARTY

Ref. No:

01/01/2020

Policy No:

Vehicle Reg. No.:

DHA3408M

Date of Loss: Driveable?

YES

Party At Fault:

UNKNOWN

Vehicle Reg. Date:

10/03/2016

Make/Model:

HYUNDAI 140, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)

Vehicle Colour:

BLUE

Gen Condition:

GOOD

Engine No:

D4FDFU596161

Chassis No:

KMHLB41UMGU085538

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		1,181.62
Miscellaneous Items		11.00
Labour		710.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	1,902.62
	+ GST 7.00% (S\$)	133.18
	Nett Amount (S\$)	2,035.80

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 07 Jan 2020)

Parts:

143

HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Si-gapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/DHA3408M/07/01/2020 15:19

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 COVER WY	20.00	0.00	*553.00 FL
2	1	*REAR BUMPER REINFORCEMENT	20.00	0.00	*420.30 FL
3	2	*REAR BUMPER REINFORCEMENT BRACKET LH /RH TXIVO	20.00	0.00	*166.40 FL
4	1	*REAR BUMPER UNDER COVER XVV	20.00	0.00	*83.20 FL
5	10	*REAR BUMPER CLIPS INC	20.00	0.00	*22.00 FL
6	1	*REAR BUMPER MAT NEW	0	0.00	*50.00 FS
7	1	*REAR REVERSE SENSOR VAN	0	0.00	*135.70 FS
F=Fra	anchise part. S=Sp	cNett. L=ListItemDisc.			
		Sub Total (S\$)			1,430.60
		- List Item Discount on L Items (S\$)			248.98
		Total Parts (S\$)			1,181.62

ComfortDelGro Engineering Pte Ltd/DHA3408M/07/01/2020 15:19. Not valid without Reference section. Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

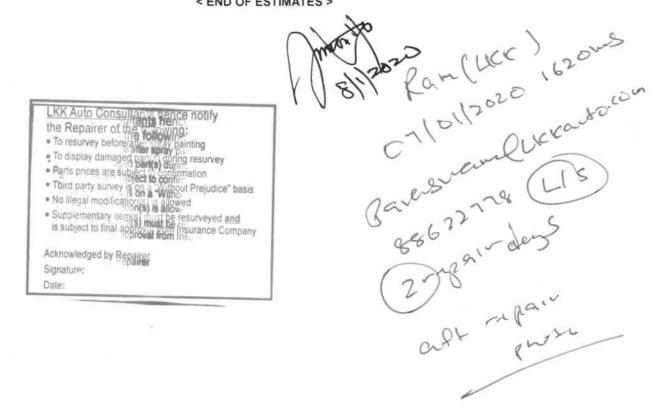
Estimates on Labour

No	Particulars	Lab.Type	Amount
Lab	our Items		
1	PANEL BEATING	New	\$280 350.00
2	SPRAY PAINTING	New	\$200 250.00
3	WIRING	New \$35	50.00
4	REMOVE,REFIX REVERSE SENSOR	New	\$\$0 60.00
		Gross Labour Cost (S\$)	710.00

ComfortDelGro Engineering Pte Ltd/DHA3408M/07/01/2020 15:19. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >



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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitter	d Ins Auth'ed	Status	
Main	07 Jan 2020 15:09 Sendback Est	07 Jan 2020 15:19 \$\$1,902.62	07 Jan 2020 15:40 Edit Adj Rpt	S\$850.00 Edit Estimates	\$\$850.00 View Rpt		Pending for Survey Report Cancel Case	
	Main	Refer	ence	Claim Det	ails	Documents	Show All	
CLAIM S	UBFOLDER DETA	ILS						
Insured:	CTPL, Co. R	leg. No.: 19930382	1R					
Main Claimant:	CTPL							
Vehicle Re No.:	SHA3408N	SHA3408M				0 07:00 - :59 s and 22 Days From I	LTA Reg Date (Man Yr)]	
Claim Typ	e: TP / M2000	TP / M2000027				MT109162 (TP, Fire & Theft) Coverage: 06/11/2019 - 05/11/2020		
Vehicle Re No. (Insured):	SKF84X			Policy No (Claimar				
				Excess:	S\$0.00			
Repairer:	ComfortDelC	Gro Engineering P	te Ltd (Loyang)	59 Loyang Drive, 5	08969 Loyang -	Tel: 6214 8300		
Handling Insurer:	Tokio Marine	e Insurance Singa	pore Ltd (HQ) -	Tel: 6221 6111	[Handled by Ng	Kwai Kay Francis]		
Adjuster:	16/01/2020		(HQ) - Tel: 6256	-3561 [Handled	by PARASURAM	SHANMUGAM] [Final Rpt due	
ASSOCIA	TED MAIL RECE	IVED				View A	II Compose Case Mail	
There are	no mail for this ca	se.						
ALL ASS	OCIATED TASKS	E			View All	Search Tasks Crea	te New Task Complete	
Due Da	W1700000	Type Task Gro	oup Subject	Handler A	ssigned By	Completed On	Created On Done	

Merimen e-Claims Page 1 of 2

Claim Documents

SHA3408M (M2000027) [SKF84X] TP CTPL Jan 1 2020 7:00AM [CTPL]
ComfortDelGro Engineering Pte Ltd

Ass	essment Reports		1 per page	$\overline{\mathbf{v}}$
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		nail Prin
1	07/01/20 15:19	Repairer Estimates	■ Load H	TM
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		nail Prin
1	08/01/20 11:57	Adjuster Immediate Advice	1 Load H	TM
Pho	tos/Images		3 per page	$\overline{\mathbf{v}}$
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumb	nail Prin
1	07/01/20 15:41	Accident Photo From:TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD	1 Load J	pg 🛂
2	07/01/20 15:41	Accident Photo From:TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD	1 Load J	PG 🗹
3	07/01/20 15:41	Accident Photo From: TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD	1 Load J	pg 🛂
4	07/01/20 15:41	Accident Photo From: TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD	€1 Load J	PG 🗹
5	07/01/20 15:41	Accident Photo From: TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD	1 Load J	pg 🗹
6	07/01/20 15:41	Accident Photo	1 Load J	PG 🔽
7	07/01/20 15:41	From:TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD SCENE	■ Load J	
8	07/01/20 15:41	From:TP - Reg, No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD SCENE	1 Load J	-
9	07/01/20 15:41	From:TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD SCENE	1 Load J	0.51
10	2.20 May 2	From:TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD SCENE	1 Load J	
	07/01/20 15:41	From:TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD SCENE	1 Load J	
11	07/01/20 15:41	From:TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD SCENE		
12	07/01/20 15:41	From:TP - Reg. No: SHA3408M, Claimant: COMFORT TRANSPORTATION PTE LTD	1 Load J	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		nail Prin
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Documents Checklist

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There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
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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/TMI20000414/FVF3E2

16/01/2020 Date:

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MT109162

Claimant Vehicle No:

SHA3408M

Insured Vehicle No:

SKF84X

Date of Loss:

01/01/2020

Nature of Claim:

TP

Claim No: M2000027

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHA3408M

Make & Model:

HYUNDAI 140, 1.7 D CRDI F/L ABS AIRBAG 4DR

Engine No:

D4FDFU596161

Reg. Date:

10/03/2016 (Man. Year: 2015)

Chassis No:

KMHLB41UMGU085538

Colour:

Blue

Odometer:

No

537365 km

Engine Capacity: Market Value/New Car 1685 cc

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):

Pre-accident Condition:

Yes Good

Handbrake (Serviceable):

Engine Modification: Yes

205/60 R16

CONDITION OF TYRES Front Tyre Size:

205/60 R16 West Lake 6 mm

Rear Tyre Size: Rear Left Side:

West Lake 6 mm

Front Left Side: 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	1,181.62	510.00	671.62	56.84
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	710.00	560.00	150.00	21.13
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,902.62	1,081.00	821.62	43.18
Approved Total (Overridden) (S\$)		850.00		
(S\$)	1,902.62	850.00	1,052.62	55.32
+ GST 7.00/7.00% (S\$)	133.18	59.50	73.68	55.32
Nett Amount (S\$)	2,035.80	909.50	1,126.30	55.32

INSPECTION

Date of Assignment:

07/01/2020 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

07/01/2020 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

Manager: VERON CHEN Adjuster: PARASURAM SHANMUGAM

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.

Adjuster Report Page 3 of 4

REPAIR DETAILS

Referen	ce	
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 16 Jan 2020)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted	d, no print-code for SHA3408M)
Validity:		ates are valid only if they contain the print code (above) on all estimate pages, running page in 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 COVER	Cut	553.00 FL		*553.00 FL
2	1		*REAR BUMPER REINFORCEMENT	Not Necessary	420.30 FL	-	*-FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET LH /RH	Not Necessary	166.40 FL	-	*-FL
4	1		*REAR BUMPER UNDER COVER	Not Necessary	83.20 FL	-	*-FL
5	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	-	*22.00 FL
6	1		*REAR BUMPER MAT	Necessary	50.00 FS	-	*50.00 FS
7	1		*REAR REVERSE SENSOR	Not Necessary	135.70 FS	-	*- FS
F=Fra	anchise	part. S=	SpcNett. L=ListItemDisc.	300 300 300 CONSTRUCTION SAFE			
				Sub Total (S\$)	1,430.60	625.00	
			- List Item Discount on L Items	20.00/20.00% (S\$)	248.98	115.00	
				Total Parts (S\$)	1,181.62		510.00
			Report was unsubmitted during	ng this print-out.			

Recommended Miscellaneous Items

No	Qty	Particulars		Repairer's	Amount
Mis	cellar	eous 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
Lab	our Items			
1	PANEL BEATING	New	350.00	280.00
2	SPRAY PAINTING	New	250.00	200.00
3	WIRING	New	50.00	30.00
4	REMOVE, REFIX REVERSE SENSOR	New	60.00	50.00
		Gross Labour Cost (S\$)	710.00	560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >