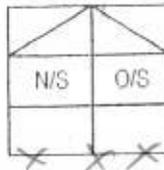


Ram

cc3/TMI20000496/Fqd382

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: **SLQ 5707E**
 Policy No. **MK000574**
 Claims No. **M2000159**
 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: **5** days Res.: Yes or No _____
 Lum Sum: _____ % 3 Val.: Yes or No _____

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHC7652L** Regn: **14/11/19**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai Ioniq (53)** cc: **1580**
 Colour: **Yellow** A/C: Insured / Std / NI / NA
 Sp Reading: **19253** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMH851CVLUI83489**
 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: **195/65 R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / **MIC** / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal: **9** mm Rear R/Bal: **9** mm
 L/Bal: **9** mm L/Bal: **9** mm
 D.O.A. **04/01/2020** D.O.I. **07/1/2020**
 Survey held at **comfortdelglo (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
08/01/2020 4.19pm	SHC7652L-X SLQ 5707E-X revised to TMI via MER-TP PIP
RECEIVED 11 FEB 2020	
PIP: \$6931.08 with 5 repair days (red 45768.70, 43%) confirm on 5/2/2020 with Wm Kwok - Eng.	

Date/Time: File Pass by/ : Preli. Report
 : Final Report
 Date/Time: File Return to/

Days Of Repair: **5**
 Resurvey No. of Trip: **2**

Addl Fee: Site Insp: \$
 Interview: \$
 Tech. Ins: \$
 Mod. Insp: \$

Survey Fee: **250**
 Transportation: _____
 + FS: _____
 Extras: _____
 Other: _____

MER-TP
6931.08

...CLAIM SUBFOLDER...(Pending for Approval)

CLAIM SUBFOLDER TRACKING

Case	Notified	Estimates	Est Submitted	Adj Assigned	Ins Auth'ed	Status
Main	07 Jan 2020 18:48		07 Jan 2020 19:40 S\$12,166.98	08 Jan 2020 10:53		Pending for Approval
Supp #1	04 Feb 2020 08:45		04 Feb 2020 08:48 S\$32.40	04 Feb 2020 08:48		Pending for Approval Close

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CCPL, Co. Reg. No.: 199303839G		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHC7652L	Date of Loss:	04/01/2020 22:00 - :59 [1 Months and 21 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M2000159	Policy/Cover Note No.:	MK000574 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLQ5707E	Policy No. (Claimant):	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) PROFILE 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Nurulhaida Binte Mohd Seain]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561		

ASSOCIATED MAIL RECEIVED

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

There are no mail for this case.

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: Nurulhaida Binte Mohd Seain

Date: 08 Jan 2020

Preliminary Advice

Insured Vehicle No	: SLQ5707E	Accident Date	: 04/01/2020
TP Vehicle No	: SHC7652L	Assignment Date	: 08/01/2020
Make	: HYUNDAI IONIQ HYBRID	Est. Duration of Repair	: 5.00
Date of Inspection	: 07/01/2020		
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\$	12,166.98
Revised Amount	:S\$	6,605.96
Check Items (Estimated)	:S\$	2,659.82
Total	:S\$	9,265.78

Lump Sum Repair :S\$

Total Loss Consideration

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

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- () 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	07/01/2020 13:52
Date Of Accident	04/01/2020 23:00
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7652L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LEE HONG BENG
NRIC No	SXXXX309C
Date Of Birth	29/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1974
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97767617
Fax Number	
Contact Number	
E-Mail Address	ROBENGLLEE@GMAIL.COM

Address	BLK 114 BEDOK NORTH STREET 2 #09-238
Postcode	460114
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200105/2044

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5707E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM LYE SOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE HONG BENG
Approximate Age	67
Injuries Sustain	CHEST AND SHOULDER PAIN. ON 2 DAYS MC.
Injured person in which vehicle?	SHC7652L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.
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.

REPORTING CENTRE
GIA, 200, ROYAL ROAD, SINGAPORE 119976

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

Sketch
Attache

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Defu T.P.
T/20200105/2044

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502P39G

Policyholder's Signature
Date & Time:



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

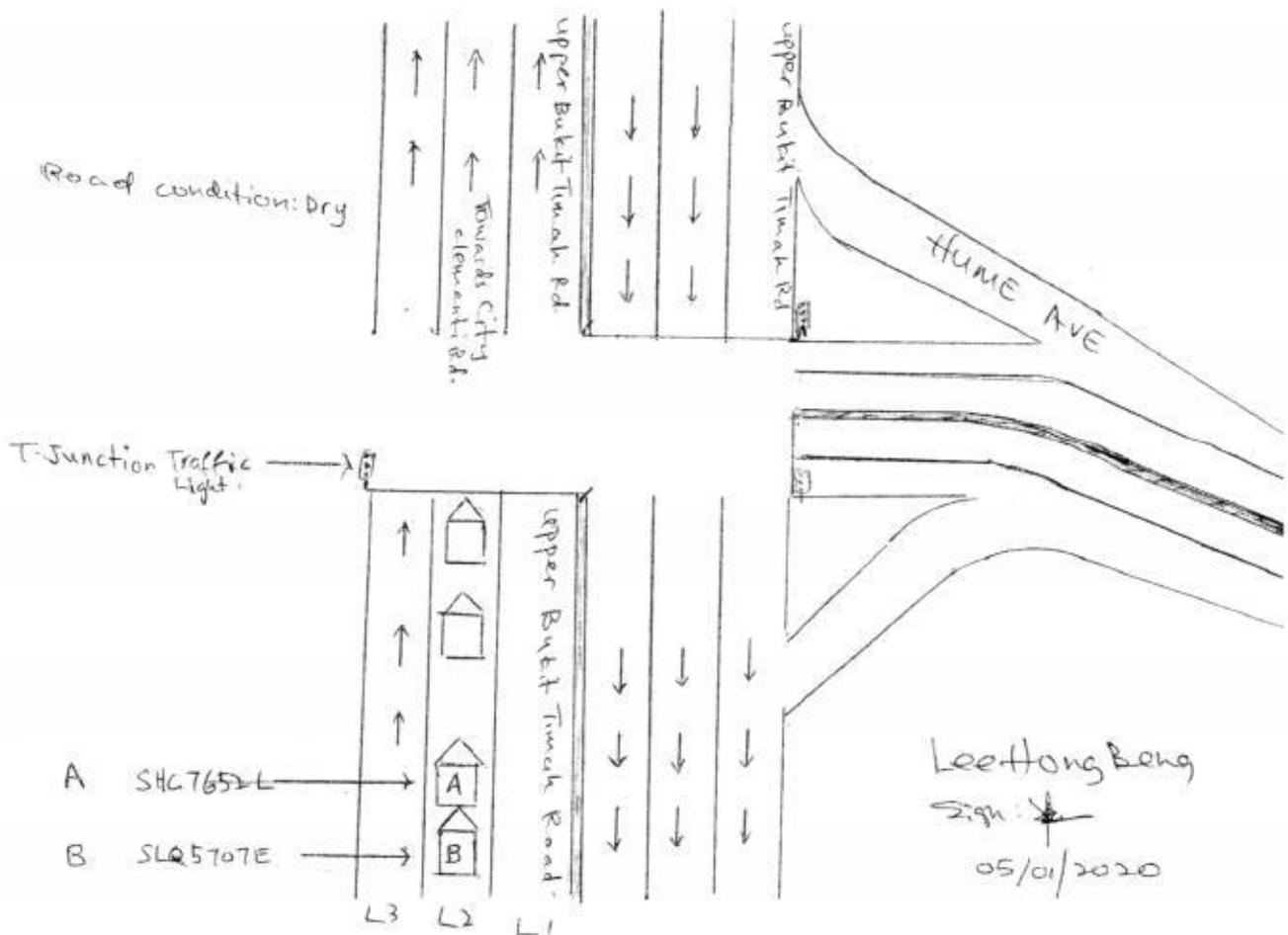


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date: 05-01-2020

Brief Details:

On 04/01/2020 at around 2300hrs I was driving along the Upper Bukit Rao towards Clementi Road. As I was approaching the T-Junction traffic light, I slowed down my car (SHC 7652L) speed to 20km as there were two cars that were ahead of me already slowed down to stop at red light. I managed to keep a safe distance of 4 cars lengths away from the two cars that were ahead of me. Suddenly, there the car (SLQ 5707E) who had driven very fast behind my vehicle, hit my rear of my vehicle. There was no passenger in my taxi. I got injured from the impact of the collision accident that caused my body chest pain and head drowsiness and also shoulder pain. Police car and an ambulance arrived, I was taken to the Ng Teng Fong General Hospital.





**SINGAPORE
POLICE FORCE**



T/20200105/2044

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20200105/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2020 12:41	Vide Report No.:	Station Diary No.: 10
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LEE HONG BENG		Address: APT BLK 114 BEDOK NORTH STREET 2 #09-238 SINGAPORE 460114	
ID Type / ID No.: NRIC NO / S0206309C		Contact No.: Home/Office: Mobile: 97767617	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 29/05/1952	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/01/2020 23:00	Type of Location: T-Junction
Location: Along Road 1 UPPER BUKIT TIMAH ROAD Before Hume Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7652L	Car				Slightly Damaged	0
SLQ5707E	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200105/2044

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20200105/2044

CONTINUATION OF REPORT

Driver			
Name	LEE HONG BENG		ID No. S0206309C
Related Vehicle	SHC7652L (Car)		Contact No. 97767617
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/01/2020	Date Discharge	05/01/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	LIM LYE SOON		ID No. NIL
Related Vehicle	SLQ5707E (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 4/1/2020 at about 2300hrs, I was driving along the upper Bukit Timah Rd towards Clementi Rd. As I was approaching the T-Junction traffic light just before Humes Ave, I slowed down my car (SHCC7652L) and stopped at the red light. I managed to stop 4 car lengths away from the two cars that were ahead of me.

Suddenly, a car (SLQ5707E) that was driving very fast from behind my vehicle hit the rear of my vehicle. There was no passenger in my taxi. I got injured from the impact of the accident. The other driver and I then exchanged particulars. Police and ambulance subsequently came down to scene and I was conveyed over to Ng Teng Fong General hospital. Due to the collision, it caused me chest pains and head drowsiness along with shoulder pain. I was also given mc from 5/1/2020 to 6/1/2020.

I am lodging this report as advice by police.



**SINGAPORE
POLICE FORCE**



T/20200105/2044

3 of 3

Report No. T/20200105/2044

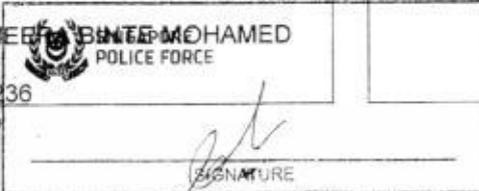
Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 GIDEON LIM KAI-EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2020 12:41
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORAMEER BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:
Authentication Stamp NP168	

Amend. Copy

DRAFT COPY

Report No.

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20200105/2044

Report Number

Vide Report Number

Date/Time of Report Made 06/01/2020 12:24

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant LEE HONG BENG

ID Type / ID No. NRIC NO / S0206309C

Home/Office

Mobile 97767617

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 04/01/2020 23:00

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7652L	Car					0
SLQ5707E	Car					0

Amend. Copy

DRAFT COPY

Report No.

Continuation of CSF For NP168

Brief Facts.

On 4/1/2020 at about 2300hrs, I was driving along the upper Bukit Timah Rd towards Clementi Rd. As I was approaching the T-Junction traffic light just before Humes Ave, I slowed down my car (SHCC7652L). Suddenly, a car (SLQ5707E) that was driving very fast from behind my vehicle hit the rear of my vehicle. There was no passenger in my taxi. I got injured from the impact of the accident. The other driver and I then exchanged particulars. Police and ambulance subsequently came down to scene and I was conveyed over to Ng Teng Fong General hospital. Due to the collision, it caused me chest pains and head drowsiness along with shoulder pain. I was also given mc from 5/1/2020 to 6/1/2020.

I am lodging this report as advised by police.

DRAFT COPY

Report No.

Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity No

Officer-In-Charge of Case

Classification of Case



member of COMFORTDELGRO

Date/Time: 07.01.2020 15:26 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3982987

JC NO.: 305372609

OMER S CITYCAB PTE LTD 7010070 OMER NO. ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (P) (P)	REGN NO: SHC7652L	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 04.01.2020 23:00
	YR OF MANU 14.11.2019	TARGET DATE
	CHASSIS CODE KMHC851CVLU183489	COMPLETION DATE/TIME

Tokio Marine

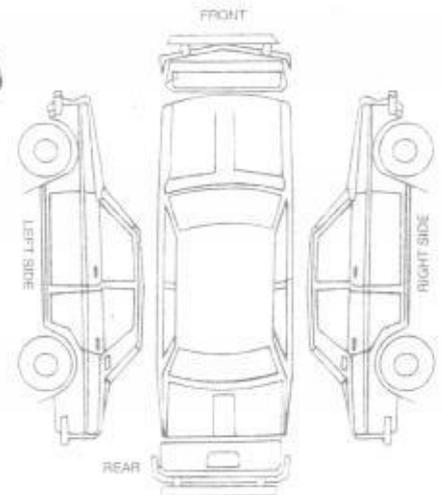
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 04.01.2020
 NATURE: 3P 04.01.2020

S/NO LABOR CODE
 000010 23-01

DESCRIPTION
 TOWING FEE *460*



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC7652L

LKE

RAM

Exit Pass

Vehicle No.: SHC7652L

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

LKIC/RAM
LKE

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	04/01/2020
Vehicle Reg. No.:	SHC7652L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	14/11/2019
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEKU387389	Chassis No:	KMHC851CVLU183489
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	10		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	8,545.98
Miscellaneous Items	11.00
Labour	3,610.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	12,166.98
+ GST 7.00% (S\$)	851.69
Nett Amount (S\$)	13,018.67

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

12199.384

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 07 Jan 2020)

Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHC7652L/07/01/2020 19:40

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		*BOOTLID DO ✓	20.00	0.00	*2,480.40 FL ✓
2	1		*BOOTLID RUBBER 2xnn	20.00	0.00	*127.40 FL
3	1		*BOOTLID HINGE LH 3xnn	20.00	0.00	*31.30 FL
4	1		*BOOTLID HINGE RH 3xnn	20.00	0.00	*31.30 FL
5	1		*BOOTLID LOCK UPPER 3xnn	20.00	0.00	*224.00 FL
6	1		*BOOTLID KEY LOCK xnn	20.00	0.00	*141.00 FL
7	1		*BOOTLID H EMBLEM nec xnn	20.00	0.00	*28.00 FL
8	1		*BOOTLID CRDI PLATE nec xnn	20.00	0.00	*58.00 FL
9	1		*BOOTLID HYBRID EMBLEM nec	20.00	0.00	*24.30 FL ✓
10	1		*BOOTLID IONIQ EMBLEM nec	20.00	0.00	*31.30 FL ✓
11	1		*ASSY BSD-BLIND SPOT RADAR 3xnn	20.00	0.00	*758.50 FL
12	1		*BOOTLID COMFORT LOGO nec	0.00	0.00	*30.00 F ✓
13	1		*BOOTLID TEL. NO STICKER nec	0.00	0.00	*30.00 F ✓
14	1		*BOOTLID APPS STICKER nec	0.00	0.00	*40.00 F ✓
15	1		*BOOTLID GLASS UPPER nec	20.00	0.00	*543.30 FL ✓
16	1		*BOOTLID GLASS LOWER nec	20.00	0.00	*384.90 FL ✓
17	2		*REAR WINDSCREEN SEALANT nec	0.00	0.00	*46.00 F ✓
18	1		*REAR SPOILER xnn	20.00	0.00	*665.40 FL
19	1		*BOOTLID LAMP LH xnn	20.00	0.00	*794.40 FL
20	1		*BOOTLID LAMP RH 2xnn	20.00	0.00	*794.40 FL
21	1		*BOOTLID TRIMBOARD xnn	20.00	0.00	*159.70 FL
22	1		*LICENCE LAMP COVER 2xnn Br ✓	20.00	0.00	*35.10 FL ✓
23	1		*REAR NO. PLATE Cra ✓	0.00	0.00	*25.00 F ✓
24	1		*REAR NO. PLATE TRIM COVER Br ✓	0.00	0.00	*30.00 F ✓
25	10		*BOOTLID TRIMBOARD CLIPS xnn	20.00	0.00	*11.00 FL
26	1		*BOOTLID GLASS MOULDING nec xnn	20.00	0.00	*28.30 FL
27	1		*BOOTLID GARNISH xnn	20.00	0.00	*36.10 FL
28	1		*BOOTLID LOWER GARNISH xnn	20.00	0.00	*25.40 FL
29	1		*REAR BUMPER cra ✓	20.00	0.00	*459.40 FL ✓
30	1		*REAR BUMPER REINFORCEMENT Buc ✓	20.00	0.00	*294.80 FL ✓
31	1		*REAR BUMPER REINFORCEMENT BRACKET LH 1st 2xnn	20.00	0.00	*138.10 FL ✓
32	1		*REAR BUMPER REINFORCEMENT BRACKET RH 2xnn	20.00	0.00	*138.10 FL
33	1		*REAR BUMPER CENTRE MOULDING ASSY Cra ✓	20.00	0.00	*451.25 FL ✓
34	1		*REAR BUMPER LOWER CENTRE MOULDING ASSY Cra Br ✓	20.00	0.00	*47.50 FL ✓
35	1		*REAR BUMPER SIDE BRACKET LH xnn	20.00	0.00	*33.10 FL
36	1		*REAR BUMPER SIDE BRACKET RH xnn	20.00	0.00	*33.10 FL
37	10		*REAR BUMPER CLIPS nec	20.00	0.00	*22.00 FL ✓
38	1		*REAR BUMPER UNDER CENTRE 3xnn	20.00	0.00	*53.85 FL
39	1		*REAR BUMPER REFLECTOR LH xnn	20.00	0.00	*31.90 FL
40	1		*REAR BUMPER REFLECTOR RH xnn	20.00	0.00	*31.90 FL
41	1		*REAR BUMPER FOG LAMP ASSY Cra ✓	20.00	0.00	*201.50 FL ✓
42	1		*REAR BUMPER TOWING COVER xnn	20.00	0.00	*98.80 FL
43	1		*REAR BUMPER REVERSE SENSOR 3xnn	0.00	0.00	*135.70 F
44	1		*REAR PANEL Buc ✓	20.00	0.00	*532.00 FL ✓
45	1		*REAR PANEL GARNISH xnn	20.00	0.00	*57.70 FL

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No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
46	1		*SPARE TYRE HOLDER <i>XMM</i>	20.00	0.00	*223.10 FL
F=Franchise part. L=ListItemDisc.						
			<i>ANTENN</i>			
Sub Total (S\$)						10,598.30
- List Item Discount on L Items (S\$)						2,052.32
Total Parts (S\$)						8,545.98

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- LKK Auto Consultants hence notify the Repairer of the following:
- To resolve before after spray painting
 - To display damage to all including resurvey
 - Parts procure subject to confirmation
 - Third party survey is on an 'Without Prejudice' basis
 - No illegal modifications allowed
 - Supplementary items must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer

Signature

Date:

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
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 PANEL	New	\$1280 1,800.00
2	SPRAY PAINTING CHARGE	New	\$600 900.00
3	WIRING CHARGE	New	50.00
4	TUFF KOTE	New	50.00
5	TOWING FEE CHARGE	New	60.00
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	\$80 150.00
7	REMOVE/REFIX REVERSE SENSOR	New	\$50 120.00
8	RESET BSD-BLIND SPOT RADAR	New	? nu 480.00 ^x
Gross Labour Cost (S\$)			3,610.00

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< 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:

Handwritten notes:
 Ram (LKK) 8/1/2020
 08/01/2020 \$1630 hrs
 Paresuam@LKKauto.com
 88622TB
 Ref paint photo
 5 days

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>6/1/20</u> Time Received:		3. Vehicle Type: <input type="checkbox"/> Private <input type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input checked="" type="checkbox"/> SPARK Kakis Name of Customer : <u>877 47 47</u> Contact No. : Vehicle No. : <u>34C7650L</u> Make / Model / Colour : Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: <u>AIRPORT RD TP</u>			8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:					

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 # : Cracked X : Dented / : Scatched O : Missing _____ Signature of Customer	
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Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input checked="" type="checkbox"/> YISHUN TOWING <input type="checkbox"/> OTHERS	
Name of Driver : <u>TAN AH YIK</u>	
Vehicle No. : <u>6041408</u>	
Time Dispatch : <u>1440</u>	
Time of Arrival : <u>1550</u>	
Time Completed : <u>1630</u>	

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

6/1/20
Date

7:00
Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard