

Room

CC3/TMI20001977/Fyd302

ASSIGNMENT

Date:
 Estimated Cost:
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No:
 At Workshop no:
 Insured: **SMP 4064B**
 Policy No:
 Claims No:
 Date Insured:
 Excess:
 Client's Record:
 Make of Veh:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection

Veh No: **SHD 8564X**
 Type: M.Car / M.Cycle / Bus / Van / Lorry **(Taxi)** / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai i40**
 Colour: **Yellow**
 Sp/Reading: **473998**
 Eng/No:
 C/Mo: **KMH1B41UMGU09380**
 Gen Cond: Good / **Fair** / Poor / Burnt
 Steering: **(Inorder)** / Jammed / Leaked / Burnt or
 Brake: **(Inorder)** / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / **S/D/Rim** or
 Tyre Size: F: **205/65 R16**
 R:
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Hankook**
 Front
 R/Bal: **6** mm
 L/Bal: **6** mm
 D.O.A: **03/02/2020**
 Survey held at: **comfort delgro (loyalg)**
 Des of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or
Frt & n/s frt
 The U/C / Chassis frame / Body Structure affected due to collision

Bat. or Market Value:
 IDAC Accident Report: Consistent? Yes or No
 CIA / PR Seen: Consistent? Yes or No
 Est. Repairs: days Res. Yes or No
 Laim Sum: % 3 Val Yes or No
 CA / REV / REP / 24 HRS
 Date: Person Contacted: Vehicle IN / OUT

Date / Time Action / Instruction

SHD 8564X - CC3 / AIG 17003206 / Hlyg342
 SMP 4064B - X

TMI
 LIS

DOA: 14/12/2017

RECEIVED 24 FEB 2020

LK: \$2450/- with 3 repair days (Red \$2300-08, 48%)
 confirmed 21/2/2020 with LKE

Date/Time, Fee Pass or:
☐ : Preli. Report
☐ : Final Report

Days Of Repair: **3**
 Resurvey No. of Trip: **2**

21/2/20 Typist

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Invs (\$)
☐ Weekend (\$)

Report Format:

Lump Sum / L.B. 15/15

\$2450/-

Survey Fee	250
Transportation	
Food & Bev	
Travel	
Others	11
Total	261

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	04/02/2020 10:04
Date Of Accident	03/02/2020 19:05
Exact Location Of Accident	BELL WATER CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8564X
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	1XXXXXXX9G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LEE LIM SUAN
NRIC No	SXXXX194F
Date Of Birth	09/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1977
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-98965284
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	103 06-428 BEDOK RESERVOIR ROAD
Postcode	470103
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 - MAJOR/MINOR RD
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)	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

SEE ATTACH.

Attachment(s)

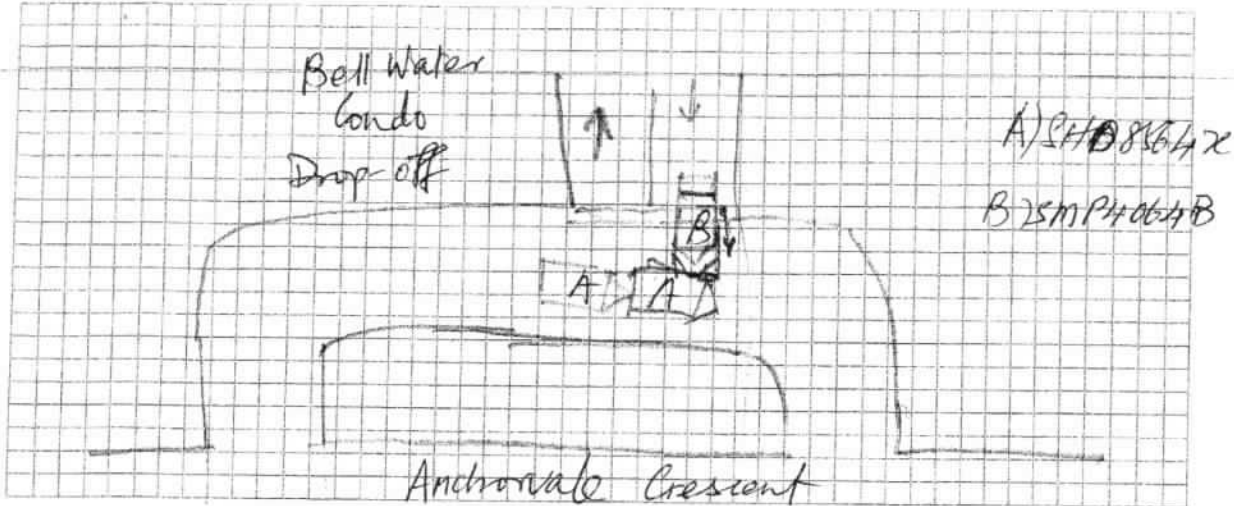
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP4064B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/2/20 at about 1905hrs when I veh A was slowly moving to exit the Condo premises, Veh B exited from the basement carpark of the condo without stopping and collided onto the left ftr of my taxi.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502830

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.:

GIA/PMC SketchPlanForm_V3

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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:

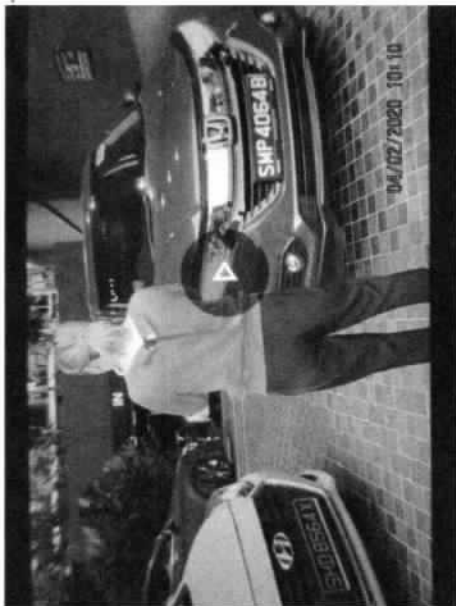
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CHY CAB PTE LTD
U. REG. NO. 199502839G

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.:



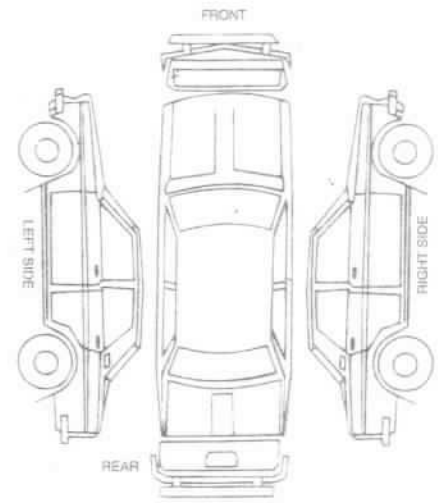
Team: ARC Repair TP(CFSO)1		JOB CARD		Sales Order:		JC NO.: 305378890	
TOMER IS CITYCAB PTE LTD TOMER NO. 7010070 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P) COUNT CARD NO.				REGN NO.: SHD8564X		MILEAGE	
				MAKE : HYUNDAI		FUEL E.....1/2.....F	
				MODEL I-40		DATE/TIME IN 04.02.2020 08:55	
				YR OF MANU 29.09.2016		TARGET DATE	
				CHASSIS CODE KMHLB41UMGU093880		COMPLETION DATE/TIME:	

Tokio Marine

Accident Date: 03.02.2020
 NATURE: 3P 03.02.2020

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
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KEYED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
edgement Slip No.: SHD8564X LKE		Exit Pass Vehicle No.: SHD8564X	
Service Advisor	Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305378890
 REGN NO : SHD8564X
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 29.09.2016
 DATE/TIME IN : 04.02.2020 08:55
 ACCIDENT DATE : 03.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76	CR
0002 04-01-0103-0637-G	I40VC BRKT ASSY-FR BPR UP	1	22.40	20.00	17.92	XNN
0003 04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1	24.60	20.00	19.68	XNN
0004 04-01-0103-0574-G	I40VC PANEL-FENDER LH#	1	663.00	20.00	530.40	X(R)
0005 04-01-0103-2834-A	I40V3 GUARD ASSY-FRONT WH	1	174.90	20.00	139.92	CR XNN
0006 04-01-0103-0781-A	I40VC LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40	Br
0007 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	112.50	20.00	90.00	SCR

SUB-TOTAL : 2,750.08

JOB NATURE

0000 L	PANEL BEATING	600.00	\$560
0001 23-502	SPRAYPAINT ON AFFECTED AREA	500.00	\$400
0002 17-01	CHECK ALL LIGHTING	50.00	
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	\$30

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:

6/2/2020
 Ram (LH)
 4/02/2020 15:15hrs
 Parasuram@lkkab.com
 88622778 hp (LIS)
 all repair photo
 3 repair days

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 04.02.2020

Time: 15:02:51

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305378890
REGN NO : SHD8564X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 29.09.2016
DATE/TIME IN : 04.02.2020 08:5
ACCIDENT DATE : 03.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0004 20-08 ADJUST FRONT WHEEL ALIGNMENT

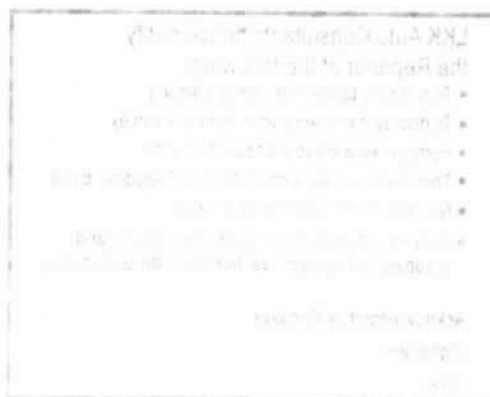
800.00 X 11

SUB-TOTAL : 2,000.00

TOTAL : 4,750.08

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



Our Job Ref No 305378890

Date 18.02.20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHD8564X CCPL

03.02.20

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

1. The repair job shall bill to: TOKIO MARINE --- SMP4064B

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

20%

\$2,450.00

Final Lumpsum Repair cost

\$2,450.00

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 amountSignature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : RAM

Date : 21/02/2020

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305378890
 REGN NO : SHD8564X
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 29.09.2016
 DATE/TIME IN : 04.02.2020 08:55
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JOB / PARTS DESCRIPTION

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0006	04-01-0103-0781-A	I40VC LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40	Br	2,552.70
0007	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	112.50	20.00	90.00	Scr	-20%
SUB-TOTAL : 2,750.08								2,042.16

JOB NATURE

0000 L	PANEL BEATING	Meriman Charge
0001 23-502	SPRAYPAINT ON AFFECTED AREA	
0002 17-01	CHECK ALL LIGHTING	
0003 20-00	TUFF COAT ON AFFECTED PARTS.	

#11
 600.00 \$560
 500.00 \$400
 50.00
 50.00 \$30
 2,042.16
 1,051
 3,093.16
 -20%
 2,474.52

RAM (LH)
 A/02/2020 1515hrs
 Paracram@ukraco.com
 88622778 hp (LH) #2,450
 aft repair photo
 3 repair days

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	04 Feb 2020 18:35 Sendback Est	04 Feb 2020 18:41 S\$3,961.08	05 Feb 2020 12:22 Edit Adj Rpt	S\$2,450.00 Edit Estimates	S\$2,450.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	WU GUIPING , ID: S7266560J								
Main Claimant:	CITYCAB PTE LTD , Co. Reg. No.: 199502839G								
Vehicle Reg. No.:	SHD8564X	Date of Loss:	03/02/2020 19:00 - :59 [40 Months and 5 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M2000916	Policy/Cover Note No.:	MS010619 (Comprehensive) Coverage: 25/09/2019 - 24/09/2021						
Vehicle Reg. No. (Insured):	SMP4064B	Policy No. (Claimant):							
		Excess:	S\$2,500.00						
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 Ng Kwai Kay Francis]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by PARASURAM SHANMUGAM] ... [Final Rpt due 14/02/2020]								
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

SHD8564X (M2000916)
[SMP4064B]
TP
CITYCAB PTE LTD
Feb 3 2020 7:00PM
[WU GUIPING]
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View		View in Browser	
Video									1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)							Thumbnail	Print		
1	05/02/20 10:57	Video - Accident From:SC - Reg. No: SMP4064B, Claimant: WU GUIPING								Load MP4		
Assessment Reports									1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)							Thumbnail	Print		
1	04/02/20 18:41	Repairer Estimates								Load HTM		
Photos/Images									3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)							Thumbnail	Print		
1	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
2	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
3	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
4	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
5	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
6	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
7	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
8	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
9	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
10	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
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16	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
17	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
18	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
19	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
20	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
21	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
22	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
23	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
24	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
25	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
26	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
27	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
28	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
29	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	
30	21/02/20 14:48	General View								Load JPG	<input checked="" type="checkbox"/>	

Video			1 per page		<input checked="" type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
31	21/02/20 14:48	General View		Load JPG	<input checked="" type="checkbox"/>
32	21/02/20 14:49	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
33	21/02/20 14:49	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
34	21/02/20 14:49	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
35	21/02/20 14:49	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
36	21/02/20 14:49	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
37	21/02/20 14:49	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page		<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	04/02/20 18:43	E-filed GIA report		Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	05/02/20 10:56	SHD8564X - TP FULL GIA		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
Show Remarks To: <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)

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VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI20001977/FYD3E2

Date: 25/02/2020

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MS010619

Claimant Vehicle No : SHD8564X

Insured Vehicle No : SMP4064B

Date of Loss: 03/02/2020

Nature of Claim: TP

Claim No: M2000916

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD8564X

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

Engine No: D4DFDU564084

Reg. Date: 29/09/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMGU093880

Colour: Yellow

Odometer: 473998 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:	205/65 R16	Rear Tyre Size:	205/65 R16
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,750.08	2,042.16	707.92	25.74
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,200.00	1,040.00	160.00	13.33
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,961.08	3,093.16	867.92	21.91
Approved Total (Overridden) (S\$)		2,450.00		
(S\$)	3,961.08	2,450.00	1,511.08	38.15
+ GST 7.00/7.00% (S\$)	277.28	171.50	105.78	38.15
Nett Amount (S\$)	4,238.36	2,621.50	1,616.86	38.15

INSPECTION

Date of Assignment:	05/02/2020 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	04/02/2020 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days	

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

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 25 Feb 2020)
Parts:	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD8564X)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Reference	Amount
1	1		*FRT BUMPER	Cracked	1,052.20 FL	-	*1,052.20 FL
2	1		*FRT BUMPER BRACKET TOP LH	Not Necessary	22.40 FL	-	*- FL
3	1		*FRT BUMPER BRACKET SIDE LH	Not Necessary	24.60 FL	-	*- FL
4	1		*FRT FENDER LH	Repair	663.00 FL	-	*- FL
5	1		*FRT FENDER SHIELD LH	Not Necessary	174.90 FL	-	*- FL
6	1		*HEADLAMP ASSY LH	Broken	1,388.00 FL	-	*1,388.00 FL
7	1		*FRT WHEEL HUB CAP LH	Scratched	112.50 FL	-	*112.50 FL
					Sub Total (S\$)	3,437.60	2,552.70
					- List Item Discount on L Items 20.00/20.00% (S\$)	687.52	510.54
					Total Parts (S\$)	2,750.08	2,042.16

F=Franchise part. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	600.00	560.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	WIRING CHARGE	New	50.00	50.00
4	TUFF KOTE	New	50.00	30.00
Gross Labour Cost (S\$)			1,200.00	1,040.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >