

ASS. REQ. BY: Tanpin

REF:

TMI

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: SLK 7515K

Policy No. _____

Claims No. _____

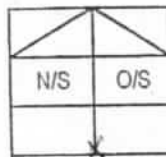
Sum Insured: _____ Excess: _____

(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

Date: _____ Person Contacted: Lim Vehicle: IN / OUT

Veh No: SHD 48254 Yr Regn: 2019, Oct

Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

Truck / Trailer or

Make: Hyundai AE long c.c. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: — T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH085/CVL4187402

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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: 6 mm Rear: 6 mm

R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 10/2/20 @ 4pm

Survey held at CDGE Wong

Des. of Damages: Frt (Rear) / O/S / N/S / U/C / Rooftop or .

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

Date / Time	Action / Instruction
	<u>Battery weak.</u>
	<u>SHD 48254 - C03 / CT116006922 / H114302</u>
	<u>SLK 7515K - C03 / TMI19005669 / K94302</u>
	<u>DOA: 13/01/2016</u>
	<u>DOA: 26/3/2019</u>
<u>11/02/20</u>	<u>@ 15:14 pm revised PA to Clara Miah via message</u>
<u>15/2</u>	<u>91125.30, 2 days, e-mail to Lim</u>
	<u>(B 1,057.84 Red - 48%)</u>
	<u>14/2/2020</u>

Date/Time, File Pass to?

14/02/20

1) Typist

Date/Time, File Return to?

2)

Report Form:

Lump Sum \$1,125.30 p/p

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

240

11

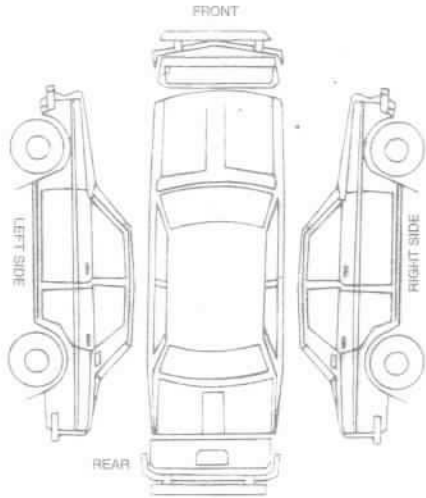
261

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305380310
OMER	REGN NO.: SHD4825U	MILEAGE	
S COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL	
OMER NO. 7010045	MODEL IONIQ(G3)	E.....1/2.....F	
ESS 383 SIN MING DRIVE	YR OF MANU. 25.10.2019	DATE/TIME IN	09.02.2020 10:45
Singapore SINGAPORE 575717	CHASSIS CODE	TARGET DATE	
65508755 (R) (P)	KMHC851CVLU187402	COMPLETION DATE/TIME:	
UNT CARD NO.			

JOB DESCRIPTION

Accident Date: 08.02.2020
NATURE: 3P 08.02.2020

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

dgement Slip	Exit Pass
SHD4825U	Vehicle No.: SHD4825U
LIMTS	
Service Advisor	Signature/Date
med to Service Reception upon collection	Name of Service Advisor
	Date
	To be kept by Security Guard

Shirley Hiew (LKK Auto)

From: Taufikh (LKKAuto)
Sent: Thursday, 13 February 2020 4:56 pm
To: 'Lim Tien Siong'
Cc: Shirley Hiew (LKK Auto)
Subject: RE: SHD4825U - Finalize

Hi Lim,

COR \$1125.30, 2 days.

Regards
Taufikh
Lkk Auto

From: Lim Tien Siong [mailto:limts@cdge.com.sg]
Sent: Wednesday, 12 February 2020 6:19 PM
To: Taufikh (LKKAuto)
Subject: SHD4825U - Finalize

Hi Taufikh,

Finalize at PP \$ 1,125.30 and 02 repair days.
After paint

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148398 / Fax:65468156



Think Before Printing

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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: Clara Milah Yeo

Date: 11 Feb 2020

Preliminary Advice

Insured Vehicle No	: SLK7515K	Accident Date	: 08/02/2020
TP Vehicle No	: SHD4825U	Assignment Date	: 11/02/2020
Make	: HYUNDAI IONIQ HYBRID	Est. Duration of Repair	: 2 days
Date of Inspection	: 10/02/2020		
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\$	2,183.14
Revised Amount	:S\$	1,125.30
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,125.30

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.
- (X) Other comments : TP : WP

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	10/02/2020 07:46
Date Of Accident	08/02/2020 23:15
Exact Location Of Accident	HOUGANG AVE 5 SLIP RD TO UPP SERANGOON.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4825U
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	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	NG BENG LAM
NRIC No	SXXXX531B
Date Of Birth	12/01/1949
Occupation	OUTDOOR
Date Of Driving Pass	27/04/1966
Driving Experience	53 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96170354
Fax Number	
Contact Number	
Email Address	880988NG@GMAIL.COM

Address	229 #04-269 TAMPINES STREET 23
Postcode	521229
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	WET

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.

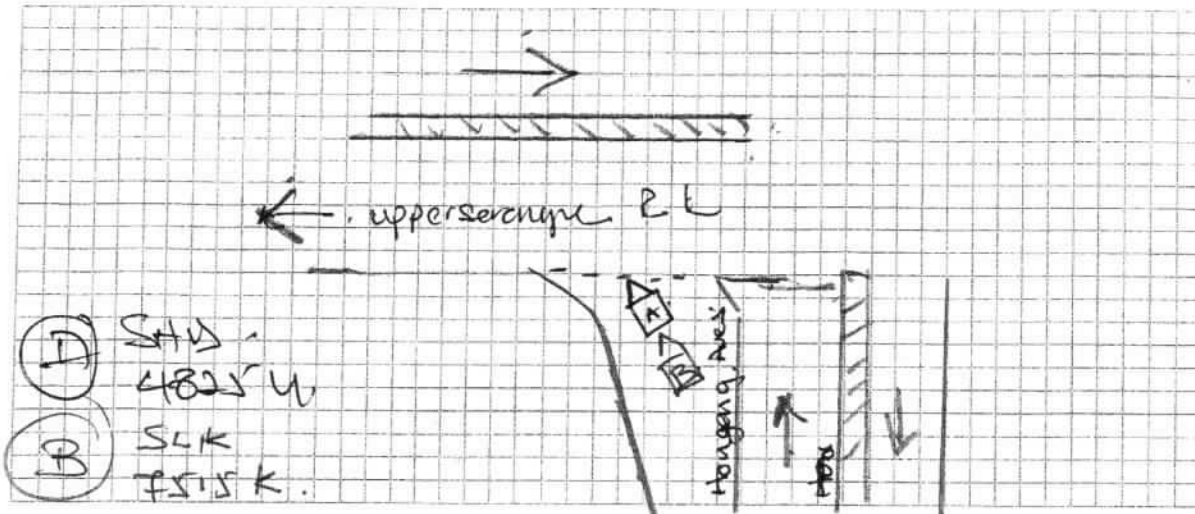
Attachment(s)

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	SLK7515K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEOW CHIEW LAM
NRIC/Passport Number	SXXXX367F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 8 Feb 2020 @ 22:15 hr T

Verh. (n) slow down and stop. Suddenly.

vert (E) from the rear. lit- vert (A)

Rev. @ the point of accident

VCH (K) NO PAK.

DECLARATION

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

OMFEST TRANSPORTATION PTE LTD
CO. REG NO. 199303821R

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.: _____

E:\AP\MC Sketch\PlanForm_73

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.

OMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

IS

LKK - Ram

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

JOB NO : 305380310
 REGN NO : SHD4825U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 25.10.2019
 DATE/TIME IN : 09.02.2020 10:45
 ACCIDENT DATE : 08.02.2020

Tyre Brand : Michelin
 195/65R15

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	KY
0002	04-01-0104-2533-G	REAR BUMPER CENTRE-Black	1	451.25	20.00	361.00	cut
0003	04-01-0104-2288-G	REAR BUMPER BEAM	1	294.80	20.00	235.84	x nn
0004	04-01-0104-3919-G	REAR BUMPER STAY RH	1	138.10	20.00	110.48	x nn
0005	04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1	155.00	20.00	124.00	x nn
0006	09-01-9999-0068-A	REVERSE SENSOR	1	135.70		135.70	nn ✓
0007	04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00	nn ✓
0008	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	nn ✓

SUB-TOTAL : 1,402.14

JOB NATURE

0000	PB	PANEL BEATING				400.00	320
0001	SP	SPRAYPAINT CHARGE				250.00	200
0002	L	R/I REVERSE SENSOR				120.00	30

Tanphi 97495749
 'wp'
 10/2/20 @ 7pm
 P/I Resurvey new parts.
 02 days
 surelkhauto.com

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

Date: 10.02.2020

REPAIR ESTIMATE *Tokio Marine*
CPIB

Time: 14:14:40

Page: 2/2 *IS*

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

LKC - Ram

JOB NO : 305380310
REGN NO : SHD4825U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 25.10.2019
DATE/TIME IN : 09.02.2020 10:4
ACCIDENT DATE : 08.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 20-05 TP MERIMEN

11.00

SUB-TOTAL : 781.00

Limfs

TOTAL : 2,183.14

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305380310

Date : 13/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIKH

Vehicle Reg No. : SHD4825U

Date of Accident : 08-Feb-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 -- SLK7515K

2. The finalized amount shall be:

(a) Spare Parts after List discount \$564.30

(b) Labour Charges \$561.00

Total for Part-By-Part Repair Cost \$1,125.30

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

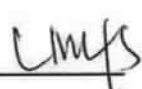
Final Lumpsum Repair cost

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : TAUFIKH

Date : 13/2/20

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.02.2020

REPAIR ESTIMATE

Time: 17:37:29

Page: 1

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

JOB NO : 305380310
REGN NO : SHD4825U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 25.10.2019
DATE/TIME IN : 09.02.2020 10:45
ACCIDENT DATE : 08.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G	REAR BUMPER CENTRE-Black	1	451.25	20.00	361.00
0002 09-01-9999-0068-A	REVERSE SENSOR	1	135.70		135.70
0003 04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00
0004 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60

SUB-TOTAL : 564.30

JOB NATURE

0000 PB	PANEL BEATING	320.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 L	R/I REVERSE SENSOR	30.00
0003 20-05	TP MERIMEN	11.00

SUB-TOTAL : 561.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 12.02.2020

Time: 17:37:29

Page: 2

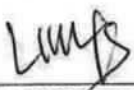
COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305380310
REGN NO : SHD4825U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 25.10.2019
DATE/TIME IN : 09.02.2020 10:45
ACCIDENT DATE : 08.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,125.30


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :
AUTHORISED : YES / NO

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	10 Feb 2020 Sendback Est	10 Feb 2020 18:01 S\$2,183.14	11 Feb 2020 12:53 Edit Adj Rpt	S\$1,125.30 Edit Estimates	S\$1,125.30 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	LION CITY RENTALS PTE LTD, Co. Reg. No.: 201504621K								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHD4825U	Date of Loss:	08/02/2020 23:00 - :59 [3 Months and 14 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M2001068	Policy/Cover Note No.:	MK000575 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020						
Vehicle Reg. No. (Insured):	SLK7515K	Policy No. (Claimant):							
		Excess:	S\$1,600.00						
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 Clara Milah Yeo]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 20/02/2020]								
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

SHD4825U (M2001068)
[SLK7515K]
TP
CTPL
Feb 8 2020 11:00PM
[LION CITY RENTALS PTE LTD]
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos		Compose New Letter		View		View in Browser	
Assessment Reports							1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)						Thumbnail	Print	
1	10/02/20 18:01	Repairer Estimates						Load HTM		
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print	
1	11/02/20 15:14	Adjuster Immediate Advice						Load HTM		
Photos/Images							3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print	
1	13/02/20 10:22	Odometer Reading						Load JPG	<input checked="" type="checkbox"/>	
2	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
3	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
4	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
5	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
6	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
7	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
8	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
9	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
10	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
11	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
12	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
13	13/02/20 10:22	General View						Load JPG	<input checked="" type="checkbox"/>	
14	13/02/20 10:23	General View						Load JPG	<input checked="" type="checkbox"/>	
15	13/02/20 10:23	General View						Load JPG	<input checked="" type="checkbox"/>	
16	13/02/20 10:23	General View						Load JPG	<input checked="" type="checkbox"/>	
17	13/02/20 10:23	General View						Load JPG	<input checked="" type="checkbox"/>	
18	13/02/20 10:23	After Repair Photo						Load JPG	<input checked="" type="checkbox"/>	
19	13/02/20 10:23	After Repair Photo						Load JPG	<input checked="" type="checkbox"/>	
20	13/02/20 10:23	After Repair 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	10/02/20 18:02	E-filed GIA report						Load PDF		

Documents Checklist

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

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**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: CC3/TMI20002316/T1SD3E2

Date: 14/02/2020

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MK000575

Claimant Vehicle No : SHD4825U

Insured Vehicle No : SLK7515K

Date of Loss: 08/02/2020

Nature of Claim: TP

Claim No: M2001068

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD4825U

Make & Model: HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)

Engine No: G4LEKU400239

Reg. Date: 25/10/2019 (Man. Year: 2019)

Chassis No: KMHC851CVLU187402

Colour: Blue

Odometer: 0 km

Engine Capacity: 1580 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: 195/65 R15

Rear Tyre Size: 195/65 R15

Front Left Side: Michelin 6 mm

Rear Left Side: Michelin 6 mm

Front Right Side: Michelin 6 mm

Rear Right Side: Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,402.14	564.30	837.84	59.75
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	770.00	550.00	220.00	28.57
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,183.14	1,125.30	1,057.84	48.45
+ GST 7.00/7.00% (S\$)	152.82	78.77	74.05	48.46
Nett Amount (S\$)	2,335.96	1,204.07	1,131.89	48.46

INSPECTION

Date of Assignment: 11/02/2020 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 10/02/2020 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: Hiew May Fung

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: 14 Feb 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:	(Unsubmitted, no print-code for SHD4825U)	
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		*REAR BUMPER	Repair	459.40 FL	-	*- FL
2	1		*REAR BUMPER CENTRE-BLACK	Cut	451.25 FL	-	*451.25 FL
3	1		*REAR BUMPER BEAM	Not Necessary	294.80 FL	-	*- FL
4	1		*REAR BUMPER STAY RH	Not Necessary	138.10 FL	-	*- FL
5	1		*REAR BUMPER LWR MOULDING	Not Necessary	155.00 FL	-	*- FL
6	1		*REVERSE SENSOR	Not Working	135.70 F	-	*135.70 FS
7	1		*REAR BUMPER MAT	Necessary	50.00 F	-	*50.00 FS
8	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	-	*22.00 FL

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	1,706.25	658.95
- List Item Discount on L Items 20.00/20.00% (\$\$)	304.11	94.65
Total Parts (\$\$)	1,402.14	564.30

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 (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	400.00	320.00
2	SPRAY PAINTING	New	250.00	200.00
3	R/I REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (\$\$)			770.00	550.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >