

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 18 February 2020 4:36 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 06/02/2020, SHC 8431B (TP VEHICLE), SJT 9816E (OI VEHICLE) EST.pdf; GIA REPORT.pdf; PRELI ADVISED OF SHC 8431B.pdf
Attachments:

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 8431B at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 18/2/2020

Our Ref: CS/TMI20002662/Ftf3

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Dear Sirs/Mdm

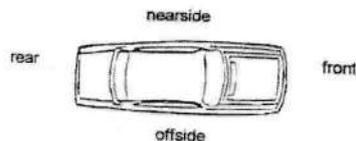
PRELIMINARY ADVICE OF VEHICLE NO. SHC 8431B

Please be informed that we had conducted the inspection of the above-mentioned vehicle on 11/02/2020 at the premises of M/s Comfort Delgro and have the following to report: -

| | | |
|--------------------------|-------|-------------------|
| Workshop Estimate Amount | : S\$ | <u>1,508.10</u> |
| Revised Estimate Amount | : S\$ | <u>712.40</u> |
| "Check" Items Amount | : S\$ | <u>0.00</u> |
| Market Value | : S\$ | <u> </u> |
| LTA Reimbursement Value | : S\$ | <u>-</u> |
| Nett Value | : S\$ | <u>-</u> |

Description of Damage:

The vehicle sustained damages at the rear portion.



Repair days: 2

Comments/ Present Status:

Damages Consistent.

Yours faithfully

Parasuram

Automotive Assessor

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 | 06/02/2020 14:58 |
| Date Of Accident | 06/02/2020 09:40 |
| Exact Location Of Accident | AYE(TUAS) BF NORMANTON EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC8431B |
| 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 | 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 | 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 | LEE BOON LENG |
| NRIC No | SXXXX780J |
| Date Of Birth | 09/05/1950 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/04/1970 |
| Driving Experience | 49 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97738861 |
| Fax Number | |
| Contact Number | |
| Email Address | LEEBOONLENG0550@YAHOO.COM |

| | |
|---|------------------------------------|
| Address | BLK 154 BISHAN STREET 13 #05-14 |
| Postcode | 570154 |
| 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 | CHAIN COLLISION |
| 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 | 3 |
| 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) | 4 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |
| Passenger 3 | NAME: : - GENDER: : FEMALE |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SJT9816E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SULAIMI BIN SALLEH |

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLE94K

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

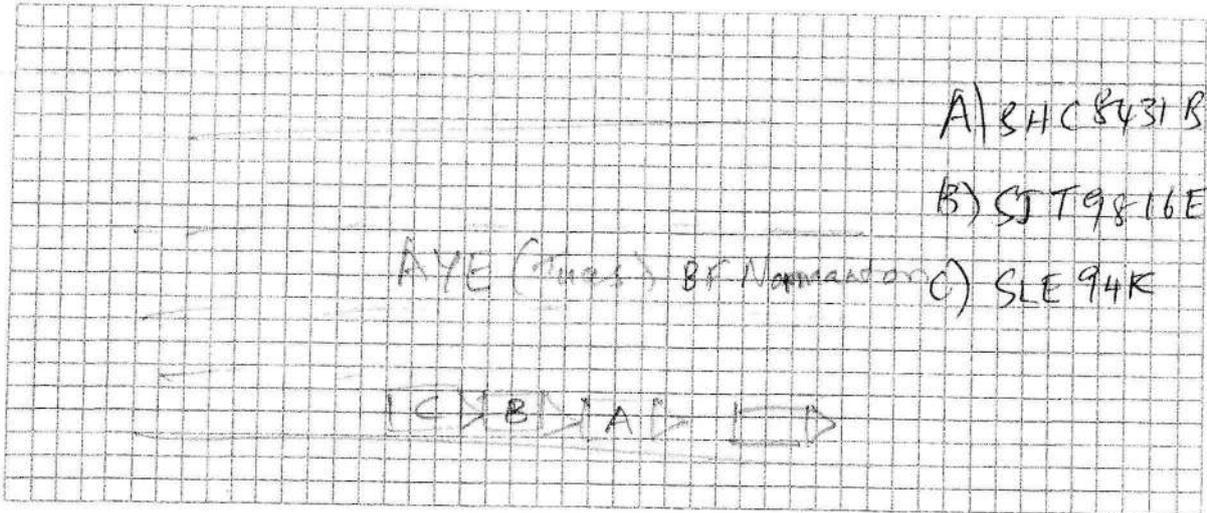
Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/2/20 at about 0940hr when I Veh A slowed down because vehicles in front stopped. Veh B collided onto the rear of my vehicle. When I came out to check, it was realized that Veh C was also involved in the chain collision.

DECLARATION

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

COMPANY NAME AND ADDRESS
CO. REG. NO. 1403035218

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.:

SRM
6/2/20

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 15936482B1

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.:

Workshops

59 Loyang Drive Singapore 508869
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
229 Ubi Road Singapore 408799

24 Senoko Loop Singapore 768156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 11.02.2020 11:10 Page : 1

Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO.: 305380521

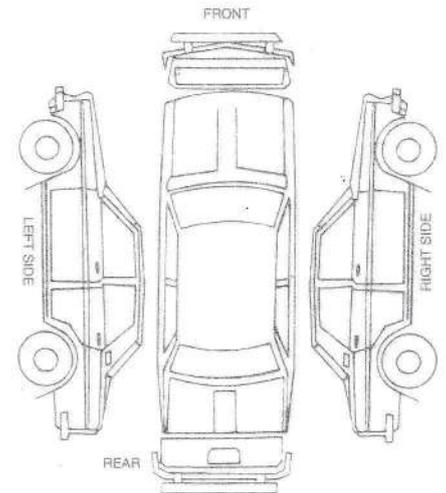
| | | | |
|---|---|--|---|
| TOMER AS TOMER NO. PRESS (P) (P) COUNT CARD NO. | COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 | REGN NO.: SHC8431B | MILEAGE |
| | | MAKE : HYUNDAI | FUEL E.....1/2.....F |
| | | MQDEL I-40 | DATE/TIME IN 11.02.2020 10:00 |
| | | YR OF MANU 10.09.2015 | TARGET DATE |
| | | CHASSIS CODE KMHLB41UMGU078306 | COMPLETION DATE/TIME: |

(O) Tokyo Marine

JOB DESCRIPTION

Accident Date: 06.02.2020
NATURE: 3P 06.02.2020

| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|
|------|------------|-------------|



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: **SHC8431B**

LKE

RAM

Vehicle No.:

SHC8431B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No 305380521

Date : 15.02.20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHC8431B CTPL

06.02.20

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

1. The repair job shall bill to: TOKIO MARINE --- SJT9816E
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% \$550.00
 - Final Lumpsum Repair cost** \$550.00

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**

5. Thank you for your assistance.

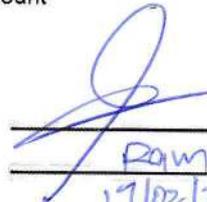
We confirm the estimates and finalized amount

Signature :  _____

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :  _____

Name : RAM

Date : 17/02/2020

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:

Lke

Tokio Marine

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.02.2020
Time: 12:07:11
Page: 1

REPAIR ESTIMATE

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

JOB NO : 305380521
REGN NO : SHC8431B
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.09.2015
DATE/TIME IN : 11.02.2020 10:00
ACCIDENT DATE : 06.02.2020

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | | |
|------|-------------------|---------------------------|------|--------|-------|--------|------|
| 0001 | 04-01-0103-0579-G | I40VC COVER ASSY-RR BUMPE | 1 L | 553.00 | 20.00 | 442.40 | x R) |
| 0002 | 04-01-0101-0111-G | HYUNDAI BUMPER COVER CLIP | 10 L | 22.00 | 20.00 | 17.60 | x nu |
| 0003 | 04-01-0103-0738-G | I40VC COVER-RR BUMPER LWR | 1 L | 228.00 | 20.00 | 182.40 | scr |
| 0004 | 09-01-9999-0068-A | HYUNDAI REVERSE SENSOR AS | 1 N | 135.70 | 2.00- | 135.70 | 1xnu |
| 0005 | 04-01-0103-1150-A | I40VC PROTECTOR MAT | 1 N | 50.00 | 0.20 | 50.00 | xnu |

SUB-TOTAL : 828.10

JOB NATURE

| | | | |
|-------------|-----------------------------|--------|-------|
| 0000 L | PANEL BEATING | 350.00 | \$280 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | 250.00 | \$200 |
| 0002 20-22 | REMOVE/REFIX REVERSE SENSOR | 80.00 | \$50 |

SUB-TOTAL : 680.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display damaged parts during resurvey
- Parts price is subject to confirmation
- Third party claims on a "Without Prejudice" basis
- No liability for (non) insurance
- Supplier's liability is not covered and is subject to claim from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Ran (x)

11/02/2020 1335 hrs

Parasaram@lkkauto.com

8562278 LIS

aff repair photo

2 repairer