

ASS. REC. BY: PAM

REF:

CS/QW20002662/Ftf3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
QD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SJT 9816E  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SHC 8431B Yr Regn: 10/9/2015  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai i 40 c.c. 1685  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 648070 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLB10005007806  
 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: 205/60R16  
 R: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
<u>X</u>	<u>X</u>

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: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or westlake

Front Rear  
 R/Bal. 6 mm R/Bal. 7 mm  
 L/Bal. 6 mm L/Bal. 7 mm  
 D.O.A. 06/02/2020 D.O.I. 11/02/2020

Survey held at comfortdelgro (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>comfortdelgro will buy the SHC 8431B-X report 12/4/2020</u>
	<u>SJT 9816E - X</u>
	<u>RED: 130;19%</u>
	<u>L/S: \$550/= with 2 repair days confirm on 17/02/2020 with LICE</u>

TMI  
L/S

17/2/2020

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

Days Of Repair: 2  
 Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2) \_\_\_\_\_

Add Fee:  : Site Insp (\$)  
 : Interview (\$)  
 : Tech. Invs (\$)  
 : Wheel end (\$)

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	

Report Format: \_\_\_\_\_

Lump Sum / L/S: 550 L/S

## Denise Tay (LKKAuto)

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**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)  
**Attachments:** EST.pdf; GIA REPORT.pdf; PRELI ADVISED OF SHC 8431B.pdf

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](mailto: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

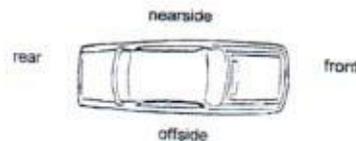
**PRELIMINARY ADVICE OF VEHICLE NO. SHC 8431B**

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
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#### 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)



**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  
50, RAFFLES PLACE, SINGAPORE 189374

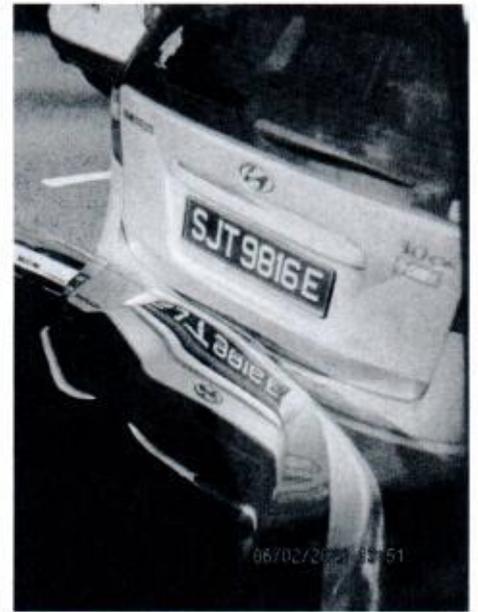
Policyholder's Signature  
Date & Time:

*Leng*

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

*[Signature]*  
1/20

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



member of COMFORTDELGRO

Date/Time: 11.02.2020 11:10 Page : 1

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

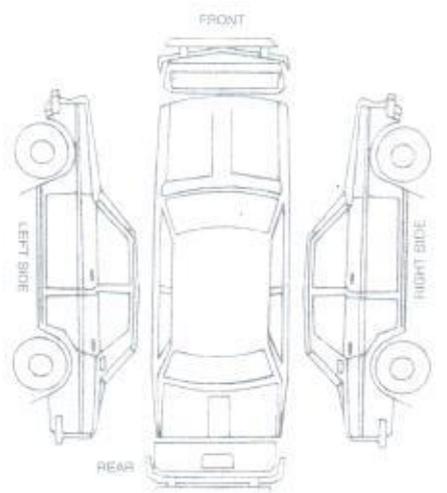
TOMER AS TOMER NO. ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO.: <b>SHC8431B</b>	MILEAGE
			MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....F
			MODEL <b>I-40</b>	DATE/TIME IN <b>11.02.2020 10:00</b>
			YR OF MANU <b>10.09.2015</b>	TARGET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

*(O) Tokyo Marine*

Accident Date: 06.02.2020  
 NATURE: 3P 06.02.2020

JOB DESCRIPTION

S/NO      LABOR CODE      DESCRIPTION



WORKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR      CUSTOMER'S SIGNATURE

Checklist Item: **Welding Slip**  
 No.: **SHC8431B**      LKE      *RAM*

Checklist Item: **Exit Pass**  
 Vehicle No.: **SHC8431B**

Signature/Date      Name of Service Advisor      Date

turned 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:

\_\_\_\_\_

\_\_\_\_\_

Lko

25/

COMFORTDELGRO ENGINEERING PT

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 228\*x  
REGN NO 80\*%  
MILEAGE 182\*4\*  
MAKE  
MODEL 0\*c  
DATE OF  
DATE/TIM 280\*+  
ACCIDEN 200\*+  
50\*+  
=  
530\*\*

JOB / PARTS DESCRIPTION

QTY INI

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	553.00	20.00	4	712*4*
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00		712*4* 80*%
0003	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	228.00	20.00	1	569*92*
0004	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	2.00	1	0*c
0005	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	0.20	50.00	182*+5 xmu

SUB-TOTAL : 828.10

JOB NATURE

0000 L	PANEL BEATING	350.00	\$280	530
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	\$200	712.40
0002 20-22	REMOVE/REFIX REVERSE SENSOR	80.00	\$50	-20%
SUB-TOTAL :		680.00		569.92

pan(LCC)  
11/02/2020 1330hrs  
Raveeran @ ckrauto.com  
8462278 LIS #550  
aff repair photo 2 repairs

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 : 0000000000  
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 (R)	
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	1x (R)	
0005	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	0.20	50.00	X (R)	
							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 repair any damage to the spray painting
- To repair any damage to the paint during resurvey
- Parts of the car to be replaced to confirmation
- This estimate is on a "Without Prejudice" basis
- No liability for the estimate is accepted
- Subsequent work will be approved and is subject to confirmation from the insurance company

Acknowledged by Repairer  
Signature:  
Date:

Ram (acc)  
11/02/2020 1330 hrs  
Ravikiran@lkkauto.com  
85862278 (LIS)  
aff repair photo (2 repair photos)