22/03/2002 REF: CS/TMI 20002729/ FS f362 Special Instruction: ASS. REC. BY: Surveyor: Ram ASSIGNMENT (Office) From (Person); Shawn Myo Sau Win of TMI. Date/Time: 18.2. 70 9.284.n Estimated Cost: Bill to: OD TP WS TP RES / OD RES / EVA / INV / MV / CS SHA 8755 C To Inspect Vehicle No: SMR 52755 Insured: at Workshop m/s Comfort dulgro 62148300 Tel: of 59 loyang brive Policy No: Mt 000823 Claim No: M 200126 1 Sum Insured Excess: D.O.A. 16/212020 Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: Date/Time: 18.2 2000 / Person Contacted: Date/Time Action/Instruction (V) Estimate. SHA 8755 (- CC3/ FC) 15019 144/ tqln2 DON- 29/06/2015 SMR 52755-X @ 16:53 pm reward PA to Ngo Say was we wig

ASSIGNMENT

From: Date:	Veh No: SHA 6755C Yr Regn: 22 12 / 2016
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: flyundai 120 c.c 1685
at Workshop m/s	Colour \(< \)\(\)\(\) \ A/C: \(\) Insured / Std / NI / NA
of	Sp.Reading 3 To 09 / T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KMHLBAJUWHU097755
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 285/60 RIL
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Hankook
Bal, or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 16/02/2020 D.O.I. 17/02/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at cowaford deligno (Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	()
RECEIVED 0 6 1	IAN 2020
	(18)
	<i>A</i> †
43:\$1350/= with 3 - (paire	Cotromonto 200
(\$2,503.80 Red - 65)	?)
confirmen 5/3/2000 mg	LARRY 63/2020
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3
06/03/20	Resurvey No. of Trip: \ Survey Fee: 290
Date/Time, File Return to?	Transportation:
2) Add Fee	: Site Insp (\$)3+R\$si
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others !!
Imp Son / L.B. ft (\$1,350 /- 45)	:Weelend (\$
	TOTAL 261

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	17 Feb 2020 Sendback Est	17 Feb 2020 15:14 \$\$3,853.80	18 Feb 2020 09:28 Assign				New Assignment Cancel Case

Ma	ain		Reference		Claim Detai	ls	Documents		Show All
CLAIM SUB	FOLDER DET	TAILS							
Insured:	LUMENS A	ОТО РТЕ	LTD., Co. Reg	. No.: 201426	961K				
Main Claimant:	CITYCAB P	TE LTD,	Co. Reg. No.:	199502839G					
Vehicle Reg. No.:	SHA8755	c			Date of Lo		0 20:00 - :59 is and 25 Days Fro	om LTA Reg Da	ite (Man Yr)]
Claim Type:	TP / M200	01261			Policy/Cov Note No.:		(Third Party Only 30/09/2019 - 29/		
Vehicle Reg. No. (Insured):				Policy No. (Claimant		D-18088037MESH			
					Excess:	S\$3,000.0	0		
Repairer:	ComfortDe	IGro En	gineering Pte Lt	d (Loyang)	59 Loyang Drive, 5	08969 Loyang -	Tel: 6214 8300		
Handling Insurer:	Tokio Mari	ne Insu	rance Singapore	e Ltd (HQ) -	Tel: 6221 6111	[Handled by Ng	o Sau Wei Shaw	n]	
Claimant's Insurer:	MS First Ca	apital In	surance Ltd (HC	Q) - Tel: 6222	2311				
Adjuster:	LKK Auto (Consulta	nts Pte Ltd (HQ) - Tel: 6256-	3561 [Final F	Rpt due 27/03	2/2020]		
Adj Asg. Remarks:	OI HAS NOT	RPT TH	E ACCDT						
ASSOCIATE	D MAIL REC	EIVED					V	iew All Com	pose Case Mail
There are no	mail for this o	ase.							
ALL ASSOC	IATED TASK	(S=				View All	Search Tasks	Create New Ta	sk Complete
Due Date No results.	Priority	Type	Task Group	Subject	Handler As	signed By	Completed On	Created	On Done?

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

of Service Advisor

sturned to Service Reception upon collection

ComfortDelGro Engineering Pte Ltd

Date/Time 17 02 2020 14:55

	Date/1	IME. 17.02.2020 14.	idge . I
Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305381769
TOMER		REGN NO.: SHA8755C	MILEAGE
MS CITYCAB PTE LTD 7010070	VARS	MAKE: HYUNDAI	FUEL
TOMER NO. 383 SIN MING DRIVE		MODEL	E1/2F
Singapore SINGAPORE 57571 65551188	.7	1-40	16.02.2020 21:30
(P) 65551100 (O)		YR OF MANU. 22.12.2016	TARGET DATE
COUNT CARD NO.	B	CHASSIS CODE KMHLB41UMHU097	755 COMPLETION DATE/TIME:
	JOB DESCRIPTION		
Accident Date: 16.02.2020 NATURE: 3P 16.02.2020			
Q/NO LABOR CODE	DESC	RIPTION	FROHT
TOKIONR	ight Rea	Ø≒n.	
	/		
		LEFT SIDE	T SIDE
			HIGHT
111			
		9/	
		REAR	
	182		
2			
Ches .			
04			
CKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER	'S SIGNATURE
vledgement Slip	* Exit Pass		
Design and Columbia	teat F. dag		
	Vehicle No.:		
No.: SHA8755C LARRY		SHA8755C	
raun na			
ra			

Name of Service Advisor

To be kept by Security Guard

Signature/Date

Date

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:

Ngo Sau Wei Shawn

18 Feb 2020 Date:

Preliminary Advice

Insured Vehicle No : SMR5275S

TP Vehicle No

: SHA8755C

Accident Date

: 16/02/2020

Make

: HYUNDAI 140

Assignment Date

: 18/02/2020

Date of Inspection

Est. Duration of Repair

: 17/02/2020

: 3 days

Inspection At

: ComfortDelGro Engineering Pte Ltd (Loyang)

59 Loyang Drive

Singapore 508969

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	3,853.80
Revised Amount	:S\$	1,676.68
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,676.68

:S\$ Lump Sum Repair

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.
	150	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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	sent to the archiving or this report at the centre and to copies of the report deing made available
	ACCIDENT STATEMENT
Date Of Report	17/02/2020 11:16
Date Of Accident	16/02/2020 20:35
Exact Location Of Accident	GAMBAS AVE
Country/State of Loss	SINGAPORE
In the second of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA8755C
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	140
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
 OOI BENG HUA

 NRIC No
 SXXXX197D

 Date Of Birth
 25/06/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/01/1977

Driving Experience 43 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96609791

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 2C UPPER BOON KENG ROAD #19-672

* Postcode 383002

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

NO

NO

YES

NO

2

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE 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

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO 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

SMR5275S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage LEFT FRT

Page 2 of 14

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.

OCUMENTS HIS TOPPERSON

19.1

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

NRIC/FIN No.:

Policyholder's Signature Date & Time:

Sketch Plan Pg. 2

SKETCH PLAN		
		A) 8 HA 8755C
Gamb	as Ave	B) SMR 52755
	1 B V B V	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT 2035hr when	n I Veh A was
Endolenty filt	g lane 2, Weh I ered left and i	collicled onto the
right very	portion of my m	oning celuicle
ECLARATION We declare the foregoing particulars	are true in every respect.	.1/1
OD, REG. NO. 1989/2359G	Board.	R Moorthy 17/2
olicyholder's Signature rate & Time:	(If driver is not the policyholder) Na	porting Centre Personnel's Signature me: IC/FIN No.:

GSARMC Shetch Plan Forms_73

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

59 Loyang Drive Singapore 508969 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)

CITYCAB PTE LTD

Singapore

Claimant Insurer:

MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:

THIRD PARTY

Ref. No:

16/02/2020

Policy No: Vehicle Reg. No.:

SHA8755C

Driveable?

Date of Loss:

YES

Party At Fault:

UNKNOWN

Driver (TP):

OOI BENG HUA

Make/Model:

HYUNDAI I40, 1.7 D CRDI Vehicle Reg.

22/12/2016

Vehicle Colour:

YELLOW

Gen Condition: GOOD

Engine No:

D4FDGU700729

Chassis No:

Date:

KMHLB41UMHU097755

Odometer:

1 KM

(A)

Paint Type:

List Item Discount:

20.00 %

Total Loss?

NO

Est. Duration of

Repair (day)

3

Description of

Accident/Loss

PLS REFER TO ATTACHED

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS		Amount
Parts		2,332.80
Miscellaneous Items		11.00
Labour		1,510.00
Paintwork Labour		0.00
Towing		0.00
	Park the second of the second of	

+ GST 7.00% (S\$)

Nett Amount (S\$)

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 17 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: ComfortDelGro Engineering Pte Ltd/SHA8755C/17/02/2020 15:14

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	*REAR FENDER - RH X	20.00	0.00	*2,171.40 FL
2	1	*REAR BUMPER - RH	20.00	0.00	*553.00 FL
3	1	*REAR WHEEL COVER - RH SCY	20.00	0.00	*107.10 FL
4	10	*REAR BUMPER CLIPS Vec	20.00	0.00	*22.00 FL
5	1	*REAR BUMPER RUBBER MAT	0	0.00	*50.00 FS
h=hra	anchise part. S=SpcN	ett. L=ListitemDisc.			
		Sub Total (S\$)			2,903.50
		- List Item Discount on L Items (S\$)			570.70
		Total Parts (S\$)			2,332.80

ComfortDelGro Engineering Pte Ltd/SHA8755C/17/02/2020 15:14. Not valid without Reference section. Generated using Merimen e-Claims IEAS

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 contirmation
- 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:

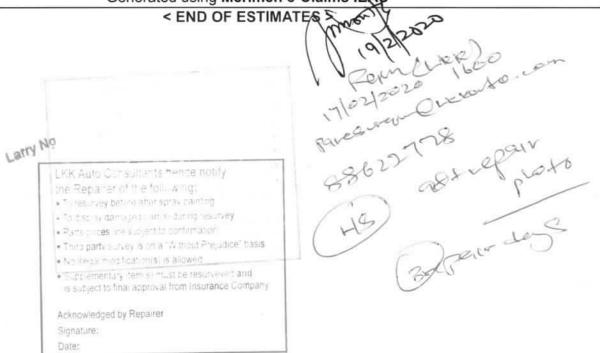
Estimates on Miscellaneous Items

No	Qty	Particulars		Amount
Mis	cellan	eous Items		
1	1	OD/TP Case (Insurer)		11.00
			Sub Total (S\$)	11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Lab	our Items		
1	PANEL BEATING	New	\$560 700.00
2	SPRAY PAINTING	New	€A0 € 500.00
3	REMOVE/REFIX REVERSE SENSOR	New	48 80.00
4	REMOVE/REFIX REAR UPHOLSTERY	New	150.00
5	TUFF KOTE	New	\$56 80.00
		Gross Labour Cost (S\$)	1,510.00

ComfortDelGro Engineering Pte Ltd/SHA8755C/17/02/2020 15:14. Not valid without Reference section. Generated using Merimen e-Claims IEAS





Our Job Ref No . 305381769 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 25. Feb. 2020 FINALIZATION FORM LKK Fax: RAM Attn Vehicle Reg No. : SHA8755C Date of Accident: 16. Feb. 2020 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-1. The repair job shall bill to: TOKIO SMR5275S 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: Final Lumpsum Repair cost \$1,350.00 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 amount Signature: Signature: Rain Name Name 3/2020 Tel 6214 8316 Date 6546 8156 Fax

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:		
_	3P is keen on private settlement.	
_		

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adi	Submitted	Ins Auth'ed	Status	
Main	17 Feb 2020 Sendback Est	17 Feb 2020 15:14 \$\$3,853.80	18 Feb 2020 09:28 Edit Adj Rpt	S\$1,350.00 Edit Estimates	S\$	1,350.00 /iew Rpt	and Addited	Pending for Survey Report Cancel Case	
	Main	Ref	erence	Claim Det	ails		Documents	\Box	Show All
CLAIM SU	BFOLDER DET	AILS							
Insured:	LUMENS AL	JTO PTE. LTD.,	Co. Reg. No.: 2014	26961K					
Main Claimant:	CITYCAB P	TE LTD, Co. Reg	, No.: 1995028390	5					
Vehicle Reg No.:	SHA8755	8755C			Loss:	16/02/2020 [37 Months a	20:00 - :59 and 25 Days From	LTA Reg Da	te (Man Yr)]
Claim Type	: TP / M200	FP / M2001261			over		Third Party Only) 0/09/2019 - 29/09	/2020	
Vehicle Reg No. (Insured):	SMR5275S				Policy No. (Claimant): D-18088937MFSH				
				Excess:		S\$3,000.00			
Repairer:	ComfortDel	Gro Engineering	Pte Ltd (Loyang)	59 Loyang Drive,	50896	9 Loyang - Te	1: 6214 8300		
Handling Insurer:	Tokio Marin	ne Insurance Sin	gapore Ltd (HQ)	- Tel: 6221 6111	. [Han	dled by Ngo S	Sau Wei Shawn]		
Claimant's Insurer:	MS First Ca		Ltd (HQ) - Tel: 62						
Adjuster:	27/02/202		td (HQ) - Tel: 625	6-3561 [Handle	by P	ARASURAM S	SHANMUGAM]	[Final Rp	t due
Adj Asg. Remarks:	OI HAS NOT	RPT THE ACCDT							
ASSOCIA	TED MAIL REC	EIVED					View	All Com	pose Case Mai
There are i	no mail for this c	ase.							
ALL ASSO	OCIATED TASK	s⊟			V	/iew All Se	arch Tasks Cre	ate New Task	Complet
Due Dat		Type Task G	roup Subject	Handler A	ssign	ed By	Completed On	Created	On Done

Claim Documents

SHA8755C (M2001261)

[SMR5275S]

TP

CITYCAB PTE LTD

Feb 16 2020 8:00PM

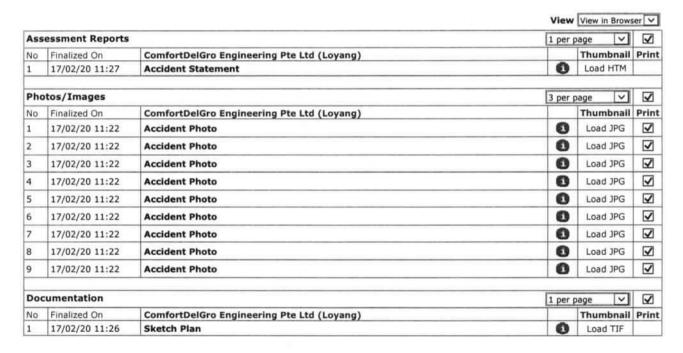
[LUMENS AUTO PTE. LTD.]

ComfortDelGro Engineering Pte Ltd

Ass	essment Reports		1 per page V	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnai	l Prin
1	17/02/20 11:27	Accident Statement	Load HTM	
2	17/02/20 15:14	Repairer Estimates	1 Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnai	
1	18/02/20 16:53	Adjuster Immediate Advice	1 Load HTM	
Pho	tos/Images		3 per page	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnai	l Prin
1	17/02/20 11:22	Accident Photo [Linked Accident Report Documents]	1 Load JPG	V
2	17/02/20 11:22	Accident Photo [Linked Accident Report Documents]	1 Load JPG	✓
3	17/02/20 11:22	Accident Photo [Linked Accident Report Documents]	■ Load JPG	✓
4	17/02/20 11:22	Accident Photo [Linked Accident Report Documents]	Load JPG	V
5	17/02/20 11:22	Accident Photo [Linked Accident Report Documents]	1 Load JPG	☑
6	17/02/20 11:22	Accident Photo [Linked Accident Report Documents]	1 Load JPG	✓
7	17/02/20 11:22	Accident Photo [Linked Accident Report Documents]	1 Load JPG	✓
3	17/02/20 11:22	Accident Photo [Linked Accident Report Documents]	1 Load JPG	✓
9	17/02/20 11:22	Accident Photo [Linked Accident Report Documents]	1 Load JPG	Z
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbna	_
1	06/03/20 15:34	General View	1 Load JPG	✓
2	06/03/20 15:34	General View	1 Load JPG	✓
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19	06/03/20 15:34	General View	1 Load JPG ✓
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1	17/02/20 11:26	Sketch Plan [Linked Accident Report Documents]	1 Load TIF
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail Prin
1	21/02/20 18:27	TP - SHA8755C - Singapore Accident Statement	1 Load PDF

Linked Accident Report Documents



Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
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			~

Merimen e-Claims Page 3 of 3

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:

CS/TMI20002729/FSF3E2

Date:

06/03/2020

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MK000823

Claimant Vehicle

SHA8755C

Insured Vehicle No:

SMR5275S

No: Date of Loss:

16/02/2020

Nature of Claim:

TP

Claim No: M2001261

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHA8755C

Make & Model:

HYUNDAI 140, 1.7 D CRDi (A) 22/12/2016 (Man. Year: 2016) Engine No:

D4FDGU700729

370091 km

Reg. Date: Colour:

Chassis No: Odometer:

KMHLB41UMHU097755

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):

Engine Modification:

No Pre-accident Condition:

Average

CONDITION OF TYRES

Front Tyre Size:

205/60 R16

Rear Tyre Size:

205/60 R16

Front Left Side: Front Right Side:

Hankook 7 mm Hankook 7 mm Rear Left Side: Rear Right Side: Hankook 7 mm Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,332.80	595.68	1,737.12	74.47
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,510.00	1,090.00	420.00	27.81
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,853.80	1,696.68	2,157.12	55.97
Approved Total (Overridden) (S\$)		1,350.00		
(S\$)	3,853.80	1,350.00	2,503.80	64.97
+ GST 7.00/7.00% (S\$)	269.77	94.50	175.27	64.97
Nett Amount (S\$)	4,123.57	1,444.50	2,679.07	64.97

INSPECTION

Date of Assignment:

18/02/2020 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

17/02/2020 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

3.0 days

Adjuster: PARASURAM SHANMUGAM Manager: 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

Referen	ce			
Part Source	: MRM-SG	Version: 1.0 (Last Synchronised: 06 Mar 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 SHA8755C)		
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 r	ot in reference catalogue are prefixed with an asterisk *.		

Recommended Parts

Qty	Part No.	Particulars	Condition	Repairer's	Reference	Amount
1		*REAR FENDER - RH	Repair	2,171.40 FL	=	*- FL
1		*REAR BUMPER - RH	Cut	553.00 FL	-	*553.00 FL
1		*REAR WHEEL COVER - RH	Scratched	107.10 FL		*107.10 FL
10		*REAR BUMPER CLIPS	Necessary	22.00 FL		*22.00 FL
1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	-	*50.00 FS
anchise	part. S=SpcN	lett. L=ListItemDisc.	-			
			Sub Total (S\$)	2,903.50	732.10	
		- List Item Discount on L Items :	20.00/20.00% (S\$)_	570.70	136.42	
			Total Parts (S\$)	2,332.80		595.68
	1 1 1 10 1	1 1 1 10	1 *REAR FENDER - RH 1 *REAR BUMPER - RH 1 *REAR WHEEL COVER - RH 10 *REAR BUMPER CLIPS 1 *REAR BUMPER RUBBER MAT anchise part. S=SpcNett. L=ListItemDisc.	1 *REAR FENDER - RH Cut 1 *REAR BUMPER - RH Cut 1 *REAR WHEEL COVER - RH Scratched 10 *REAR BUMPER CLIPS Necessary 1 *REAR BUMPER RUBBER MAT Necessary anchise part. S=SpcNett. L=ListItemDisc. Sub Total (S\$) - List Item Discount on L Items 20.00/20.00% (S\$)	1 *REAR FENDER - RH Repair 2,171.40 FL 1 *REAR BUMPER - RH Cut 553.00 FL 1 *REAR WHEEL COVER - RH Scratched 107.10 FL 10 *REAR BUMPER CLIPS Necessary 22.00 FL 1 *REAR BUMPER RUBBER MAT Necessary 50.00 FS anchise part. S=SpcNett. L=ListItemDisc. Sub Total (S\$) 2,903.50 - List Item Discount on L Items 20.00/20.00% (S\$) 570.70	1 *REAR FENDER - RH Repair 2,171.40 FL - 1 *REAR BUMPER - RH Cut 553.00 FL - 1 *REAR WHEEL COVER - RH Scratched 107.10 FL - 10 *REAR BUMPER CLIPS Necessary 22.00 FL - 1 *REAR BUMPER RUBBER MAT Necessary 50.00 FS - 2 **SpcNett. L=ListItemDisc.** Sub Total (S\$) 2,903.50 732.10 - List Item Discount on L Items 20.00/20.00% (S\$) 570.70 136.42

Report was unsubmitted during this print-out.

80.00

1,090.00

0.00 50.00

3

4

5

TUFF KOTE

Recommended Miscellaneous Items

REMOVE/REFIX REVERSE SENSOR

REMOVE/REFIX REAR UPHOLSTERY

No	Qty	Particulars		Repairer's	Amount
Mis	cellane	ous Items			
1	1	OD/TP Case (Insurer)		11.00	11.00
			Sub Total (S\$)	11.00	11.00
Re	com	mended Labour			
No	Parti	culars	Lab.Type	Repairer's	Amount
Lab	our Ite	ms			
1	PAN	EL BEATING	New	700.00	560.00

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Report was	Linsiinmitted diir	ing this print-c	OL IT	

Gross Labour Cost (S\$)

New

New

New

80.00

150.00

80.00

1,510.00

< END OF ESTIMATES >