

ASS. REC. BY:

REF: CS/TM1 20104407/FLF3

n2

Special Instruction:

Surveyor: Ram ASSIGNMENT (Office)From (Person): Riona Gan Bee Song of TM1 Date/Time: 24.3.2020 11:16 AM

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SHC 23290 Insured: SMN 50936at Workshop n/s Camfordridge Tel: 62148300of 59 Longang DrivePolicy No: MT105285 Claim No: M2002067

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20.3.2020
(Client's Record)CA / REV / REP. / REV 24 HRS mop H.O.D. Endorsement: _____Date/Time: 24.3.2020 11:20 AM Person Contacted: Turnon Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 23290 - CS/FCI 130024/16/1/16/162 RCA - 05702/209
	SMN 50936 - X
25/3/20	Email preli revised via merimen
30/3/20	LS \$600 confirmed by email (Rcd 1405.80, 709)

ASS. REC. BY: Rem

REF:

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: _____

Policy No. _____

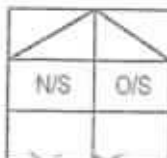
Claims No. _____

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: _____

Vehicle: IN / OUT

Veh No: SHC 2329D Yr Regn: 25/01/2017

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

Truck / Trailer or

Make: Hyundai i40 cc 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 456395 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH1841UMHV098565

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Washace Rear Comp

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 20/03/2020 D.O.I. 21/03/2020Survey held at condemidolgo (corang)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orrear

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

Date / Time Action / Instruction



RECEIVED 31 MAR 2020

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2) 31/3 - typistReport Format: mainmanLump Sum / L.E.J: 600/2Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Week end (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

250

11

261

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: Fiona Gan Bee Song

Date: 25 Mar 2020

Preliminary Advice

Insured Vehicle No : SMD5083C

TP Vehicle No : SHC2329D

Accident Date : 20/03/2020

Make : HYUNDAI I40

Assignment Date : 24/03/2020

Date of Inspection : 24/3/2020

Est. Duration of Repair : 2

Inspection At : COMFORTDELGRO ENGINEERING PTE LTD

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\$	2,005.80
Revised Amount	:S\$	783.40
Check Items (Estimated)	:S\$	0.00
Total	:S\$	783.40

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 :The above survey was conducted on a 'Without Prejudice' basis

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 Mar 2020 09:03 Sendback Est	24 Mar 2020 09:15 S\$2,005.80	24 Mar 2020 11:16 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	CTPL, Co. Reg. No.: 1XXXXX821R								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHC2329D	Date of Loss:	20/03/2020 14:00 - :59 [37 Months and 24 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M2002067	Policy/Cover Note No.:	MT105285 (Comprehensive) Coverage: 23/08/2018 - 22/08/2020						
Vehicle Reg. No. (Insured):	SMD5083C	Policy No. (Claimant):							
		Excess:	S\$0.00						
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 Fiona Gan Bee Song - 65926378]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 02/04/2020]								
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.									

Veron Chen (LKKAuto)

From: Parasuram (LKK Auto)
Sent: Tuesday, 31 March 2020 9:23 AM
To: Veron Chen (LKKAuto)
Subject: RE: SHC 2329D-DOA: 20/3/2020

WITHOUT PREJUDICE'
SAVE AS TO COSTS

Good morning veron,

I have finalise the final amount and update the views system. Please check.

Thanks

Best Regards,

Parasuram | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6741 3061 | Email: Parasuram@lkkauto.com | fax: 6256-4315

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

From: Veron Chen (LKKAuto)
Sent: Monday, 30 March, 2020 4:26 PM
To: Chiang Liat Choon <chianglc@cdge.com.sg>; Parasuram (LKK Auto) <Parasuram@lkkauto.com>
Subject: SHC 2329D-DOA: 20/3/2020

Dear Mr Chiang,

Kindly advise vehicle status.

If vehicle has been repaired, please finalize with us.

Best Regards,

Veron Chen | 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)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHC2329D
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Mar 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU712495
Chassis No.:	KMHLB41UMHU098565
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,170.00
Original Registration Date:	25 Jan 2017
First Registration Date:	25 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$20,238.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jan 2025
PARF Rebate Amount:	\$15,178.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jan 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,516.00
COE Rebate Amount:	\$24,464.00
Total Rebate Amount:	\$39,642.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 25 Mar 2020

OK

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	21/03/2020 08:23
Date Of Accident	20/03/2020 14:40
Exact Location Of Accident	JALAN BUKIT MERAH TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2329D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	KOH BOK ENG
NRIC No	SXXXX209G
Date Of Birth	27/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1984
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97379347
Fax Number	
Contact Number	
Email Address	KOHBE88@YAHOO.COM.SG

Address	BLK 192 PUNGGOL CENTRAL #15-321
Postcode	820192
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

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	SMD5083C
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWNFRONT
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.

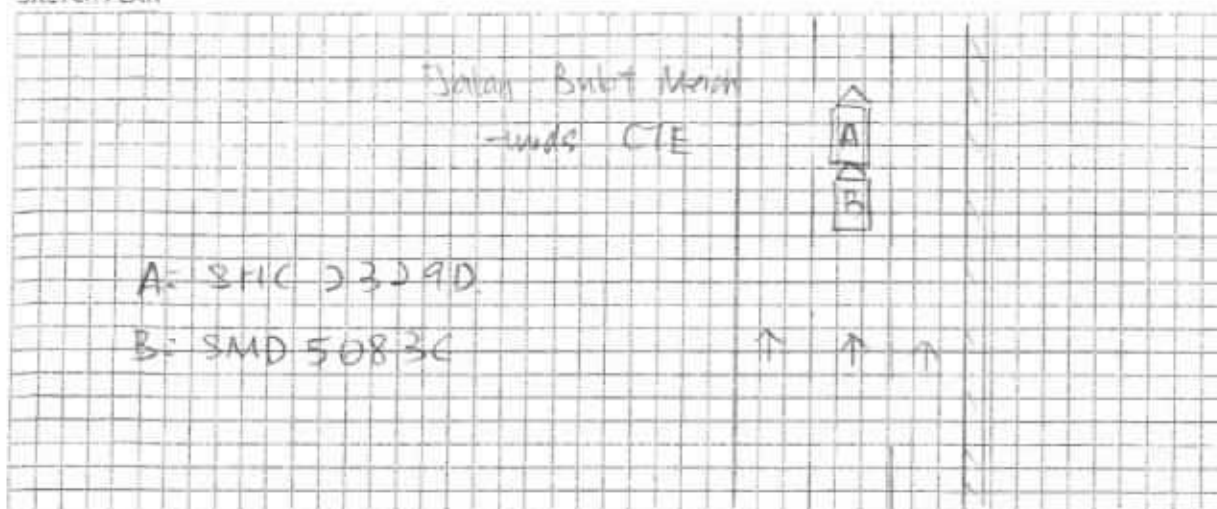
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO.: 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loke Wei Yung**
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/3/2020 at about 14:40 hrs, I Veh A was stopped at above said location waiting traffic ahead move on. Suddenly I felt an impact from behind followed by a jerk. I step out to have a check and found Veh B front portion collided onto the rear portion of my taxi. 01 male pax in my taxi, Mr. Justin. No injury at the point of accident.

DECLARATION

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

COMPLET TRANSPORTATION PTE LTD
(CC) REG. NO. 1080338219

Policyholder's Signature
Date & Time:

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

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

member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)

JOB CARD

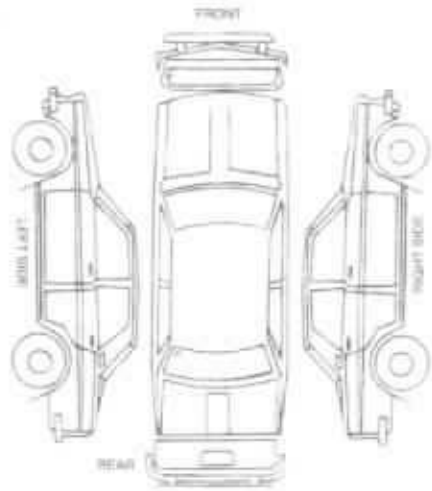
Sales Order: 305389617 JC NO.

CUSTOMER COMFORT TRANSPORTATION PTE LTD AS 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (P)		REGN NO. SHC2329D MAKE: HYUNDAI MODEL I-40 YR OF MANU. 25.01.2017 CHASSIS CODE KMHLB41UMHU098565	MILEAGE FUEL DATE/TIME IN 24.03.2020 08:15 TARGET DATE COMPLETION DATE/TIME
OUNT CARD NO.			

Accident Date: 20.03.2020
ATTIRE: 3P 20.03.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No. SHC2329D	CHIANG	Vehicle No. SHC2329D	
Signature/Date		Name of Service Advisor Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM			
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Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	20/03/2020
Vehicle Reg. No.:	SHC2329D	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	25/01/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU712495	Chassis No:	KMHLB41UMHU098565
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	2		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,184.80
Miscellaneous Items	11.00
Labour	810.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,005.80
+ GST 7.00% (S\$)	140.41
Nett Amount (S\$)	2,146.21

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 24 Mar 2020)**Parts:** 143 HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC2329D/24/03/2020 09:15**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 BUMPER COVER X (R)	20.00	0.00	*1,106.00 FL
2	1		*REAR BUMPER LOWER COVER DEF	20.00	0.00	*228.00 FL
3	10		*REAR BUMPER CLIPS X 10	20.00	0.00	*22.00 FL
4	1		*REAR BUMPER MAT X 1	0	0.00	*50.00 FS
5	1		*REAR BUMPER ADVERTISEMENT X 1	0	0.00	*50.00 FS

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

Sub Total (\$\$)

1,456.00

- List Item Discount on L Items (\$\$)

271.20

Total Parts (\$\$)

1,184.80

ComfortDelGro Engineering Pte Ltd/SHC2329D/24/03/2020 09:15. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	450.00
2	SPRAY PAINTING	New	240.00
3	TUFF KOTE	New	60.00
4	CHECK WIRING	New	60.00
Gross Labour Cost (S\$)			810.00

ComfortDelGro Engineering Pte Ltd/SHC2329D/24/03/2020 09:15. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

Handwritten notes:
21/03/2020 1400
PauS@LKKAuto.com
AA+ up to photo
L/S
24/03/2020

Our Job Ref No : 305389617
Date : 27/03/20

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

FINALIZATION FORM

To : LKK
Attn : RAM
SHC2329D
Fax :
20/03/2020

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

1. The repair job shall bill to: TOKIO SMD5083C
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 \$600.00

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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name :
Date : 30/03/2020

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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/TMI20004407/FVF3N2
Date: 31/03/2020

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT105285
Claimant Vehicle No :	SHC2329D	Insured Vehicle No :	SMD5083C
Date of Loss:	20/03/2020	Nature of Claim:	TP
		Claim No:	M2002067

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC2329D		
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Engine No:	D4FDGU712495
Reg. Date:	25/01/2017 (Man. Year: 2016)	Chassis No:	KMHLB41UMHU098565
Colour:	Blue	Odometer:	456395 km
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 6 mm	Rear Left Side:	West Lake 6 mm
Front Right Side:	West Lake 6 mm	Rear Right Side:	Champiro 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,184.80	232.40	952.40	80.38
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	810.00	540.00	270.00	33.33
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	2,005.80	783.40	1,222.40	60.94
Approved Total (Overridden) (\$\$)		600.00		
(\$\$)	2,005.80	600.00	1,405.80	70.09
+ GST 7.00/7.00% (\$\$)	140.41	42.00	98.41	70.09
Nett Amount (\$\$)	2,146.21	642.00	1,504.21	70.09

INSPECTION

Date of Assignment:	24/03/2020	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	24/03/2020	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: PARASURAM SHANMUGAM

Manager: VERON CHEN

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: 31 Mar 2020)

Parts: 143 HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHC2329D)

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 COVER	Repair	1,106.00 FL	-	*- FL
2	1		*REAR BUMPER LOWER COVER	Deformed	228.00 FL	-	*228.00 FL
3	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	-	*- FL
4	1		*REAR BUMPER MAT	Not Necessary	50.00 FS	-	*- FS
5	1		*REAR BUMPER ADVERTISEMENT	Necessary	50.00 FS	-	*50.00 FS

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

Sub Total (S\$)	1,456.00	278.00
- List Item Discount on L Items 20.00/20.00% (S\$)	271.20	45.60
Total Parts (S\$)	1,184.80	232.40

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	450.00	280.00
2	SPRAY PAINTING	New	240.00	200.00
3	TUFF KOTE	New	60.00	30.00
4	CHECK WIRING	New	60.00	30.00
Gross Labour Cost (S\$)			810.00	540.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >