

ASS. REC. BY:

REF: CS/TMI 20004636/Ft f30k

Special Instruction:

Survekor: Ram

ASSIGNMENT (Office)

From (Person): Dillon Santika so Selvanja of TMI

Date/Time: 27.3.2002 17.08 PM

Estimated Cost: _____

Bill to: _____

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

To inspect Vehicle No: SHA 64374

Insured: SM L 7890J

at Workshop m/s Combusdign

Tel: 62148300

of 59 layang Drive

Policy No: MS 005945

Claim No: M 20 02168

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 27.3.2002

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 27/3/2002 5.45 PM

Person Contacted: Jumani

H.O.D. Endorsement: _____

Vehicle IN/OUT

Date/Time

Action/Instruction () Estimate.

SHA 64374 - CC3 / AIG 1600 1283 / Hub 2 DCA - 18/01/2016

SM L 7890J - X

Our Job Ref No : 305390550

Date : 31/03/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHA6937H

27/03/2020

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

1. The repair job shall bill to: TOKIO SML7890J

2. The finalized amount shall be:

(a) Spare Parts after List discount \$796.12

(b) Labour Charges \$671.00

Total for Part-By-Part Repair Cost \$1,467.12

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

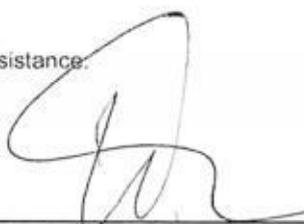
Final Lumpsum Repair cost _____

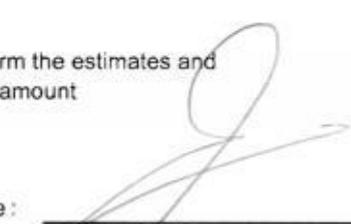
3. Estimated normal period for repairs: 3 working days.

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 : 

Name : CHIANG

Name : Ram

Tel : 62148314

Date : 2/4/2020

Fax : 65468156

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:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHA6937H

Vehicle to be Exported:

No

Intended Deregistration Date:

30 Mar 2020

Vehicle Make:

HYUNDAI

Vehicle Model:

AE IONIQ HEV FL 1.6 DCT

Primary Colour:

Blue

Manufacturing Year:

2019

Engine No.:

G4LEKU399141

Chassis No.:

KMHC851CVLU186632

Maximum Power Output:

103.6 kW (138 bhp)

Open Market Value:

\$25,695.00

Original Registration Date:

22 Oct 2019

First Registration Date:

22 Oct 2019

Transfer Count:

0

Actual ARF Paid:

\$12,973.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

21 Oct 2027

PARF Rebate Amount:

\$9,729.00

Intended COE Rebate Details

COE Expiry Date:

21 Oct 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$24,460.00

COE Rebate Amount:

\$23,103.00

Total Rebate Amount:

\$32,832.00

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 30 Mar 2020

OK

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj. Assigned	Adj. Rat.	Adj. Submitted	Ins. Auth'd	Status
Main	27 Mar 2020 Sendback Est	27 Mar 2020 15:34 S\$3,000.08	27 Mar 2020 17:08 Assign				New Assignment Cancel Case

[Main](#)[Reference](#)[Claim Details](#)[Documents](#)[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	TAN TIAH KOK , ID: S0145914G		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHA6937H	Date of Loss:	27/03/2020 13:00 - :59 [5 Months and 5 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M2002168	Policy/Cover Note No.:	M5005945 (Comprehensive) Coverage: 03/06/2019 - 02/06/2020
Vehicle Reg. No. (Insured):	SML7890J	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 Dillen Senthilan so Selvarajoo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 07/04/2020]		
Adj. Asg. Remarks:	OI HAS NOT RPT THE ACCDT		

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.									

A member of COMFORTDELGRO

Team: ARC Repair TP (CL50)

JOB CARD

Sales Order: 305390550
 JC NO.:

STOMER: COMFORT TRANSPORTATION PTE LTD
 /MS: 7010045
 STOMER NO: 383 SIN MING DRIVE,
 DRESS: Singapore SINGAPORE 575717
 65508755
 (R) (O)
 (P)

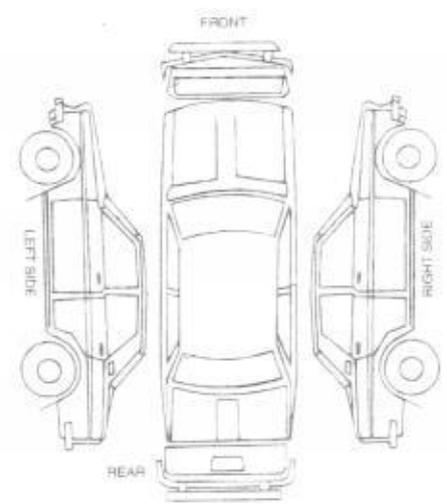
REGN NO.:	SHA6937H	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL:	IONIQ(G3)	DATE/TIME IN: 27.03.2020 13:05
YR OF MAND.:	2019	TARGET DATE
CHASSIS CODE:	KMHC851CVLUI86632	COMPLETION DATE/TIME:

COUNT CARD NO.:

Accident Date: 27.03.2020
 NATURE: 3P 27.03.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA6937H CHIANG

Vehicle No.: SHA6937H

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

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	27/03/2020 14:08
Date Of Accident	27/03/2020 09:55
Exact Location Of Accident	CTE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6937H
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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	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
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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	CHUA CHEE KEONG
NRIC No	SXXXX281A
Date Of Birth	02/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1989
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90492467
Fax Number	
Contact Number	
Email Address	CHUA.CHEEKEONG.COM.SG@GMAIL.COM

Address	BLK 163B PUNGGOL CENTRAL #15-183
Postcode	822163
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?	YES
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)	3
Passenger 1	NAME: ; - GENDER: ; MALE
Passenger 2	NAME: ; - GENDER: ; FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200327/2035

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	SML7890J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	TAN TIAH KOK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA CHEE KEONG
Approximate Age	
Injuries Sustain	SPRAIN NECK AND BACKACHE
Injured person in which vehicle?	SHA6937H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

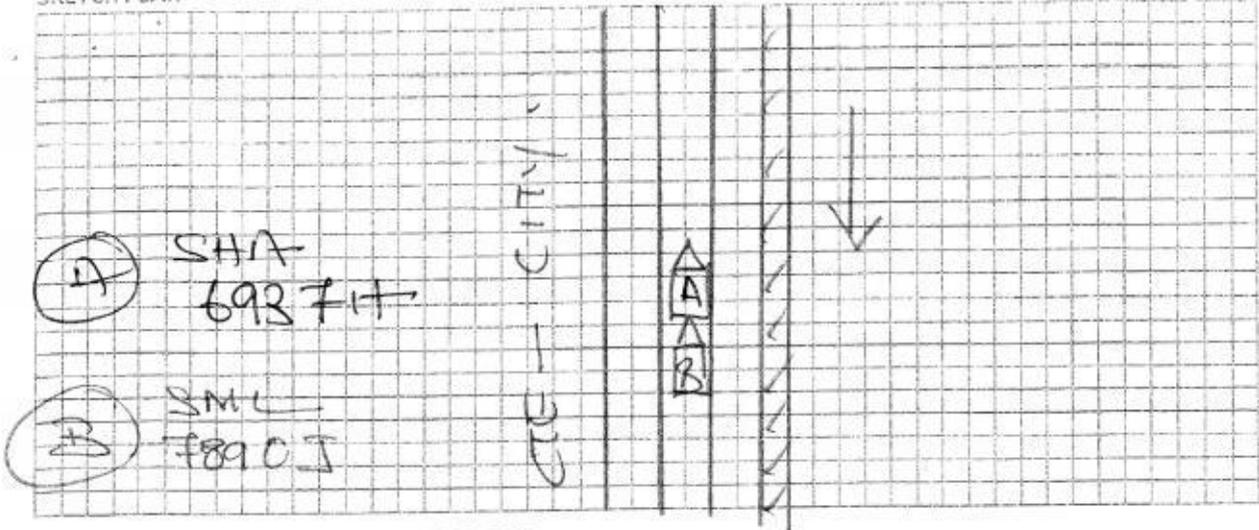
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 1903C3821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to R.I.R
 20/00207 / 2021

DECLARATION

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

COMFORT FINANCIAL SERVICES LTD
 CO. REG. NO. 1003038211

Signature 27/2

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.:



**SINGAPORE
POLICE FORCE**



T/20200327/2035

1 of 3

Report No. T/20200327/2035

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2020 12:22	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: CHUA CHEE KEONG		Address: APT BLK 163B PUNGGOL CENTRAL #15-183 SINGAPORE 822163	
ID Type / ID No.: NRIC NO / S7010281A		Contact No.: Home/Office: Mobile: 90492467	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 02/04/1970	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/03/2020 09:55	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Towards City (before Balestier Exit).				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6937H	Comfort Blue Taxi	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	2
SML7890J	Car	HONDA	CIVIC 1.6 VTI CVT	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200327/2035

2 of 3

Report No. T/20200327/2035

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver			
Name	CHUA CHEE KEONG	ID No.	S7010281A
Related Vehicle	SHA6937H (Comfort Blue Taxi)	Contact No.	90492467
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	27/03/2020	Date Discharge	27/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 27/03/2020, at about 0955hrs, I was travelling along Central Expressway towards City in my Blue Hyundai Ioniq (Registration plate number: SHA6937H)

I was travelling in the second lane from the right (out of the five lane) at a speed of approximately 50km/h. It was before to Balestier Exit, traffic movement was slow and congested when all of a sudden, the vehicle in front of me applied emergency brake and came to a stop. I followed through and my vehicle stopped. Subsequently, I felt an impact coming from the back and noticed that a silver Honda Civic vehicle had collided into the rear of my vehicle.

We alighted and exchanged registration vehicle number with each other before moving off as traffic was piling up. At the point of time, no one was injured. The said vehicle number is SML7890J.

There were several dents and scratches observed on the rear bumper of my vehicle. I do have a CCTV installed in my vehicle however was focusing on the front view. There is no witness to the accident.

After the accident, I suffered some sprain neck and backache. Thus I went to seek medical treatment and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20200327/2035

3 of 3

Report No. T/20200327/2035

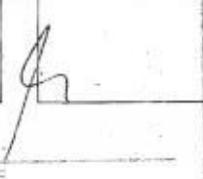
Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Staff Sgt MUHAMMAD FIRDAUS BIN MISWAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2020 12:22
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	27/03/2020
Vehicle Reg. No.:	SHA6937H	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	22/10/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU399141	Chassis No:	KMHC851CVLU186632
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,699.08
Miscellaneous Items	11.00
Labour	1,290.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,000.08
+ GST 7.00% (S\$)	210.01
Nett Amount (S\$)	3,210.09

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	27/03/2020
Vehicle Reg. No.:	SHA6937H	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	22/10/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU399141	Chassis No:	KMHC851CVLU186632
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
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COST OF CLAIMS

	Amount
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Gross Total (S\$)	3,000.08
+ GST 7.00% (S\$)	210.01
Nett Amount (S\$)	3,210.09

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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	\$320 640.00
2	SPRAY PAINTING	New	\$200 450.00
3	TUFF KOTE	New	\$30 60.00
4	CHECK LIGHTING	New	\$50 60.00
5	REMOVE/REFIX REVERSE SENSOR	New	\$60 80.00
Gross Labour Cost (S\$)			1,290.00

ComfortDelGro Engineering Pte Ltd/SHA6937H/27/03/2020 15:34. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ram (LKK)
30/03/2020 1305
Parasuram (a) lkkauto.com
Be a paint photo
P/P
2 days

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:

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

JOB NO : 305390550
 REGN NO : SHA6937H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 22.10.2019
 DATE/TIME IN : 27.03.2020 13:05
 ACCIDENT DATE : 27.03.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	<i>CR</i>
0002	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00	<i>CR</i>
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	<i>NEC</i>
0004	04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	50.00	2.00-	50.00	<i>NEC</i>
							SUB-TOTAL : 796.12

JOB NATURE

0000	L	merimen		11.00			
0001	PB	PANEL BEATING		320.00			
0002	SP	SPRAYPAINT CHARGE		200.00			
0003	20-00	TUFF COAT ON AFFECTED PARTS.		30.00			
0004	17-01	CHECK ALL LIGHTING		50.00			
0005	20-22	REMOVE/REFIX REVERSE SENSOR		60.00			
							SUB-TOTAL : 671.00

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	27 Mar 2020 Sendback Est	27 Mar 2020 15:34 S\$3,000.08	27 Mar 2020 17:08 Edit Adj Rpt	S\$1,467.12 Edit Estimates	S\$1,467.12 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	TAN TIAH KOK , ID: S0145914G								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHA6937H	Date of Loss:	27/03/2020 13:00 - :59 [5 Months and 5 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M2002168	Policy/Cover Note No.:	MS005945 (Comprehensive) Coverage: 03/06/2019 - 02/06/2020						
Vehicle Reg. No. (Insured):	SML7890J	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 Dillen Senthilan so Selvarajoo]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by PARASURAM SHANMUGAM] ... [Final Rpt due 07/04/2020]								
Adj Asg. Remarks:	OI HAS NOT RPT THE ACCDT								
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

SHA6937H (M2002168)
[SML7890J]
TP
CTPL
Mar 27 2020 1:00PM
[TAN TIAH KOK]
ComfortDelGro Engineering Pte Ltd

<input type="button" value="Upload Documents"/> <input type="button" value="Upload Photos"/> <input type="button" value="Compose New Letter"/>			View <input type="button" value="View in Browser"/>
Assessment Reports			1 per page <input type="button" value="1"/> <input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail Print
1	27/03/20 15:34	Repairer Estimates	<input checked="" type="checkbox"/> Load HTM
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail Print
1	30/03/20 11:03	Accident Statement <small>From: SC - Reg. No: SML7890J, Claimant: TAN TIAH KOK</small>	<input checked="" type="checkbox"/> Load HTM
Photos/Images			3 per page <input type="button" value="3"/> <input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail Print
1	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
2	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
3	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
4	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
5	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
6	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
7	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
8	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
9	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
10	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
11	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
12	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
13	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
14	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
15	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
16	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
17	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
18	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
19	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
20	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
21	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
22	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
23	02/04/20 09:32	General View	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
24	02/04/20 09:32	Reinspection Photo	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
25	02/04/20 09:32	Reinspection Photo	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
26	02/04/20 09:32	Reinspection Photo	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
27	02/04/20 09:32	Reinspection Photo	<input checked="" type="checkbox"/> Load JPG <input checked="" type="checkbox"/>
Documentation			1 per page <input type="button" value="1"/> <input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail Print
1	27/03/20 15:37	E-filed GIA report	<input checked="" type="checkbox"/> Load PDF

Documents Checklist

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

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Show Remarks To: <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

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/TMI20004636/FTF3E2

Date: 02/04/2020

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MS005945

Claimant Vehicle No : SHA6937H

Insured Vehicle No : SML7890J

Date of Loss: 27/03/2020

Nature of Claim: TP Claim No: M2002168

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHA6937H**
 Make & Model: HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A) Engine No: G4LEKU399141
 Reg. Date: 22/10/2019 (Man. Year: 2019) Chassis No: KMHC851CVLU186632
 Colour: Blue Odometer: 61498 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 8 mm Rear Left Side: Michelin 8 mm
 Front Right Side: Michelin 8 mm Rear Right Side: Michelin 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,699.08	796.12	902.96	53.14
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,290.00	660.00	630.00	48.84
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,000.08	1,467.12	1,532.96	51.10
+ GST 7.00/7.00% (S\$)	210.01	102.70	107.31	51.10
Nett Amount (S\$)	3,210.09	1,569.82	1,640.27	51.10

INSPECTION

Date of Assignment: 27/03/2020 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)
 Date Inspected: 30/03/2020 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)
 59 Loyang Drive
 Singapore 508969
 Estimated Period of Repair: 3.0 days

Adjuster: PARASURAM SHANMUGAM

Manager: DENISE TAY KWEE CHENG

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: 02 Apr 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 SHA6937H)
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	Cracked	459.40 FL	-	*459.40 FL
2	2		*REAR BUMPER SIDE BRACKET RH/LH	Not Necessary	111.60 FL	-	*- FL
3	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	-	*22.00 FL
4	1		*REAR BUMPER REINFORCEMENT	Not Necessary	294.80 FL	-	*- FL
5	1		*REAR BUMPER LOWER MOULDING	Not Necessary	155.00 FL	-	*- FL
6	1		*REAR BUMPER CENTRE MOULDING	Cut	451.25 FL	-	*451.25 FL
7	1		*BOOTLID CRDI PLATE	Not Necessary	28.00 FL	-	*- FL
8	1		*BOOTLID CRDI H EMBLEM	Not Necessary	28.00 FL	-	*- FL
9	1		*REAR BUMPER TOW COVER	Not Necessary	98.80 FL	-	*- FL
10	1		*REAR BUMPER MAT	Necessary	50.00 FS	-	*50.00 FS
11	1		*REAR NUMBER PLATE /WITH HOLDER	Not Necessary	50.00 FS	-	*- FS
12	1		*REAR REVERSE SENSOR	Not Necessary	180.00 FS	-	*- FS
13	1		*BOOTLID COMFORT STICKER	Not Necessary	30.00 FS	-	*- FS
14	1		*BOOTLID COMFORT TEL NO. STICKER	Not Necessary	30.00 FS	-	*- FS
15	1		*BOOTLID APP COMFORT STICKER	Not Necessary	40.00 FS	-	*- FS

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

Sub Total (\$\$)	2,028.85	982.65
- List Item Discount on L Items 20.00/20.00% (\$\$)	329.77	186.53
Total Parts (\$\$)	1,699.08	796.12

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 (S\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	640.00	320.00
2	SPRAY PAINTING	New	450.00	200.00
3	TUFF KOTE	New	60.00	30.00
4	CHECK LIGHTING	New	60.00	50.00
5	REMOVE/REFIX REVERSE SENSOR	New	80.00	60.00
Gross Labour Cost (S\$)			1,290.00	660.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >