

22/03/2002

ASS. REC. BY:

REF:

CS/MSG17022091/Klgb⁷²

Special Instruction:

Survivor:

Kalin.

ASSIGNMENT (Office)

From (Person):

Catherine Thia

of

MSLH

Date/Time:

20-11-2017 3:31pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 3165Y

Insured:

SJX 9786L

at Workshop m/s

ComfortDelgro

Tel:

6214 8319

of

59 Luyang Drive

Policy No:

MSD/VPCP/17-007491

Claim No:

MSL/V/17-001788

Sum Insured:

Excess:

D.O.A. 15-11-2017

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS "wp"

H.O.D. Endorsement:

Date/Time:

20-11-2017 3:35pm

Person Contacted:

Fauzy

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHD 3165Y - X

SJX 9786L - X

Singer

Kalin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / ☒ 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD3165YYr Regn: 28 Apr 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai

C.C

1685Colour: BlueA/C: ☒ Insured / Std / NI / NASp. Reading: 211888

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB 414M64 087908Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / ☒ STD A/Rim orTyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 15/11/12D.O.I. 20/11/12Survey held at ODGE (Logan)

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

O/S Frnt.

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

Date / Time

Action / Instruction

22/11/17

Confirmed P/P \$1458.40 / 2 days
(Red: 115(1.36, 44%).)MSR
P/P

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

TOTAL

Report Format: TPLump Sum / I.E. (\$ 1458.40)

200

10

210



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG17022091/K1gb

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 20-11-2017



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJX 9786L	Veh. Inspected	SHD 3165Y
Policy No.	MSD/VPCP/17-001491	Coverage (\$)	0.00
Claim No.	MSC/V/17-001788	Excess (\$)	0.00
Assign From	MERIMEN (CATHERINE THIA)	Assign Date	20/11/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	15/11/2017	Inspection Date	20/11/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	17 Nov 2017		20 Nov 2017 15:31 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	SUMITOMO WAREHOUSE (S) PTE LTD, Co. Reg. No.: 198803232E		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHD3165Y	Date of Loss:	15/11/2017 20:00 - :59
Claim Type:	TP / MSC/V/17-001788	Policy/Cover Note No.:	MSD/VPCP/17-001491 (Comprehensive) Coverage: 28/07/2017 - 27/07/2018
Vehicle Reg. No. (Insured):	SJX9786L	Policy No. (Claimant):	
		Excess:	S\$300.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 21/11/2017]		

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.

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: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Catherine Thia Shi Yi

Date: 21 Nov 2017

Preliminary Advice

Insured Vehicle No : SJX9786L

TP Vehicle No : SHD3165Y

Accident Date : 15/11/2017

Make : HYUNDAI I40

Assignment Date : 20/11/2017

Date of Inspection : 20/11/2017

Est. Duration of Repair : 2.00

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 front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,393.76
Revised Amount	:S\$	1,350.40
Check Items (Estimated)	:S\$	44.96
Total	:S\$	1,395.36

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 economical/not economical for repair.

(X) The above survey was conducted on a 'without prejudice' basis.

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 ability.
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 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	16/11/2017 13:42
Date Of Accident	15/11/2017 20:20
Exact Location Of Accident	ORCHARD RD TWDS X JUNCTION OF SCOTTS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3165Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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	MCOM0016
Cover Note Number	

Driver

Name of Driver	CHIN YONG KIAT
NRIC No	S1834722I
Date Of Birth	12/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1988
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	KENNYCHIN12@HOTMAIL.COM

Address	BLK 29 KELANTAN ROAD #11-117
Postcode	200029
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20171116/2035 / Type Of Accident : HEAD TO SIDE

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	SJX9786L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ITO RYOSUKE
NRIC/Passport Number	
Contact Number	96748563
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	CHIN YONG KIAT
Approximate Age	50
Injuries Sustain	NECK , BACK AND SHOULDER PAIN. ON 3 DAYS MC.
Injured person in which vehicle?	SHD3165Y
Were seat belts worn?	YES
Was 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. 192203321R

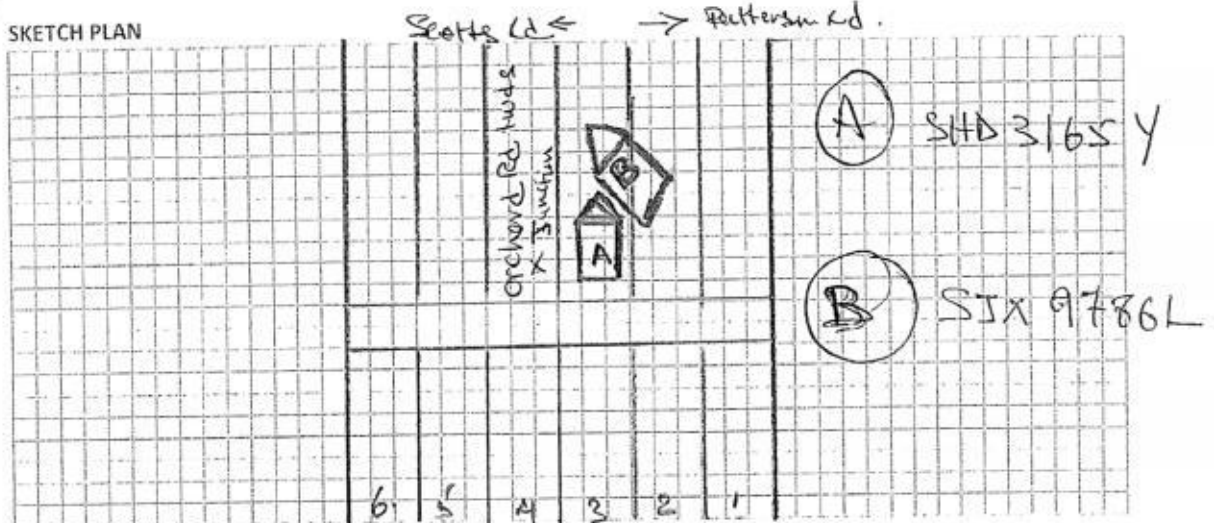
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pl. Refer to Police

Report: T/20171116/2035

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO 192207321R

Policyholder's Signature
Date & Time:

CLASAC 110114 uniform_00

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

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

[Signature] 16/11/17



**SINGAPORE
POLICE FORCE**



T/20171116/2035

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20171116/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2017 11:50	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: CHIN YONG KIAT	Address: APT BLK 29 KELANTAN ROAD #11-117 SINGAPORE 200029		
ID Type / ID No.: NRIC NO / S1834722I	Contact No.:	Mobile: 84444979	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 49	Date of Birth: 12/12/1967	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2017 20:20	Type of Location: Straight Road
Location: Along Road 1 ORCHARD ROAD				
Along orchard road before the junction of Scott Road.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3165Y	TAXI				Slightly Damaged	0
SJX9786L	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171116/2035

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20171116/2035

CONTINUATION OF REPORT

Driver			
Name	CHIN YONG KIAT		ID No. S1834722I
Related Vehicle	SHD3165Y (TAXI)		Contact No. 84444979
Hospital/Clinic	Y M CHAN CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	16/11/2017	Date Discharge	16/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ITO Ryosuke		ID No. NIL
Related Vehicle	NIL		Contact No. 96748563
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/11/2017 at about 8.20pm, I was driving my taxi, SHD3165Y along Orchard Road at lane 3. I was driving straight when suddenly one car, SJX9786L from lane 2 just cut in front into my lane and knock right side of my taxi.

We stopped our vehicles and exchange particulars. At that time, I do not feel any pain. The driver unwilling to settle the accident and I decided to go for insurance claim.

When I was at home on the same day, I feel cramp on my shoulder and neck area.

On 16/11/2017 in the morning, I still felt the cramp and decided to see doctor who gave me 3 days medical leave.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20171116/2035

3 of 3

Report No. T/20171116/2035

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 /
Sr Staff Sgt RIZDUAN MOKTAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

SN 160

Authentication Stamp
NP168



Signature:

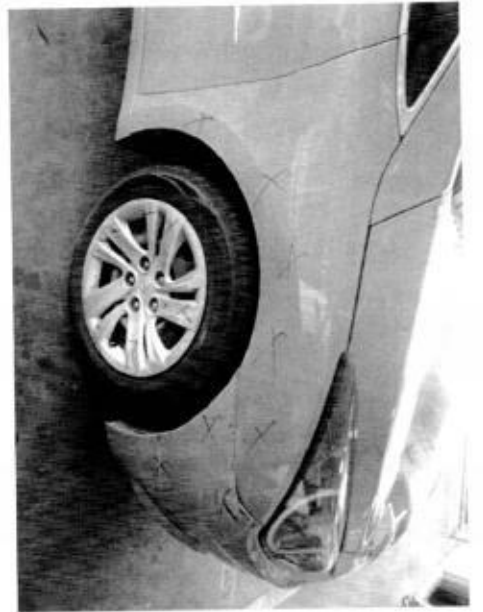
Singapore Police Force

Signature Of Informant:

Date/Time:

16/11/2017 11:50

Classification Of Case:





Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 3783746

JC NO.305090091

CUSTOMER		REGN NO.	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHD3165Y	
7010045		MAKE:	FUEL
CUSTOMER NO.		HYUNDAI	E.....1/2.....F
ADDRESS		MODEL	DATE/TIME IN
383 SIN MING DRIVE		I-40	16.11.2017 12:30
Singapore SINGAPORE 575717		YR OF MANU	TARGET DATE
65508755		28.04.2016	
L. (R)		CHASSIS CODE	COMPLETION DATE/TIME:
(P)		KMHLB41UMGU087908	
SCOUNT CARD NO.			

MSIG

JOB DESCRIPTION

Accident Date: 15.11.2017
NATURE: 3P 15.11.17/B-

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

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD3165Y FZ MSIG

Vehicle No.: SHD3165Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3165Y

DATE 16/11/2017 15:23

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>- Retire</i>			\$ 562.30
	Front Bumper Bracket Top (LH) <i>X su</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X su</i>			\$ 24.60
	Front Bumper Retainer Mounting <i>X su</i>			\$ 9.20
	Front Fender (RH) <i>X repair</i>			\$ 619.00
	Front Fender Shield (RH) <i>X su</i>			\$ 169.80
	Front Fender Retainer <i>X su</i>			\$ 9.20
	Frt Wheel Hub Cap <i>- hatched</i>			\$ 150.70
	SUB TOTAL			\$ 1,567.20
	LESS 20%			\$ 313.44
	DISCOUNTED TOTAL			\$ 1,253.76
	<i>FRONT RH TYRE / 50% cut</i>			<i>216 128</i>
	Labour Charge			<i>400</i>
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 400.00 <i>260</i>
	Wiring Charge			\$ 50.00 <i>X 44</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Frt Wheel Alignment			\$ 80.00 <i>X 44</i>
	TOTAL LABOUR			\$ 1,140.00
	ESTIMATE TOTAL			\$ 2,393.76
	<i>Kalvin 1 UCK</i>			<i>2609.76</i>
	<i>20/11/17 1600hrs</i>			
	<i>2 Days.</i>			
	<i>PIP</i>			
	<i>Before Paint photo</i>			
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3165Y

MAKE :

MODEL : HYUNDAI i40

Qty

Parts Description/ Labour

mount

Front Bumper Cover /

562.30

Front Bumper Bracket Top (LH) ?

22.40

Front Bumper Bracket (LH) ?

24.60

Front Bumper Retainer Mounting ?

9.20

Front Fender (RH) X repair

619.00

Front Fender Shield (RH) X

169.80

Front Fender Retainer X

9.20

Frt Wheel Hub Cap /

150.70

SUB TOTAL

1,567.20

LESS 20

313.44

DISCOUNTED TOTAL

1,253.76

Labour Charge

Panel Beating

\$ 560.00

Spray Painting Charge

\$ 400.00

Wiring Charge

\$ 50.00

Tuff Kote

\$ 50.00

Frt Wheel Alignment

\$ 80.00

TOTAL LABOUR

\$ 1,140.00

ESTIMATE TOTAL

\$ 2,393.76

Kalin' 10/11/12

20/11/12 1600hrs

2 Pags.

PIP

Before Paint photo

- LK... hereby notify the Repairer of the following:
- To reserve the right to spray painting
 - To display damaged parts during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.11.2017

Time: 17:17:05

Page: 1

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

JOB NO : 305090091
REGN NO : SHD3165Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 28.04.2016
DATE/TIME IN : 16.11.2017 12:30
ACCIDENT DATE : 15.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2292-G	I40V3 COVER-FR BUMPER#	1	562.30	20.00	449.84
0002	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56
0003	19-01-0103-2013-A	I40VC HANKOOK 205/60R16 H	1	216.00	50.00	108.00

SUB-TOTAL : 678.40

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 L	SPRAY PAINTING CHARGE	360.00
0002 L	TUFF KOTE	20.00

SUB-TOTAL : 780.00

TOTAL : 1,458.40

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305090091

Date : 21.11.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3165Y

Date of Accident : 15.11.2017

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

1. The repair job shall bill to: MSIG --- SJX9786L
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$678.40
 - (b) Labour Charges \$780.00
 - Total for Part-By-Part Repair Cost \$1,458.40**
 - (c) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: 20% \$0.00
 - Final Lumpsum Repair cost**

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 22/11/17

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				
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/MSG17022091/K1GBN2

Date: 24/11/2017

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VPCP/17-001491
Claimant Vehicle No :	SHD3165Y	Insured Vehicle No :	SJX9786L
Date of Loss:	15/11/2017	Nature of Claim:	TP
		Claim No:	MSCN/17-001788

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD3165Y	Engine No:	D4FDGU614052
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M)	Chassis No:	KMHLB41UMGU087908
Reg. Date:	28/04/2016 (Man. Year: 2016)	Odometer:	211888 km
Colour:	Blue		
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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,469.76	678.40	791.36	53.84
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,140.00	780.00	360.00	31.58
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,609.76	1,458.40	1,151.36	44.12
+ GST 7.00/7.00% (S\$)	182.68	102.09	80.59	44.12
Nett Amount (S\$)	2,792.44	1,560.49	1,231.95	44.12

INSPECTION

Date of Assignment:	20/11/2017	
Date Inspected:	20/11/2017 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days	

Adjuster: KALVIN ANG WEI KUN

Manager: LOW AI PHING

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: 24 Nov 2017)
Parts: 143	HYUNDAI I40 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD3165Y)
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	Amount
1	1		*FRONT BUMPER COVER	Deformed	562.30 FL	*562.30 FL
2	1		*FRONT BUMPER BRACKET TOP (LH)	Serviceable	22.40 FL	*- FL
3	1		*FRONT BUMPER BRACKET (LH)	Serviceable	24.60 FL	*- FL
4	1		*FRONT BUMPER RETAINER MOUNTING	Serviceable	9.20 FL	*- FL
5	1		*FRONT FENDER (RH)	Repair	619.00 FL	*- FL
6	1		*FRONT FENDER SHIELD (RH)	Serviceable	169.80 FL	*- FL
7	1		*FRONT FENDER RETAINER	Serviceable	9.20 FL	*- FL
8	1		*FRT WHEEL HUB CAP	Grazed	150.70 FL	*150.70 FL
9	1		*FRONT RH TYRE (50%)	Cut	216.00 FS	*108.00 FS
						F=Franchise part. S=SpcNett. L=ListItemDisc.
					Sub Total (\$\$)	1,783.20 821.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	313.44 142.60
					Total Parts (\$\$)	1,469.76 678.40

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	560.00	400.00
2	SPRAY PAINTING CHARGE	New	400.00	360.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	50.00	20.00
5	FRT WHEEL ALIGNMENT	New	80.00	-
Gross Labour Cost (S\$)			1,140.00	780.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >