

22/05/2002

ASS. REQ. BY:

REF:

CS/MS617022093/KIRb<sup>02</sup>

Special Instruction:

SURVEYOR

Kalin

ASSIGNMENT (Office)

From (Person):

Irene Tan

of

ms47

Date/Time:

20.11.2017 3.51pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 8347Y

Insured:

GW 2595H

at Workshop m/s

Comfort Delgro

Tel:

6214 8398

of

5A Luyang Drive

Policy No:

26737899 TINV

Claim No:

Excess:

Sum Insured:

D.O.A.

18.11.2017

Make of Veh:

(Client's Record)

21.11.2017

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS wpi

Date/Time:

20.11.2017 4.11pm

Person Contacted:

Mr. Lim

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 8347Y - CS/MS617017513/KIRb02

DA: 200917

GW 2595H - X

Sent preli through menmen

MSLH

MUMBAI

## ASSIGNMENT

SHA 83477

30 Apr 2011

From: Date: 21.11.2017

Estimated Cost:

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

To inspect Vehicle No:

SHA 83477

at Workshop No:

Comfort Delgro  
59 Wyang Drive

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

Type: M. Car / M. Cycle / Bus / Van / Lorry / T. O / Prime Mover /

Truck / Trailer or

Make

Hyundai Sonata

cc: 199

Colour

Yellow

A.C. Ins: ☒ Std / Nil / NA

Sp. Reading

297/74

T. Radio Ins: ☒ Std / Nil / NA

Eng No:

C No:

KMHETK/VMBA 809768

Gen. Cond: Good / ☒ Poor / BurntSteering: In ☒ Jammed / Leaked / Burnt orBrake: In ☒ Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD ☒ Rim or

Tyre Size:

F:

215/60R16

R:

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

Front

Rear

R. Bal.

7

mm

R. Bal.

7

mm

L. Bal.

7

mm

L. Bal.

7

mm

D.O.A.

18/11/7

D.O.A.

21/11/7

Survey held at:

104E (Long)

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

Rear

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

Date / Time Action / Instruction

24/11/7

Gubed up \$3500 / 4 days  
Red: \$4394.90, 56%.

4/5.

Date/Time File Pass to:

typist



: Preli. Report



: Final Report

Date/Time File Return to:

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee

Transport

300

10

10

10

Add Fee:



Site Insp: \$



Interview: \$



Tech Insp: \$



Witness: \$

Report Format:

TP

Lump Sum: 3500

300

10

10



# 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/MSG17022093/K1rb

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

Date : 20-11-2017



Code : MSG

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GW 2595H	Veh. Inspected	SHA 8347Y
Policy No.	26737899TMV	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (IRENE TAN)	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	18/11/2017	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	19 Nov 2017		20 Nov 2017 15:51 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
<b>Insured:</b> SHIMAYA TRADING PTE LTD, Co. Reg. No.: 199001589M									
<b>Main Claimant:</b> CITYCAB PTE LTD, Co. Reg. No.: 199502839G									
<b>Vehicle Reg. No.:</b> SHA8347Y		<b>Date of Loss:</b> 18/11/2017 00:00 - :59							
<b>Claim Type:</b> TP		<b>Policy/Cover Note No.:</b> 26737899TMV (Third Party Only) Coverage: 03/05/2017 - 02/05/2018							
<b>Vehicle Reg. No. (Insured):</b> GW2595H		<b>Policy No. (Claimant):</b>							
		<b>Excess:</b>							
<b>Repairer:</b> ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
<b>Handling Insurer:</b> MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]									
<b>Adjuster:</b> LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 21/11/2017]									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<input type="checkbox"/> <b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
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: Irene Tan Gek Ing

Date: 22 Nov 2017

## Preliminary Advice

Insured Vehicle No	: GW2595H	Accident Date	: 18/11/2017
TP Vehicle No	: SHA8347Y	Assignment Date	: 20/11/2017
Make	: HYUNDAI SONATA	Est. Duration of Repair	: 4.00
Date of Inspection	: 21/11/2017		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

### 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\$	7,894.90
Revised Amount	:S\$	4,397.76
Check Items (Estimated)	:S\$	76.64
Total	:S\$	4,474.40

Lump Sum Repair	:S\$
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### 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.

Date/Time: 20.11.2017 08:03

Page : 1

am: CK ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO305090581

OMER

REGN NO:

SHA8347Y

MILEAGE

S CITYCAB PTE LTD

MAKE:

HYUNDAI

FUEL

OMER NO 7010070

E.....1/2.....F

ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

MODEL

SONATA

DATE/TIME IN  
18.11.2017 14:00

(R) 65551188

(O)

YR OF MANU

30.04.2011

TARGET DATE

(P)

CHASSIS CODE

KMHET41VMBA809768

COMPLETION DATE/TIME:

OUNT CARD NO.

### JOB DESCRIPTION

ccident Date: 18.11.2017

ATURE: 3P 18.11.17

/NO

LABOR CODE

DESCRIPTION

IKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHA8347Y

LIMITS

Vehicle No.:

SHA8347Y

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 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	19/11/2017 11:17
Date Of Accident	18/11/2017 09:20
Exact Location Of Accident	SLIP ROAD OF CTE X BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8347Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	

### Driver

Name of Driver	TEO CHYE BENG
NRIC No	S1537141B
Date Of Birth	30/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1979
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	339 UBI AVENUE 1 #03-887
Postcode	S400339
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 - CHANGE/CROSS LANE
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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

HEAD TO SIDE. PLEASE REFER POLICE REPORT : T/20171118/2049.

#### 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	GW2595H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SARAVANAN A/L SELLVEM
NRIC/Passport Number	G7474108N
Contact Number	98815019
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name



Phone Number

Email Address

# **DETAILS OF INJURED PERSON 1**

Name	TEO CHYE BENG
Approximate Age	55
Injuries Sustain	BACK, NECK AND BODY
Injured person in which vehicle?	SHA8347Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	339 UBI AVENUE 1 #03-887
Postcode	S400339

# **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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

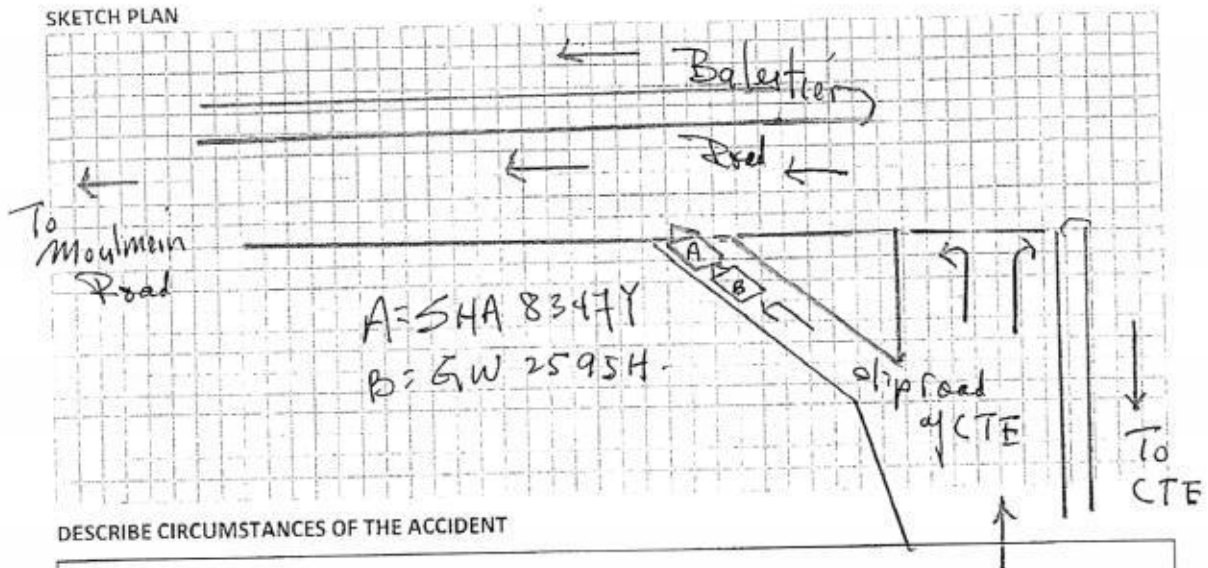
Policyholder's Signature  
Date & Time:

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

Police Report attached

## DECLARATION

I/We declare that the particulars are true in every respect.  
 CHY COB STE LTD  
 CO. REG. NO. 199502839G

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.:

Lim Ee Soon  
 CSO



**SINGAPORE  
POLICE FORCE**



T/20171118/2049

1 of 3

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20171118/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/11/2017 12:39		Vide Report No.:		Station Diary No.: 88
<b>Informant's Particulars</b>				
Name of Informant: TEO CHYE BENG		Address: APT BLK 339 UBI AVENUE 1 #03-887 SINGAPORE 400339		
ID Type / ID No.: NRIC NO / S1537141B		Contact No.: Home/Office:		Mobile: 96373887
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 30/06/1962	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2017 09:20	Type of Location: Bend
Location: CENTRAL EXPRESSWAY slip road into Moulmein Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving vehicle against stationary vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW2595H	Lorry	NISSAN	CABSTAR	Gold	Slightly Damaged	0
SHA8347Y	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Yellow	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/20171118/2049

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Report No. T/20171118/2049

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

<b>Driver</b>			
Name	SARAVANAN A/L SELLVEM	ID No.	G7474108N
Related Vehicle	GW2595H (Lorry)	Contact No.	98815019
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	Slight
<b>Driver</b>			
Name	TEO CHYE BENG	ID No.	S1537141B
Related Vehicle	SHA8347Y (Car)	Contact No.	96373887
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2017	Date Discharge	18/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 18/11/2017 at about 0920hrs, I was driving my taxi (SHA8347Y) along CTE towards Moulmein Road on the left most lane. Prior to switching into Moulmein Road, I stopped my taxi behind the dotted line to wait for an opportunity to switch into the road safely. While waiting for traffic to clear, a lorry (GW2595H) suddenly hit unto the rear of my vehicle.

Upon collision, the driver of GW2595 and I came out of our vehicle to make a check. The driver, my passenger, and I does not have any visible injuries. As such, we did not call for police. We exchanged particulars and took pictures of the damages to our vehicle. I informed the driver of GW2595H that I will be lodging a report on the matter as my vehicle is a taxi and he acknowledged. We then left the scene.

After the collision, I felt discomfort around my back area. As such, I went to see a doctor and was given 5 days MC. I have an in car camera that belongs to Comfort Delgro.

The damages to my vehicle is as follows:

-Right rear lights area and rear boot area damaged.



**SINGAPORE  
POLICE FORCE**



T/20171118/2049

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20171118/2049

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:

E /

Sgt 2 TAN YILONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/11/2017 12:39

Officer In Charge Of Case:

TP / AEIT /

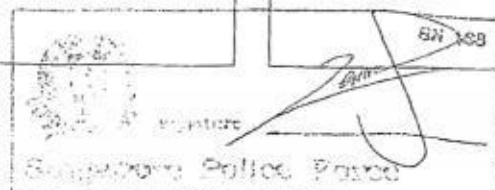
Sr Staff Sgt LEE SOON LYE

Contact No.: 65476239

Classification Of Case:

Authentication Stamp

NP168



## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 8347Y

DATE 20/11/2017

MAKE :

MODEL : HYUNDAI SONATA

MSIG-4SUM

TS

11:07

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid — <i>Det</i>			\$ 1,349.50	
	Boot Lid Rubber <i>x 500</i>			\$ 110.90	
	Boot Lid Lock Upper <i>x 500</i>			\$ 132.10	
	Boot Lid Lock Lower <i>x 500</i>			\$ 30.30	
	Boot Lid Sonata Plate — <i>acc</i>			\$ 43.60	
	Boot Lid Hyundai Plate — <i>acc</i>			\$ 24.20	
	Boot Lid 'H' Emblem — <i>acc</i>			\$ 26.10	
	Boot Lid CRDI Plate — <i>acc</i>			\$ 22.70	
	Boot Lid Lamp (RH) — <i>acc</i>			\$ 230.20	
	Boot Lid Trimboard <i>x 500</i>			\$ 165.40	
	Boot Lid Trimboard Clips (10pcs) <i>x 10</i>			\$ 10.00	
	Rear Bumper — <i>Rehab</i>			\$ 578.40	
	Rear Bumper Reinforcement <i>p ✓ acc</i>			\$ 483.30	
	Rear Bumper Clip — <i>acc</i>			\$ 22.00	
	Rear Bumper Sponge <i>p ✓ term</i>			\$ 137.40	
	Rear Bumper Under Cover <i>p ✓ acc</i>			\$ 185.80	
	Rear Bumper Protector (RH) <i>x repair</i>			\$ 38.00	
	Tail Lamp (RH) — <i>acc</i>			\$ 344.00	
	Rear Panel <i>x repair</i>			\$ 391.80	
	Rear Panel Garnish <i>x 500</i>			\$ 95.80	
	Rear Fender (RH) <i>x repair</i>			\$ 1,935.90	
	Rear Fender Inner Lining (RH) <i>x 500</i>			\$ 74.10	
	Rear Windscreen Moulding <i>x 10</i>			\$ 60.00	
	<b>SUB TOTAL</b>			<b>\$ 6,491.50</b>	
	<b>LESS 20%</b>			<b>\$ 1,298.30</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 5,193.20</b>	
	Boot Lid City Cab Logo & Tel No. Sticker — <i>acc</i>			\$ 30.00	Nett
	Rear Bumper Reverse Sensor <i>x 10</i>			\$ 135.70	Nett
	Rear Windscreen Sealant <i>x 10</i>			\$ 46.00	Nett
				<b>\$ 211.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 1,200.00	
	Spray Painting Charge			\$ 720.00	
	Wiring Charge			\$ 20.00	
	Tuff Kote			\$ 20.00	
	Remove/Refix Cushion & Upholstery Rear			\$ 50.00	
	Remove/Refix Rear Windscreen Glass			\$ 120.00	
	Remove/Refix Reverse Sensor			\$ 120.00	
	<b>TOTAL LABOUR</b>			<b>\$ 2,490.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 7,894.90</b>	

LKK Auto Consultants hence notify the Repaired 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) allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SUB TOTAL

LESS 20%

DISCOUNTED TOTAL

Kalam RKK

21/11/17

4 Days

4/5

After Repair photo

800

\$ 1,200.00

\$ 720.00

\$ 20.00

\$ 20.00

\$ 50.00

\$ 120.00

\$ 120.00

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305090581

Date : 24/11/17

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA8347Y

Date of Accident : 18-Nov-17

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

1. The repair job shall bill to: MSIG --- GW2595H

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

\$3,500.00

**\$3,500.00**

3. Estimated normal period for repairs: 4 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 24/11/17

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

Remarks: REAR BUMPER – Sponge, Reinforcement & Under Cover (Replaced)



## 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/MSG17022093/K1RBN2

Date: 29/11/2017

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	26737899TMV
Claimant Vehicle No :	SHA8347Y	Insured Vehicle No :	GW2595H
Date of Loss:	18/11/2017	Nature of Claim:	TP
		Claim No:	537270

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHA8347Y	Engine No:	D4EA7094503
Make & Model:	HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)	Chassis No:	KMHET41VMBA809768
Reg. Date:	30/04/2011 (Man. Year: 2011)	Odometer:	297174 km
Colour:	Yellow		
Engine Capacity:	1991 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:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	5,404.90	2,787.76	2,617.14	48.42
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,490.00	1,610.00	880.00	35.34
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>7,894.90</b>	<b>4,397.76</b>	<b>3,497.14</b>	<b>44.30</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>3,500.00</b>		
<b>(S\$)</b>	<b>7,894.90</b>	<b>3,500.00</b>	<b>4,394.90</b>	<b>55.67</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>552.64</b>	<b>245.00</b>	<b>307.64</b>	<b>55.67</b>
<b>Nett Amount (S\$)</b>	<b>8,447.54</b>	<b>3,745.00</b>	<b>4,702.54</b>	<b>55.67</b>

## INSPECTION

Date of Assignment:	20/11/2017	
Date Inspected:	21/11/2017 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969

Estimated Period of Repair: 4.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: Janice Lee Si Hua

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 29 Nov 2017)
<b>Parts:</b> 143	HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHA8347Y)
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

### Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*BOOT LID	Dented	1,349.50 FL	*1,349.50 FL
2	1	*BOOT LID RUBBER	Serviceable	110.90 FL	*- FL
3	1	*BOOT LID LOCK UPPER	Serviceable	132.10 FL	*- FL
4	1	*BOOT LID LOCK LOWER	Serviceable	30.30 FL	*- FL
5	1	*BOOT LID SONATA PLATE	Necessary	43.60 FL	*43.60 FL
6	1	*BOOT LID HYUNDAI PLATE	Necessary	24.20 FL	*24.20 FL
7	1	*BOOT LID H EMBLEM	Necessary	26.10 FL	*26.10 FL
8	1	*BOOT LID CRDI PLATE	Necessary	22.70 FL	*22.70 FL
9	1	*BOOT LID LAMP RH	Cracked	230.20 FL	*230.20 FL
10	1	*BOOT LID TRIMBOARD	Serviceable	165.40 FL	*- FL
11	10	*BOOT LID TRIMBOARD CLIPS	Not Necessary	10.00 FL	*- FL
12	1	*REAR BUMPER	Deformed	578.40 FL	*578.40 FL
13	1	*REAR BUMPER REINFORCEMENT	Cracked	483.30 FL	*483.30 FL
14	10	*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
15	1	*REAR BUMPER SPONGE	Torn	137.40 FL	*137.40 FL
16	1	*REAR BUMPER UNDER COVER	Cracked	185.80 FL	*185.80 FL
17	1	*REAR BUMPER PROTECTOR (RH)	Repair	38.00 FL	*- FL
18	1	*TAIL LAMP (RH)	Cracked	344.00 FL	*344.00 FL
19	1	*REAR PANEL	Repair	391.80 FL	*- FL
20	1	*REAR PANEL GARNISH	Serviceable	95.80 FL	*- FL
21	1	*REAR FENDER (RH)	Repair	1,935.90 FL	*- FL
22	1	*REAR FENDER INNER LINING (RH)	Serviceable	74.10 FL	*- FL
23	1	*REAR WINDSCREEN MOULDING	Not Necessary	60.00 FL	*- FL
24	1	*BOOT LID CITY CAB LOGO & TEL NO STICKER	Necessary	30.00 FS	*30.00 FS
25	1	*REAR BUMPER REVERSE SENSOR	Not Necessary	135.70 FS	*- FS
26	1	*REAR WINDSCREEN SEALANT	Not Necessary	46.00 FS	*- FS

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

<b>Sub Total (S\$)</b>	<b>6,703.20</b>	<b>3,477.20</b>
<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>1,298.30</b>	<b>689.44</b>
<b>Total Parts (S\$)</b>	<b>5,404.90</b>	<b>2,787.76</b>

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
<b>Labour Items</b>				
1	PANEL BEATING	New	1,200.00	800.00
2	SPRAY PAINTING CHARGE	New	800.00	720.00
3	WIRING CHARGE	New	50.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	50.00
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	-
7	REMOVE/REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (\$\$)			2,490.00	1,610.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >