

ASS. REC. BY:

REF: CS/MS617022113/Tirb n2 Special Instruction:

Surveyor:

Toufik

ASSIGNMENT (Office)

From (Person):

Elaine n/gu

of

MS61

Date/Time: 20-11-2017 4:55pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 1517D

Insured:

SDY 4160R

at Workshop m/s

Premier Automotive

Tel:

6544 6699

of

23 Changi South Ave 2 # 03-02

Policy No:

MSD/VP/CP/17-00655-00

Claim No:

MSC/V/17-001796

Sum Insured:

Excess:

Make of Veh:

D.O.A.

19-11-2017

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

21-11-2017 @ Komoro Motors. (253 Alexandra Rd)

H.O.D. Endorsement:

Date/Time: 20-11-2017 5:10pm.

Person Contacted:

Garry

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 1517D - NA / A/S 15022105/02
	SDY 4160R - X
	sent est through
	Confirm with Wee Dek. L/S 91900 @ 3 days (Red: \$1971.62, 51%)

REF: mslh

MELBORN

ASSIGNMENT

From:

Date:

21.11.2017

Estimated Cost:

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

To inspect vehicle No:

SHD 1517D

at Workshop m/s:

Premier (Komoco)

of:

253 Alexandra Road

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:

IDAO 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

22/11/17

Veh No:

SHD 1517D

Vr Regn:

w17 aut

Type: M/Car / M/Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or

Make:

Hyundai I30

DO 1582

Colour:

Silver

A/S:

Insured / Std / NI / NA

Sp Reading:

12934

T/Radio:

Insured / Std / NI / NA

Eng No:

C No:

TMAR 2814VHJ14/795

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

24

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

TOYO / YOKO or

Hankook

Front

L

Rear

R/Bal:

L

mm

R/Bal:

6

mm

L/Bal:

L

mm

L/Bal:

6

mm

D.O.A.

D.O.I.

21/11/17 @ 1315

Survey held at:

Premier

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

Fnt O/S

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

Date / Time Action / Instruction

RECEIVED 16 MAY 2018

Date/Time File/Passport



Prel. Report



Final Report

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee

Photo Charge

3-PS-100

Folio

Other

TOTAL

300
10
210

Date/Time File/Return

Add Fee:



Site Insp

5



Interview

5



Technical

5



Photograph

5

Report Format

TP

Lump Sum: 1900

1900



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/MSG17022113/T1rb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 20-11-2017



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDY 4160R	Veh. Inspected	SHD 1517D
Policy No.	MSD/VPCP/17-00655-00	Coverage (\$)	0.00
Claim No.	MSC/V/17-001796	Excess (\$)	0.00
Assign From	MERIMEN (ELAINE NGU)	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	19/11/2017	Inspection Date	21/11/2017
Survey held at	KOMOCO - 253 ALEXANDRA ROAD		
Repairer	PREMIER AUTOMOTIVE SERVICES PTE LTD		

5a. Remarks

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

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: Elaine Ngu Siau Mei

Date: 28 Dec 2017

Preliminary Advice

Insured Vehicle No	: SDY4160R	Accident Date	: 19/11/2017
TP Vehicle No	: SHD1517D	Assignment Date	: 20/11/2017
Make	: HYUNDAI I30 GDH	Est. Duration of Repair	: 3.00
Date of Inspection	: 21/11/2017		
Inspection At	: PREMIER TAXIS PTE LTD - CHANGI (HQ) 23 CHANGI SOUTH AVE 2 #03-02 SINGAPORE 486443		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	3,871.62
Revised Amount	:S\$	2,401.87
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,401.87

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.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	20 Nov 2017		20 Nov 2017 16:55 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	SEAH CHENG BENG, ID: S1721156J								
Main Claimant:	PREMIER TAXIS PTE LTD, Co. Reg. No.: 200304975H								
Vehicle Reg. No.:	SHD1517D	Date of Loss:	19/11/2017 10:00 - :59						
Claim Type:	TP / MSC/V/17-001796	Policy/Cover Note No.:	MSD/VPCP/17-00655-00 (Comprehensive) Coverage: 18/03/2017 - 17/03/2018						
Vehicle Reg. No. (Insured):	SDY4160R	Policy No. (Claimant):							
		Excess:							
Repairer:	Premier Taxis Pte Ltd - Changi (HQ) 23 Changi South Ave 2 #03-02, 486443 Changi - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Elaine Ngu Siau Mei - 6594 2540]								
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.									

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	20/11/2017 10:50
Date Of Accident	19/11/2017 10:05
Exact Location Of Accident	OPEN CARPARK @ ANG MO KIO AVE 3 (BLK 452)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1517D
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 CW-1.6 D CRDI (FD) (M)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	NG CHOR LIANG
NRIC No	S1422737G
Date Of Birth	01/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1979
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90269976
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 320 #11-1525 ANG MO KIO AVE 1
Postcode	560320
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEH. - NO PAX

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDY4160R
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	VEH. B
Name of Driver	JASMINE
NRIC/Passport Number	
Contact Number	91053360
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE LEFT PORTION
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN

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.



Policyholder's Signature
Date & Time:

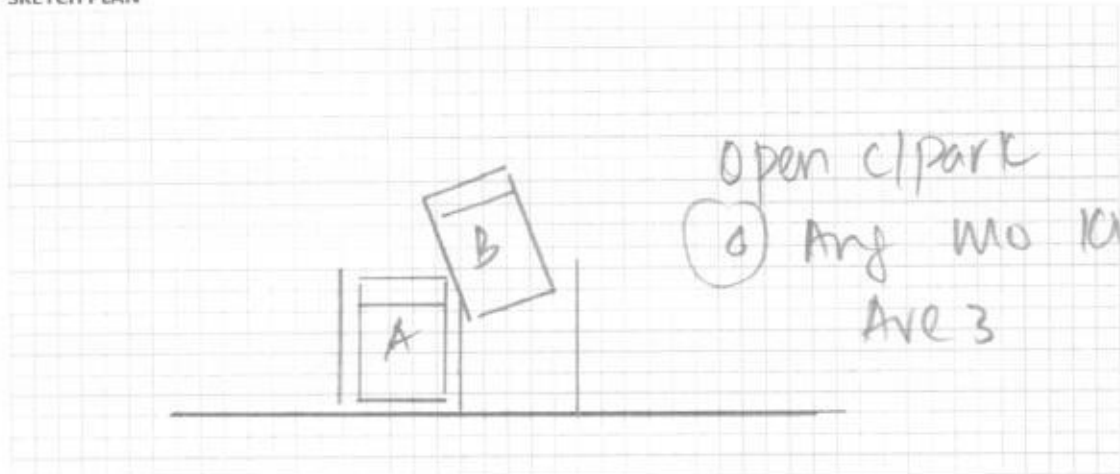
Driver's Signature
(If driver is not the policyholder)
Date & Time:

S. 14227379

20 NOV 2017

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1517D

B: SDY 4160R

DECLARATION

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

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.:

Describe Circumstance of the Accident.

ON 19/11/2017 @ 1005HRS, I PARKED MY TAXI (SHD 1517 D) - IN A VERTICAL VACANT PARKING LOT @ ANG MO KIO AVE 3 (BLK 452).

WHILE I WAS STILL SEATING IN MY TAXI, SUDDENLY I FELT AN IMPACT FROM MY FRONT RIGHT.

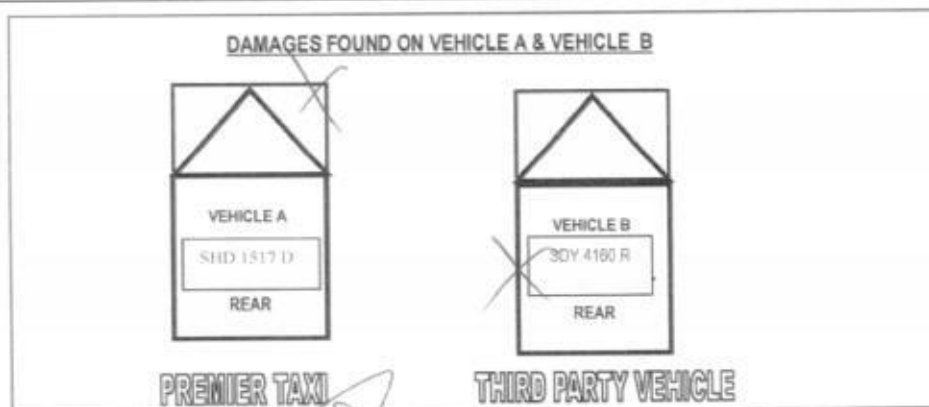
I THEN DISCOVERED THAT VEHICLE B (SDY 4160 R - TOYOTA) WHICH WAS INITIALLY PARKED/STATIONARY ON MY RIGHT - FAILED TO KEEP FOR PROPER LOOK OUT HAD COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI WHILE SHE WAS MOVING OFF FROM THE PARKING LOT.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT RIGHT PORTION AND VEHICLE B HAD DAMAGES ON THE LEFT PORTION.

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.



Driver's Signature & NRIC Number
Monday, November 20, 2017 @ 11:03:53 AM

(attended by)

Sketch Plan Pg. 4

PREMIER TAXIS	HILF / RELIEF SUPER RELIEF
VEHICLE NO.	SHD 1517D
CONTACT NO.	9026 9976
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1422737G



NG CHOR LIANG
黄楚量
Chinese
Date of Birth: 01-07-1960
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1422737G
Name: NG CHOR LIANG
Birth Date: 01 Jul 1960
Issue Date: 17 Jun 2017




2105509



NRIC No: S1422737G



Blood Group: O+ Date of Issue: 07-06-1994

Address: APT. BLK 320 ANG MO KIO AVENUE 1 #11-1525 SINGAPORE 560320

NRIC No: S1422737G Date: 01/03/2013 No: 7171649

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	06 Dec 1979
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	03 Apr 1982


NP 428A



Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1422737G
Name: NG CHOR LIANG
Issue Date: 17/6/2017



Please visit www.lta.gov.sg to check the status of this vocational licence

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

20-Nov-17

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) REGN NO: SHD 1517 D

1 pc	Front bumper <i>de</i>	\$	811.11
1 pc	Front bumper sponge <i>nn</i>	\$	218.03
1 pc	Front bumper reinforcement <i>nn</i>	\$	636.40
1 pc	Front bumper o/s side bracket <i>nei</i>	\$	32.51
1 pc	Front o/s fender inner shield <i>nn</i>	\$	176.72
1 pc	o/s head lamp <i>ant</i>	\$	1,531.57
1 pc	Front o/s fog lamp <i>nn</i>	\$	110.00
		\$	3,516.34
Less 35%		\$	1,230.72
		\$	2,285.62

S/NETT

1 set	Front o/s fender inner shield clips	\$	28.00 x <i>nn</i>
1 set	Front bumper clips	\$	48.00 <i>nei</i>
1 pc	Front o/s fender sticker	\$	30.00 <i>nei</i>
Sundry		\$	50.00 <i>20 nei</i>
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$	180.00 <i>30</i>
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same		\$	650.00 <i>300</i>
To putty and spray painting on front bumper, front o/s fender,		\$	400.00 <i>✓</i>
To apply rustproofing on the repaired and replaced panels.		\$	200.00 <i>30</i>
		\$	3,871.62

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

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:

Tan Jiah 97495749
-wp
21/11/17 01315
Resurvey before paint
3 days
sur@lkkauto.com

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/MSG17022113/T1RBN2

Date: 17/05/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VPCP/17-00655-00
Claimant Vehicle No :	SHD1517D	Insured Vehicle No :	SDY4160R
Date of Loss:	19/11/2017	Nature of Claim:	TP
		Claim No:	MSC/V/17-001796

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD1517D	Engine No:	D4FBHZ172584
Make & Model:	HYUNDAI I30 GDH, 1.6 D TCI 5DR DCT (M)	Chassis No:	TMAD281UVHJ141795
Reg. Date:	04/10/2017 (Man. Year: 2017)	Odometer:	12934 km
Colour:	Silver		
Engine Capacity:	1582 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,441.62	1,641.87	799.75	32.75
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,430.00	760.00	670.00	46.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	3,871.62	2,401.87	1,469.75	37.96
Approved Total (Overridden) (\$\$)		1,900.00		
(\$\$)	3,871.62	1,900.00	1,971.62	50.92
+ GST 7.00/7.00% (\$\$)	271.01	133.00	138.01	50.92
Nett Amount (\$\$)	4,142.63	2,033.00	2,109.63	50.92

INSPECTION

Date of Assignment:	20/11/2017	
Date Inspected:	21/11/2017	Inspected At: Premier Taxis Pte Ltd - Changi (HQ) 23 Changi South Ave 2 #03-02 Singapore 486443

Estimated Period of Repair: 3.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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

Part Source:	(Last Synchronised: 17 May 2018)	
Parts:	N/A	HYUNDAI I30 GDH 1.6 D TCI 5DR DCT (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD1517D)	
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	Deformed	811.11 FL	*811.11 FL
2	1	*FRONT BUMPER SPONGE	Not Necessary	218.03 FL	*- FL
3	1	*FRONT BUMPER REINFORCEMENT	Not Necessary	636.40 FL	*- FL
4	1	*FRONT BUMPER O/S SIDE BRACKET	Necessary	32.51 FL	*32.51 FL
5	1	*FRONT O/S FENDER INNER SHIELD	Not Necessary	176.72 FL	*- FL
6	1	*O/S HEAD LAMP	Cut	1,531.57 FL	*1,531.57 FL
7	1	*FRONT O/S FOG LAMP	Not Necessary	110.00 FL	*- FL
8	1	*SET FRONT O/S FENDER INNER SHIELD CLIPS	Not Necessary	28.00 FS	*- FS
9	1	*SET FRONT BUMPER CLIPS	Necessary	48.00 FS	*48.00 FS
10	1	*FRONT O/S FENDER STICKER	Necessary	30.00 FS	*30.00 FS
11	1	*SUNDRY	Necessary	50.00 FS	*20.00 FS

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

Sub Total (S\$)	3,672.34	2,473.19
- List Item Discount on L Items 35.00/35.00% (S\$)	1,230.72	831.32
Total Parts (S\$)	2,441.62	1,641.87

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
<u>Labour Items</u>				
1	TO DISMANTLE/REFIT THE INNER GARNISHES,INNER LININGS,INNER TRIMS,CUSHION SEAT,CARPET,ETC TO FACILITATE REPAIRS	New	180.00	30.00
2	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUDING KNOCK-OUT,STRAIGHTEN,REPAIR,RESHAPE AND ADJUST OF THE SAME	New	650.00	300.00
3	TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER,FRONT O/S FENDER	New	400.00	400.00
4	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	New	200.00	30.00
Gross Labour Cost (S\$)			1,430.00	760.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >