

ASS. REC. BY:

REF: CS / AC717022169 / Klrbnz Special Instruction:

Supervisor:

Kalin

ASSIGNMENT (Office)

From (Person): Rachel Tan of ACZ Date/Time: 21.11.2017 920am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 71244 Insured: SGZ 4959M

at Workshop m/s Comfort Delgro Tel: 6314 8398

of 59 Luyang Drive

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 20.11.2017

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 21.11.2017 10.25am Person Contacted: Mr. Lim Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 71244 - CS/AWA17008692/m1gh3f2
	SGZ 4959M - X

DUA: 020517

Surveyor

Kalvi

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

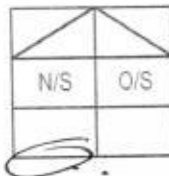
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

SHC 712x4

Yr Regn: _____

4 Nov 2016

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

Truck / Trailer or

Make: _____

Hyundai I 80

C.C

1685

Colour

Yellow

A/C

Insured / Std / NI / NA

Sp. Reading

233989

T/Radio

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KMHLB 4 / WMA 4085501

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

205/60 R16

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. _____

2

mm

R/Bal. _____

2

mm

L/Bal. _____

2

mm

L/Bal. _____

2

mm

D.O.A. _____

20/4/17

D.O.I. _____

2/1/17

Survey held at

CHC 6020

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

Rear N/S

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

Date / Time

Action / Instruction

23/11/17

Carried PIP \$950.48 / 2 days.

Red: \$ 724.50, 431.

AGZ
PIP

RECEIVED 27 NOV 2017

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)



: Preli. Report



: Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

____ \$ + RS ____ \$

: Photos

: Others

250

TOTAL

Report Format :

TP

Lump Sum / I.B.I. (\$

950.48




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			
AUTO & GENERAL INSURANCE (S) PL		Ref : CS/AGI17022169/K1rb	
(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924		Date : 21-11-2017	
		Code : AGI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGZ 4959M	Veh. Inspected	SHC 7124U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	21/11/2017
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	20/11/2017	Inspection Date	21/11/2017
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.			

Catherine Chong (LKK Auto)

From: Albert Hong <albert.hong@budgetdirect.com.sg>
Sent: Tuesday, 28 November, 2017 11:33 AM
To: Catherine Chong (LKK Auto); Claims; sur@lkkauto.com
Cc: Lincoln Yeo; 'assignments'
Subject: RE: Accident involving SHC7124U & your insured SGZ4959M dated 20.11.17

Hi Catherine,

Policy number is P10022057R00 and claim number is C10001151.

Regards,

Albert Hong
Senior Executive, Claims

T +65 6540 2182
F +65 6725 0853
E albert.hong@budgetdirect.com.sg

**Budget
Direct**
insurance

Customer Care: +65 6221 2111
Claims: +65 6221 2199
Claims (Int.): +65 6540 2199

190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924
budgetdirect.com.sg

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 28 November, 2017 11:28 AM
To: Claims <claims@budgetdirect.com.sg>; sur@lkkauto.com
Cc: Albert Hong <albert.hong@budgetdirect.com.sg>; Lincoln Yeo <lincoln.yeo@budgetdirect.com.sg>; 'assignments' <assignments@lkkauto.com>
Subject: RE: Accident involving SHC7124U & your insured SGZ4959M dated 20.11.17

Dear Rachel,

Kindly provide us the policy number or claim number.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Catherine Chong (LKK Auto)

From: Claims <claims@budgetdirect.com.sg>
Sent: Tuesday, 21 November, 2017 9:20 AM
To: Lim Tien Siong; Claims
Cc: Albert Hong; Lincoln Yeo; 'assignments'
Subject: RE: Accident involving SHC7124U & your insured SGZ4959M dated 20.11.17
Attachments: img-Y21083131-0001.pdf

Hi LKK

Please accept assignment to conduct PRI.

Rachel Tan
Executive, Claims

T +65 6540 2181 (Direct Line)
F +65 6725 0853 (Claims)
E rachel.tan@budgetdirect.com.sg

From: Lim Tien Siong [mailto:limts@cdge.com.sg]
Sent: Tuesday, 21 November, 2017 8:32 AM
To: Claims <claims@budgetdirect.com.sg>
Subject: Accident involving SHC7124U & your insured SGZ4959M dated 20.11.17

Officer in charge,

Auto General Ins (S) Pte Ltd

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148398 / Fax:65468156

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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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 17:15
Date Of Accident	20/11/2017 14:40
Exact Location Of Accident	CTE > CITY ON MOULMEIN FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7124U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGE.COMS
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	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	TAY AIK HIN
NRIC No	S1808564Z
Date Of Birth	30/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1988
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	624 HOUYANG AVE 8 # 03-196
Postcode	S530624
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
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)	2

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

PLS SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ4959M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN YUYING GAYLIN
NRIC/Passport Number	S8432904E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

IMPORTANT NOTICE

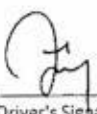
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)**

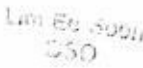
I understand, acknowledge, agree and consent that:

- (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. 198507199C
J. REG. NO. 198502839C

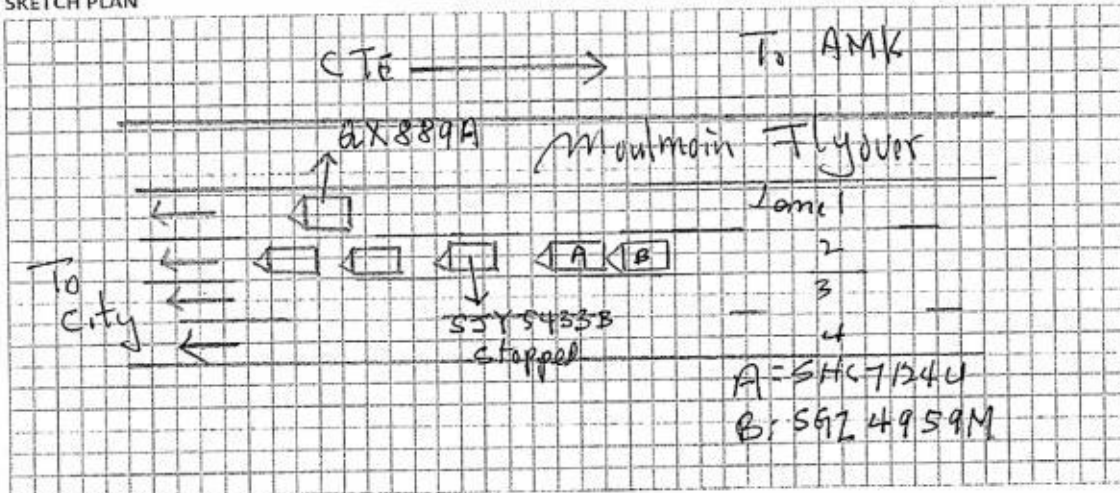
Policyholder's Signature
Date & Time:


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

As attached

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839C

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. 3

SHC 7124 U

- ACCIDENT STATEMENT

I travelled on CTE this afternoon(20/11/2017) ferrying a female passenger to city.

While I was driving at normal speed on lane 1 of the expressway, I heard distant siren coming from behind on my lane.

As the sound of the siren coming closer while I was crossing Moulmein Flyover, I signalled left and seized the opportunity to shift to lane 2 when it was safe to do so.

The video footage showed it was police car QX 889A that sounded the siren.

After moving over to lane 2, I had to brake to halt my taxi when car SJY5433B in front stopped abruptly on the Flyover.

It was under such situation car B(SGZ 4959m) collided into my taxi.

I took photos at the scene.

I found the rear bumper to my taxi dented in the accident.

Car B was driven by a female Chinese. The front of car B sustained dents.

At the scene, the driver of car B was willing to offer compensation for my damaged car but I did not accept it due to the reason a passenger was on board my taxi at the time of accident.

I affirmed the above-statement is true and correct.



Driver name : Tay Aik Hin
NRIC NO : S 1808564Z
Date: 20/11/2017

Recorded by Alex Lim



A. 1. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840



Workshops

59 Laying Drive Singapore 528265	24-Bank Loop Singapore 724156
283-Bin Ming Drive Singapore 578171	7 Serangoon Road Singapore 723791
45 Pandan Road Singapore 500285	6 Delfi Avenue 1 Singapore 698537

Page : 1

JC NO.305090815

COMPLETION DATE/TIME:

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

Acknowledgement Slip

Exit Pass

8:
10:
File No.: SHC7124U LIMTS

Vehicle No.: SHC7124U

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Auto General Ins
CP(P)

Date: 21.11.2017

Time: 08:26:27

Page: 1/2

08:30

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305090815
 REGN NO : SHC7124U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 04.03.2016
 DATE/TIME IN : 20.11.2017 16:00
 ACCIDENT DATE : 20.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	BUMPER REAR	1	603.60	20.00	482.88	✓	Rebrand
0002	04-01-0103-0738-G	BUMPER LOWER REAR	1	225.00	20.00	180.00		X sue
0003	04-01-0101-0111-G	BUMPER CLIPS	10	22.00	20.00	17.60		- ne
0004	04-01-0103-0907-G	BUMPER SIDE BRKT RR LH	1	49.00	20.00	39.20		X sue
0005	04-01-0103-0851-G	BUMPER REFLECTOR RR LH	1	32.00	20.00	25.60		X sue
0006	04-01-0103-0742-G	BUMPER STAY REAR LH	1	180.00	20.00	144.00		X sue
0007	04-01-0103-1150-A	BUMPER PROTECTOR MAT	1	50.00	200	50.00		- ne
0008	09-01-9999-0068-A	REVERSE SENSOR	1	135.70	0.20	135.70		X "

SUB-TOTAL : 1,074.98

JOB NATURE

0000 L	PANEL BEATING	280.00	200
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00	180
0002 L	R/I REVERSE SENSOR	120.00	20

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.11.2017

Time: 08:26:27

REPAIR ESTIMATE

Auto General Ins
CP(P)

Page: 2

12 TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305090815
REGN NO : SHC7124U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.03.2016
DATE/TIME IN : 20.11.2017 16:00
ACCIDENT DATE : 20.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 600.00

TOTAL : 1,674.98

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

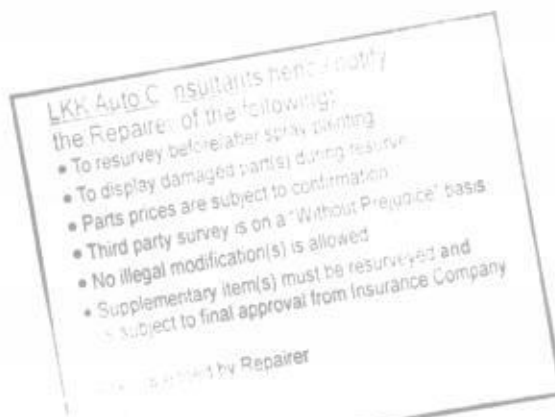
Kalvin LK(K)

21/11/17 1020hrs

2 Days

PIP

Before Paint photo



COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.11.2017

REPAIR ESTIMATE

Time: 08:26:27

Page: 1

Auto General Inc
CP(P)

08:30

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305090815
 REGN NO : SHC7124U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 04.03.2016
 DATE/TIME IN : 20.11.2017 16:00
 ACCIDENT DATE : 20.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	BUMPER REAR	1	603.60	20.00	482.88	✓
0002 04-01-0103-0738-G	BUMPER LOWER REAR	1	225.00	20.00	180.00	?
0003 04-01-0101-0111-G	BUMPER CLIPS	10	22.00	20.00	17.60	✓
0004 04-01-0103-0907-G	BUMPER SIDE BRKT RR LH	1	49.00	20.00	39.20	?
0005 04-01-0103-0851-G	BUMPER REFLECTOR RR LH	1	32.00	20.00	25.60	?
0006 04-01-0103-0742-G	BUMPER STAY REAR LH	1	180.00	20.00	144.00	?
0007 04-01-0103-1150-A	BUMPER PROTECTOR MAT	1	50.00	2.00	50.00	✓
0008 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	0.20	135.70	X

SUB-TOTAL : 1,074.98

JOB NATURE

0000 L PANEL BEATING
 0001 23-502 SPRAYPAINT ON AFFECTED AREA
 0002 L R/I REVERSE SENSOR

~~280.00~~ 200
~~200.00~~ 180
~~120.00~~ 20

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305090815
 REGN NO : SHC7124U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 04.03.2016
 DATE/TIME IN : 20.11.2017 16:00
 ACCIDENT DATE : 20.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 600.00

TOTAL : 1,674.98

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

MVA NAME & SIGNATURE

DATE :

*Kalvin LICK**21/11/17 1020hrs.**2 Days**PIP**Before Paint photo*

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: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305090815
REGN NO : SHC7124U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.03.2016
DATE/TIME IN : 20.11.2017 16:00
ACCIDENT DATE : 20.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	BUMPER REAR	1	603.60	20.00	482.88
0002 04-01-0103-1150-A	BUMPER PROTECTOR MAT	1	50.00	200	50.00
0003 04-01-0101-0111-G	BUMPER CLIPS	10	22.00	20.00	17.60


SUB-TOTAL : 550.48

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 L	R/I REVERSE SENSOR	20.00

SUB-TOTAL : 400.00

TOTAL : 950.48


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305090815

Date : 22/11/17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC7124U

Date of Accident : 20-Nov-17

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

1. The repair job shall bill to: Auto General Insurance --- SGZ4959M

2. The finalized amount shall be:

(a) Spare Parts after List discount \$550.48

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$950.48

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 23/11/17

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:

**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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI17022169/K1rbn2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRES SINGAPORE

239924

Date : 28-11-2017



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGZ 4959M	Veh. Inspected	SHC 7124U
Policy No.	P10022057R00	Coverage (\$)	0.00
Claim No.	C10001151	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	21/11/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085501	Colour	YELLOW
Odometer	233989	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	20/11/2017	Inspection Date	21/11/2017
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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
-------------------------------------	-----------------------

**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

Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7124U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER REAR	DEFORMED	603.60	603.60
1	BUMPER LOWER REAR	SERVICEABLE	225.00	-
10	BUMPER CLIPS	NECESSARY	22.00	22.00
1	BUMPER SIDE BRKT RR LH	SERVICEABLE	49.00	-
1	BUMPER REFLECTOR RR LH	SERVICEABLE	32.00	-
1	BUMPER STAY REAR LH	SERVICEABLE	180.00	-
	LESS 20% DISCOUNT		-222.32	-125.12
			889.28	500.48
	<u>SPECIAL NETT ITEMS</u>			
1	BUMPER PROTECTOR MAT (SN)	NECESSARY	50.00	50.00
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			185.70	50.00
	<u>LABOUR</u>			
	PANEL BEATING.		280.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		200.00	180.00
	R/I REVERSE SENSOR.		120.00	20.00
			600.00	400.00
	GRAND TOTAL		1,674.98	950.48
	RECOMMENDED COST OF REPAIRS			950.48

Report Ref No. CS/AGI17022169/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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