

22/05/2002

ASS. REC. BY:

REF:

CS/MS617022012/Klg⁷⁷

Special Instruction:

ASSIGNMENT (Office)

Survivor:

Kellum

From (Person):

Jasmine Lok

of

MSCH

Date/Time:

24.11.2017 4:17pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 3635T

Insured:

FBG 6914M

at Workshop m/s

Comforto Klgro

Tel:

6214 8398

of

59 Loyang Drive

Policy No:

MSD / VMS / 17-372703 - EA

Claim No:

MSC/V/17-001830

Sum Insured:

Excess:

D.O.A.

22.11.2017

Make of Veh:

(Client's Record)

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

27.11.2017

H.O.D. Endorsement:

Date/Time:

24.11.2017 4:30pm

Person Contacted:

Mr Lim

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHB 3635T - CS / BW09012319 / Rcg	DUT: 280508
	FBG 6914M - X	

REF: MSIG

ASSIGNMENT

SHB 3635T

17 Sep 2014

From:

Date:

27/11/17

Veh No:

Vt Regn:

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

Truck / Trailer or:

Make:

Hyundai I 40

CC: 1685

Colour:

Yellow

A.C. Insured ☒ Std / Nil / NA

Sp. Reading:

480031

T. Radio Insured ☒ Std / Nil / NA

Eng No:

Ch No:

1CMHLB414ME4061582

Gen. Cond: Good ☒ Poor / BurntSteering: In order ☒ Jammed / Leaked / Burnt orBrake: In order ☒ Jammed / Leaked / Burnt or

Mod: Nil / SiRim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Triangle.

Front:

Rear:

R/Bal:

2

mm

R/Bal:

2

mm

L/Bal:

2

mm

L/Bal:

2

mm

D.O.A.

22/11/17

D.O.I.

27/11/17

Survey held at:

C/AE (67ms)

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

MSR

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

Estimated Cost:

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

To Inspect Vehicle No: SHB 3635T

at Workshop m/s

Comfort Delgro

of 59, Loyang 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:

4

days

Res: Yes or No

Lum Sum:

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

1wp

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time / Action / Instruction

28/11/17 Rev preli in minime.

45

29/11/17 Contact L/S \$3400 / 4 days.
(Red. 1665.44, 33%).

RECEIVED 30 NOV 2017

Date/Time: File Pass to?



: Preli. Report



: Final Report

Date/Time: File Return to?

2:

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp: \$



Interve: \$



Tech Insp: \$



Weekend: \$

Report Format:

Tp

Lump Sum / L.B. / S

3400

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/MSG17022512/K1gb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 27-11-2017	
			Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FBG 6914M	Veh. Inspected	SHB 3635T	
Policy No.	MSD/VMS/17-372703-CA	Coverage (\$)	0.00	
Claim No.	MSC/V/17-001830	Excess (\$)	0.00	
Assign From	MERIMEN (JASMINE LOK)	Assign Date	24/11/2017	
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	22/11/2017	Inspection Date	27/11/2017	
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
Main	23 Nov 2017		24 Nov 2017 16:17 Assign			
						New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	MODERN MONTESSORI INTERNATIONAL PTE LTD, Co. Reg. No.: 199901337K		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHB3635T	Date of Loss:	22/11/2017 18:00 - :59
Claim Type:	TP / MSC/V/17-001830	Policy/Cover Note No.:	MSD/VMS/17-372703-CA (TP, Fire & Theft) Coverage: 19/10/2017 - 18/10/2018
Vehicle Reg. No. (Insured):	FBG6914M	Policy No. (Claimant):	
		Excess:	
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 Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 25/11/2017]		
Adj Asg. Remarks:	ON WP		

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: Jasmine Lok Kheng Kwei

Date: 28 Nov 2017

Preliminary Advice

Insured Vehicle No :	FBG6914M	Accident Date	: 22/11/2017
TP Vehicle No	: SHB3635T	Assignment Date	: 24/11/2017
Make	: HYUNDAI I40	Est. Duration of Repair	: 4.00
Date of Inspection	: 27/11/2017		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	4,783.92
Revised Amount	:S\$	4,003.60
Check Items (Estimated)	:S\$	-
Total	:S\$	4,003.60

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.

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	23/11/2017 10:49
Date Of Accident	22/11/2017 18:50
Exact Location Of Accident	STEVENS RD > ORCHARD X ANDERSON RD/BALMORAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3635T
Insured/Policyholder	
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	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	LIM SIANG YU
NRIC No	S1162035C
Date Of Birth	08/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1976
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	665B JURONG WEST STREET 64 #15-178
Postcode	S642665
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

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?	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 (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	FBG6914M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	HUSSIN BIN D SAMAD
NRIC/Passport Number	S1661487D
Contact Number	97702721
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	HUSSIN BIN D SAMAD
------	--------------------

Approximate Age
Injuries Sustain LEGS
Injured person in which vehicle? FBG6914M
Were seat belts worn?
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIM SIANG YU
Approximate Age 60
Injuries Sustain NECK, BACK
Injured person in which vehicle? SHB3635T
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address 665B JURONG WEST STREET 64 #15-178
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.
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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.

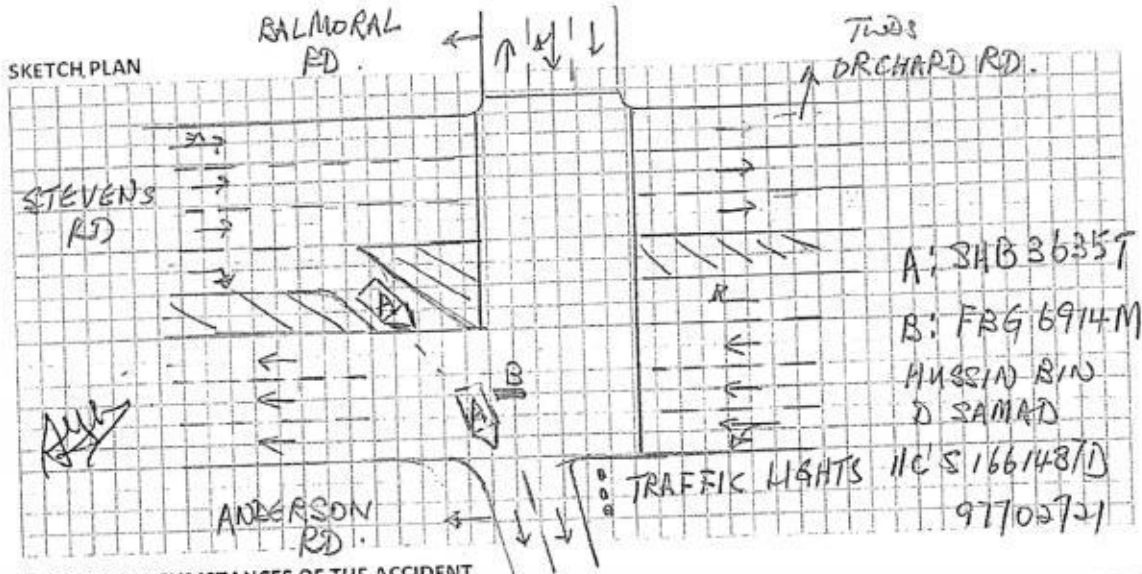
CITYCAB PTE LTD
CO. REG. NO. 1995022222

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per 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.:

SIARAC SketchPlanForm_2

Sketch Plan Pg. 3

Describe Circumstances of the Accident
On 22 Nov 2017 at about 18:50 hrs I stopped my taxi on the rightmost lane at the traffic
junction of Stevens Rd and Anderson Rd with my right hand signal lights switched on waiting
for the Green Arrow Filter lights to appear.
Shortly after the arrow lights appeared hence I slowly proceeded to turn right towards
Anderson Rd.
Suddenly a motorcycle FBG6914M coming from the opposite direction apparently beating the
red light ride across the junction and caused this accident to happen. As a result of this, the
front portion of the motorcycle hit the left hand side rear including the left hand side rear
wheel of my taxi. The impact of the collision caused the steering system of my taxi to be
affected as well.
Shortly after I stopped from my taxi and stepped out taxi and ask the motorcyclist whether
he needs an ambulance or not. He told me it is not necessary he only sustained some minor
injury on both his legs. He told me that he will see a Doctor later on.
01 passenger(on current booking) on board my taxi.
After the accident I felt pain to my neck and back. Will consult a Doctor later on.

Declaration

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

C. J. F. & S. LTD
CO. REG. NO. 199502839G

Policyholder's Signature/Date &
Time

Driver's Signature(if driver is not the policyholder)/Date
& Time

Witnessed by Reporting
Centre Personnel

member of COMFORTDELGRO

Date/Time: 23.11.2017 12:56

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO. 305091777

CUSTOMER

REGN NO: SHB3635T

MILEAGE

CITYCAB PTE LTD

7010070

MAKE: HYUNDAI

FUEL

383 SIN MING DRIVE

Singapore SINGAPORE 575717

MODEL I-40

DATE/TIME IN 23.11.2017 09:25

65551188

(O)

YR OF MANU 17.09.2014

TARGET DATE

(R)

(P)

CHASSIS CODE KMHLB41UMEU061582

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.11.2017

ATURE: 3P 22.11.17

/NO

LABOR CODE

DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to: SHB3635T

LIMITS

Vehicle No.: SHB3635T

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3635T

MAKE :

MODEL : HYUNDAI i40

DATE 23/11/2017

R-24/11 @ 1608hrs

MSIG (4/sum)

TS

15:32

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Rebut</i>			\$ 603.60
	Rear Bumper Clips — <i>re</i>			\$ 22.00
	Tail Lamp (LH) — <i>re</i>			\$ 565.60
	Rear Fender (LH) — <i>Rebut</i>			\$ 2,020.10
	Rear Fender Inner Lining (LH) <i>X re</i>			\$ 164.40
	Rear Windscreen Moulding — <i>re</i>			\$ 60.00
	Rear Wheel Hub Cap (LH) — <i>best re</i>			\$ 150.70
	Fuel Lid Cover <i>X repair</i>			\$ 98.50
	SUB TOTAL			\$ 3,684.90
	LESS 20%			\$ 736.98
	DISCOUNTED TOTAL			\$ 2,947.92
	Rear Bumper Rubber Mat — <i>re</i>			\$ 50.00 Nett
	Rear Windscreen Sealant — <i>re</i>			\$ 46.00 Nett
				\$ 96.00
	Labour Charge			
	Panel Beating			\$ 850.00 <i>600</i>
	Spray Painting Charge			\$ 400.00 <i>760</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>100</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 1,740.00
	ESTIMATE TOTAL			\$ 4,783.92
				5065.44

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.

VEHICLE	: <u>SHB3635T</u>	TYPE OF CLAIM	: <u>TP</u>
MODEL	: <u>I-40</u>	SURVEY BY	: <u>LKK-KALVIN</u>
JOB NO	: <u>305091777</u>	DATE	: <u>27.11.17</u>

[illegible]

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305091777

Date : 29/11/17

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB3635T

Date of Accident : 22-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 --- FBG6914M

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% \$3,400.00

Final Lumpsum Repair cost \$3,400.00

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 : 29/11/17

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 (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/MSG17022512/K1GBN2
Date: 30/11/2017

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMS/17-372703-CA	
Claimant Vehicle No :	SHB3635T	Insured Vehicle No :	FBG6914M	
Date of Loss:	22/11/2017	Nature of Claim:	TP	Claim No: MSC/V/17-001830

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB3635T	Engine No:	D4FDEU450294
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M)	Chassis No:	KMHLB41UMEU061582
Reg. Date:	17/09/2014 (Man. Year: 2014)	Odometer:	480031 km
Colour:	Yellow		
Engine Capacity:	1685 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:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Triangle 7 mm	Rear Left Side:	Triangle 7 mm
Front Right Side:	Triangle 7 mm	Rear Right Side:	Triangle 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,325.44	3,115.12	210.32	6.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,740.00	1,170.00	570.00	32.76
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	5,065.44	4,285.12	780.32	15.40
Approved Total (Overridden) (\$\$)		3,400.00		
(\$\$)	5,065.44	3,400.00	1,665.44	32.88
+ GST 7.00/7.00% (\$\$)	354.58	238.00	116.58	32.88
Nett Amount (\$\$)	5,420.02	3,638.00	1,782.02	32.88

INSPECTION

Date of Assignment:	24/11/2017	
Date Inspected:	27/11/2017 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: 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: 30 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 SHB3635T)

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		*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*TAIL LAMP (LH)	Cracked	565.60 FL	*565.60 FL
4	1		*REAR FENDER (LH)	Dented	2,020.10 FL	*2,020.10 FL
5	1		*REAR FENDER INNER LINING (LH)	Serviceable	164.40 FL	*- FL
6	1		*REAR WINDSCREEN MOULDING	Necessary	60.00 FL	*60.00 FL
7	1		*REAR WHEEL HUB CAP (LH)	Cracked	150.70 FL	*150.70 FL
8	1		*FUEL LID COVER	Repair	98.50 FL	*- FL
9	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
10	1		*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS
11	1		*WHEEL RIM REAR LH	Dented	351.90 FL	*351.90 FL
					Sub Total (S\$)	4,132.80
					- List Item Discount on L Items 20.00/20.00% (S\$)	807.36
					Total Parts (S\$)	3,325.44
						3,115.12

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

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	850.00	600.00
2	SPRAY PAINTING CHARGE	New	400.00	360.00
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	100.00
7	REMOVE/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (S\$)			1,740.00	1,170.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >