

22/03/2002

ASS. REC. BY:

REF:

CS/TM17022527/KH6

N2

Special Instruction:

Surveyor:

Kalvin

ASSIGNMENT (Office)

From (Person):

Dillen Senthilan

of

TM1

Date/Time: 27/11/2017 1027am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 501K

Insured:

SJT 8915J

at Workshop m/s

Comfort Delgro

Tel:

6214 8315

of

51 Loyang Drive

Policy No:

mu012094

Claim No:

M1706005

Sum Insured:

Excess:

Make of Veh:

D.O.A. 25-11-2017

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

27/11/2017

11:45am

Person Contacted:

Lanny

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 501K - CC4 / AXA 77003853 / H120392

DUA: 23/11/17

SJT 8915J - x

Signature: Kalin

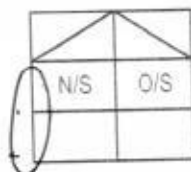
REF:

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 501K Yr Regn: 27 Jan 2011
Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~i / Prime Mover /

Truck / Trailer or

Make: Hyundai Santa c.c. 199
Colour: Yellow A/C: Ins / Std / NI / NA
Sp. Reading: 658696 T/Radio: Ins / Std / NI / NA

Eng/No: _____
C/No: KMHETXIVMDA803877

Gen. Cond: Good / F / Poor / Burnt

Steering: Ins / Jammed / Leaked / Burnt or

Brake: Ins / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16
R: _____

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

Front		Rear	
R/Bal. <u>2</u>	mm	R/Bal. <u>2</u>	mm
L/Bal. <u>2</u>	mm	L/Bal. <u>2</u>	mm
D.O.A. <u>25/11/17</u>		D.O.I. <u>27/11/17</u>	

Survey held at COKE (1.7mg)

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

MS Bdr.

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

Date / Time	Action / Instruction
<u>29/11/17</u>	<u>Confirmed 45\$1750/30%.</u> <u>(Red: 298680 : 63%)</u>

Tdk
4/1

RECEIVED 30 NOV 201

Date/Time, File Pass to?

30/11 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

) \$ + RS. \$

) Photos

) Others

Report Format :

Lump Sum / I.B.I. (\$) 1950

TOTAL

250
10

260



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

TOKIO MARINE INSURANCE SINGAPORE LTD

Ref : CS/TMI17022527/K1tb

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 27-11-2017



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJT 8915J	Veh. Inspected	SHC 501K
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (DILLEN SENTHILAN)	Assign Date	27/11/2017

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	25/11/2017	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	27 Nov 2017 09:44 Sendback Est	27 Nov 2017 10:00 S\$4,736.80	27 Nov 2017 10:27 Assign			
						New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS

Insured:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Main Claimant:	CITYCAB PTE LTD		
Vehicle Reg. No.:	SHC501K	Date of Loss:	25/11/2017 00:00 - :59
Claim Type:	TP	Policy/Cover Note No.:	
Vehicle Reg. No. (Insured):	SJT8915J	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Dillen Senthilan so Selvarajoo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 06/12/2017]		

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	26/11/2017 09:21
Date Of Accident	25/11/2017 14:20
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC501K
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	SONATA

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 BOON HUAT SAMUEL
NRIC No	S1559078E
Date Of Birth	07/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	10 #08-2713 EUNOS CRESCENT
Postcode	400010
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	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)	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

SEE ATTACH.

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

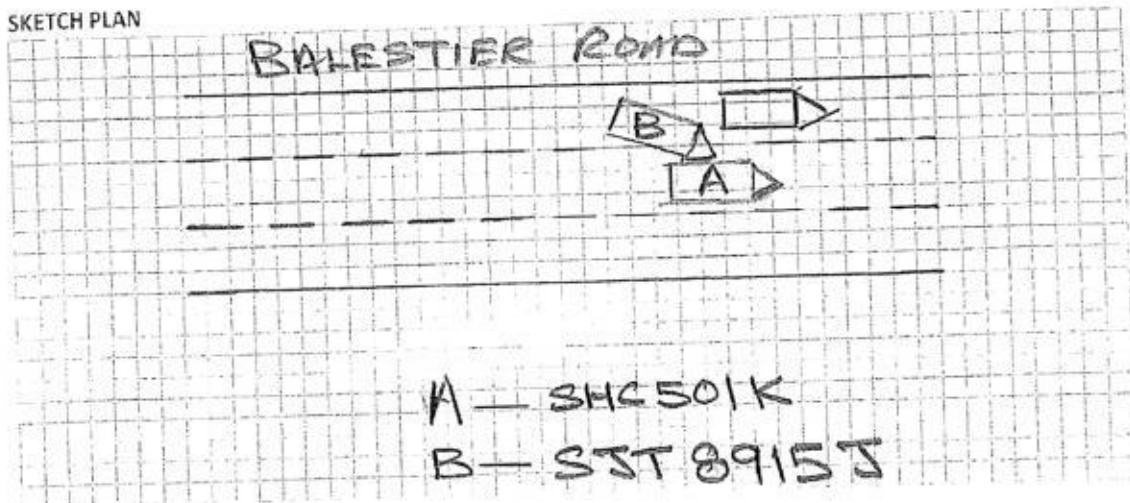
Vehicle Registration Number	SJT8915J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	HUI JINHAO
NRIC/Passport Number	S8779094J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/11/2017 @ around 1420hr, I was driving along Balestier Road On 2nd Lane with (1) Male Passenger on board of taxi. Suddenly There is Vehicle (B) SST8915J change lane On the right and Cause hit my taxi on the Rear RH portion Cause damaged.

(1) Pax and 1 No injury
There is Video Footage On the Scene.

DECLARATION

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

UNITCAB 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: *Fany*
NRIC/FIN No.:

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:

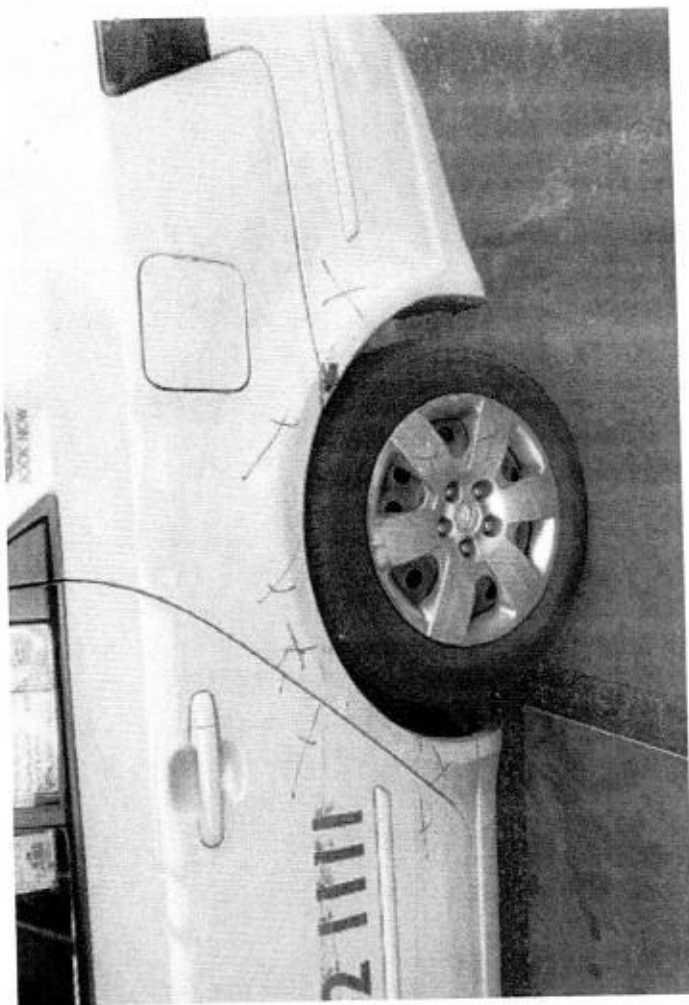
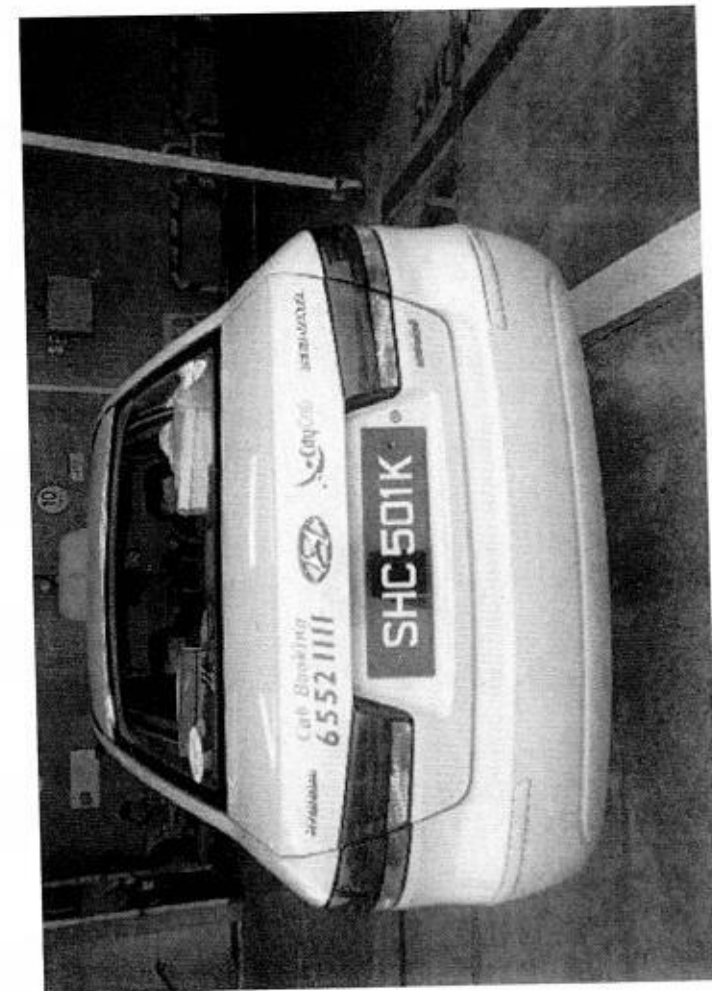
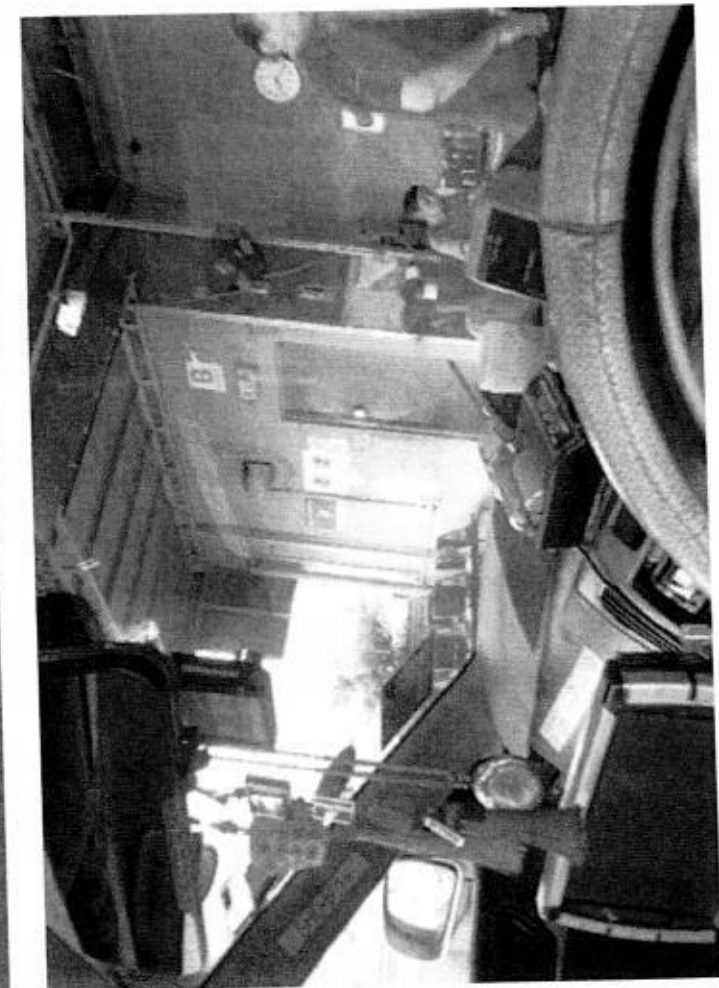
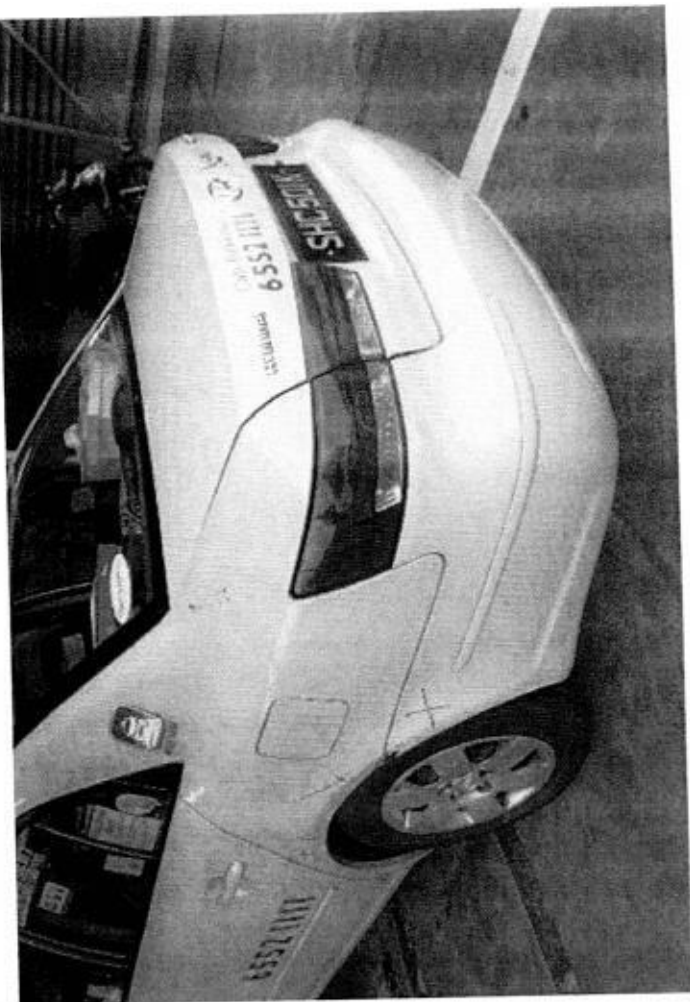
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

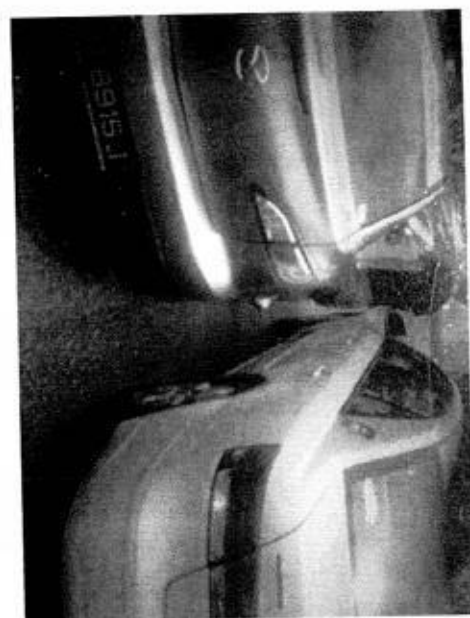
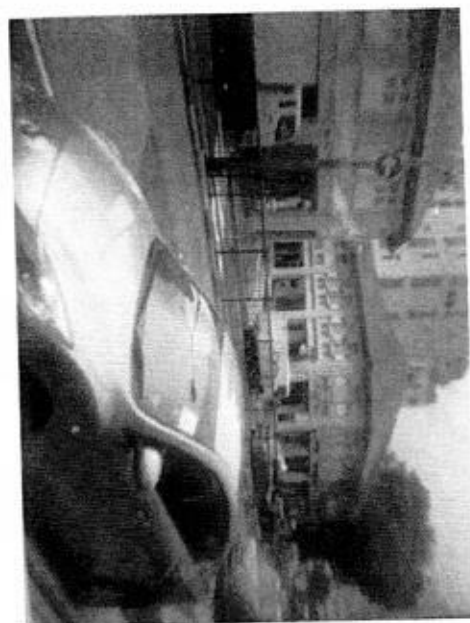
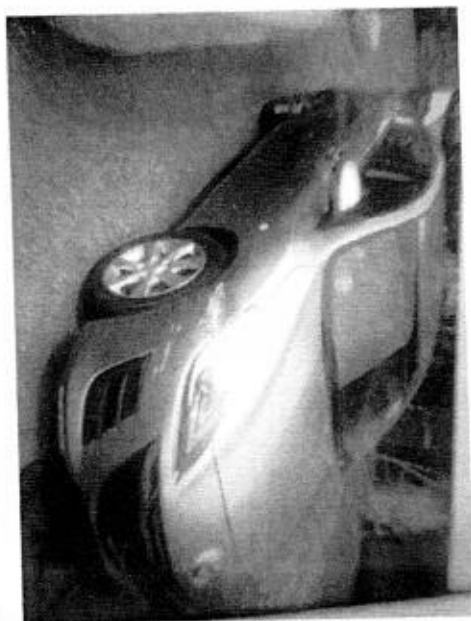
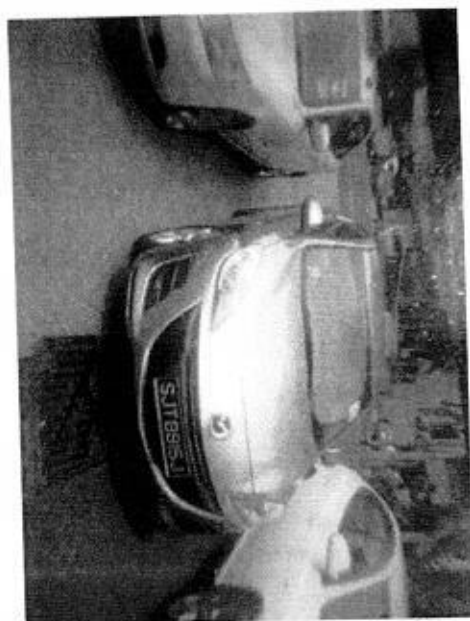
CHICAB PTE LTD
CO. REG. NO. 199502839C

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.:





ComfortDelGro Engineering Pte Ltd (Co. Reg. No: 199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CITYCAB PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY
Policy No:
Vehicle Reg. No.: SHC501K
Party At Fault: UNKNOWN

Ref. No:
Date of Loss: 25/11/2017
Driveable? YES

Make/Model: HYUNDAI SONATA, 2.0 CRDI (A)
Vehicle Colour: YELLOW
Engine No: D4EAA929753
Odometer: 658696 KM

Vehicle Reg. Date: 27/01/2011
Gen Condition: GOOD
Chassis No: KMHET41VMBA803877

Paint Type:
List Item Discount: 20.00 %
Total Loss? NO
Est. Duration of Repair (day) 4

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS	Amount
Parts	3,216.80
Miscellaneous Items	10.00
Labour	1,510.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,736.80
+ GST 7.00% (S\$)	331.58
Nett Amount (S\$)	5,068.38

Larry Ng

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Nov 2017)
Parts: 143 HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHC501K/27/11/2017 10:00
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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR DOOR - LH / Part	20.00	0.00	*1,294.70 FL
2	1		*REAR DOOR PROTECTOR - LH X Repair	20.00	0.00	*54.50 FL
3	1		*REAR FENDER - LH X Repair	20.00	0.00	*1,935.90 FL
4	1		*REAR DOOR TEL NO STICKER - ad	0	0.00	*10.00 FS
5	1		*REAR BUMPER X Repair	20.00	0.00	*578.40 FL
6	1		*REAR WHEEL COVER - LH / brand	20.00	0.00	*145.00 FL

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

Sub Total (S\$)	4,018.50
- List Item Discount on L Items (S\$)	801.70
Total Parts (S\$)	3,216.80

ComfortDelGro Engineering Pte Ltd/SHC501K/27/11/2017 10:00. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Larry Ng

Estimate Report

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	600.00 400
2	SPRAY PAINTING	New	600.00 500
3	WIRING CHARGE	New	50.00 x
4	TUFF KOTE	New	80.00 20
5	TRANSFER OF DOOR	New	180.00 50
Gross Labour Cost (S\$)			1,510.00

ComfortDelGro Engineering Pte Ltd/SHC501K/27/11/2017 10:00. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Kalvin (U/C)

27/11/17 1030 hr.

3 Pys

4s

After Repair p U/C

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before the spray painting
- To display damaged parts during resurvey
- Parts price is not affected by the condition
- Third party survey is subject to LKK Auto Consultants
- No illegal modification allowed
- Supplementary cost is subject to LKK Auto Consultants
- Survey and repair is subject to LKK Auto Consultants

Acknowledged by Repairer

Signature:

Date:

A member of COMFORTDELGRO

Date/Time: 27.11.2017 09:14

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC No. 305092271

CUSTOMER

REGN NO. SHC 501K

MILEAGE

R/MS CITYCAB PTE LTD
7010070

MAKE: HYUNDAI

FUEL

CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65551188 (O)

MODEL SONATA

DATE/TIME IN 26.11.2017 08:20

L (R) (P)

YR OF MANU 27.01.2011

TARGET DATE

CHASSIS CODE RMHET41VMBA803877

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 25.11.2017
NATURE: 3P 25.11.2017

S/NO

LABOR CODE

DESCRIPTION

TOKIO - taxi Left Rear Damage
LRR/Kalvin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 501K LARRY

Vehicle No.: SHC 501K

Signature of Service Advisor
Larry Ng

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305092271
Date : 29.11.2017

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC 501K

Fax :

Date of Accident: 25.11.2017

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

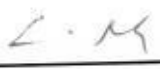
1. The repair job shall bill to: TOKIO SJT8915J
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: **\$1,750.00**
Final Lumpsum Repair cost


3. Estimated normal period for repairs: 3 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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

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	\$5.35			
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/TMI17022527/K1TBN2

Date: 01/12/2017

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU012094
Claimant Vehicle No :	SHC501K	Insured Vehicle No :	SJT8915J
Date of Loss:	25/11/2017	Nature of Claim:	TP
		Claim No:	M1706005

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC501K	Engine No:	D4EAA848663
Make & Model:	HYUNDAI SONATA, 2.0 CRDI (A)	Chassis No:	KMHET41VMBA803877
Reg. Date:	27/01/2011 (Man. Year: 2010)	Odometer:	658696 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

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	3,216.80	1,161.76	2,055.04	63.88
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,510.00	1,010.00	500.00	33.11
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,736.80	2,181.76	2,555.04	53.94
Approved Total (Overridden) (S\$)		1,750.00		
(S\$)	4,736.80	1,750.00	2,986.80	63.06
+ GST 7.00/7.00% (S\$)	331.58	122.50	209.08	63.06
Nett Amount (S\$)	5,068.38	1,872.50	3,195.88	63.06

INSPECTION

Date of Assignment:	27/11/2017 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	27/11/2017 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days	

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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

Adjuster Report

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: 01 Dec 2017)
Parts: 143	HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC501K)	
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 DOOR - LH	Dented	1,294.70 FL	*1,294.70 FL
2	1		*REAR DOOR PROTECTOR - LH	Repair	54.50 FL	*- FL
3	1		*REAR FENDER - LH	Repair	1,935.90 FL	*- FL
4	1		*REAR DOOR TEL NO STICKER	Necessary	10.00 FS	*10.00 FS
5	1		*REAR BUMPER	Repair	578.40 FL	*- FL
6	1		*REAR WHEEL COVER - LH	Grazed	145.00 FL	*145.00 FL
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (S\$)					4,018.50	1,449.70
- List Item Discount on L Items 20.00/20.00% (S\$)					801.70	287.94
Total Parts (S\$)					3,216.80	1,161.76

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (\$\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	600.00	400.00
2	SPRAY PAINTING	New	600.00	540.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	80.00	20.00
5	TRANSFER OF DOOR	New	180.00	50.00
Gross Labour Cost (\$\$)			1,510.00	1,010.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >