

22/03/2003

ASS. REC. BY:

REF: CS/TMU7022529/Krb²⁴ Special Instruction:Surveyor: Kevin
Medina

ASSIGNMENT (Office)

From (Person): Jeffrey Tay of TML Date/Time: 27/12/07 12.05pm

Estimated Cost: _____ Bill to: _____

OD ~~TP~~ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHC 3144M Insured: SKN 32668at Workshop m/s Comfort Delgro Tel: 6214 8315of 59 Luyang DrivePolicy No: MX 004331 Claim No: M1705980

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24/12/07
(Client's Record)CA / REV / REP. / REV 24 HRS wp

H.O.D. Endorsement: _____

Date/Time: 27/12/07 12.10pm Person Contacted: Lany Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHC 3144M - NB / INC12024563 / H1221	DOA: 15/12/12
	SKN 32668 - PC4 / M1702458 / UG3	DOA: 24/11/17

Suzuki

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. _____

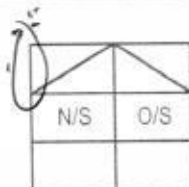
Claims No. _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 3144M Yr Regn: 27 Mar 2012

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

Truck / Trailer or

Make: Hyundai Santa C.C. 1991Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 189637 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMA821774Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60 R16

R: _____

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

TOYO / YOKO or Wet / etc.

Front

Rear

R/Bal. 2 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 24/11/12 D.O.I. 27/11/12Survey held at CDGE (Gang)

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

N/S Frnt.

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

Date / Time	Action / Instruction
28/11/12	Confirmed 4/5 \$650 / 2 Days. Red: \$4733.50, 88%.

70/100
4/5

RECEIVED 29 NOV 2017

Date/Time, File Pass to?



Preli. Report

1) typist

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation: _____

Photos: _____

Others: _____

TOTAL

250
10

260

Report Format: TPLump Sum / L.B.I. (\$) 650.00Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)



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/TMI17022529/K1rb

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 27-11-2017

Code : TMI



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKN 3266B	Veh. Inspected	SHC 3144M
Policy No.	MX004331	Coverage (\$)	0.00
Claim No.	M1705980	Excess (\$)	0.00
Assign From	MERIMEN (JEFFREY TAY)	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	24/11/2017	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	Status
Main	27 Nov 2017 11:14 Sendback Est	27 Nov 2017 11:26 S\$5,383.52	27 Nov 2017 12:05 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD		
Vehicle Reg. No.:	SHC3144M	Date of Loss:	24/11/2017 06:00 - :59
Claim Type:	TP / M1705980	Policy/Cover Note No.:	MX004331 (Comprehensive) Coverage: 30/05/2017 - 29/05/2018
Vehicle Reg. No. (Insured):	SKN3266B	Policy No. (Claimant):	
		Excess:	S\$2,000.00
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 Jeffrey Tay - 65926413]		
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.									

Date/Time: 27.11.2017 10:54

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305092340

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
7010045
CUSTOMER NO
383 SIN MING DRIVE
ADDRESS
Singapore SINGAPORE 575717
65508755
L. (R) (O)
(P)

REGN NO: SHC3144M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 27.11.2017 10:00
YR OF MANU 27.03.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA821774	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 24.11.2017

NATURE: 3P 24.11.2017

S/NO LABOR CODE DESCRIPTION

TOKIO - taxi left front damage
LKK/Kalvi -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC3144M
LARRY

Vehicle No.: SHC3144M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	24/11/2017 14:53
Date Of Accident	24/11/2017 06:30
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 2 DEPARTURE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3144M
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	OH CHYE HUAT
NRIC No	S0042639C
Date Of Birth	01/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	07/08/1975
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	CH.OH45@GMAIL.COM

Address	505A CHANGI ROAD
Postcode	419908
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

PLS REFER TO 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	SKN3266B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MAHABI BIN SALLEH
NRIC/Passport Number	S1582733E
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	RIGHT REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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.

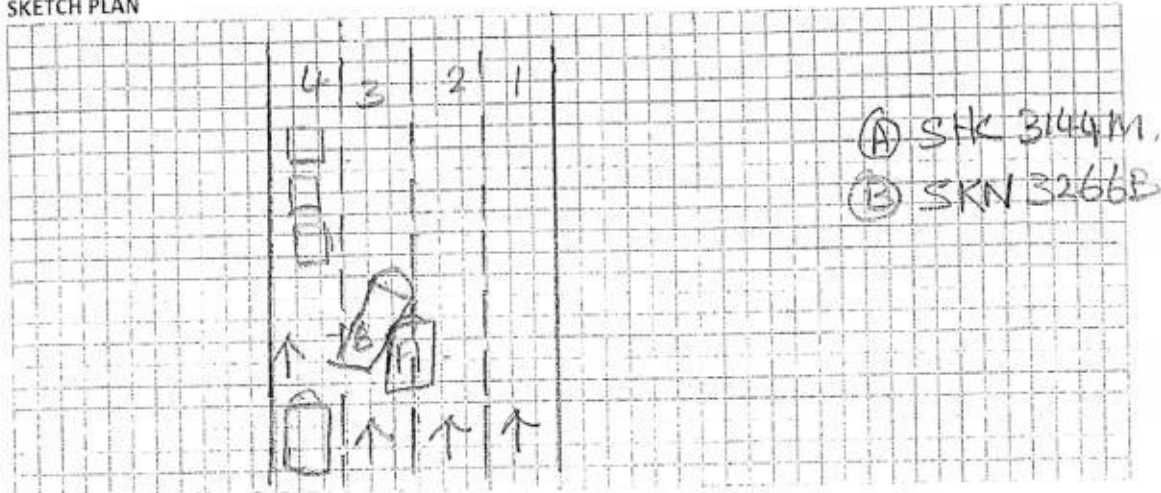
Vehicle No. TRANSPORTATION FIELD
CO REG NO. 1920023018

Policyholder's Signature
Date & Time:

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

24/11/17
Jackson H. [Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24th/11/2017 at about 0630 hrs, I vehicle A was driving along Changi airport terminal 2. There was heavy traffic at that time, while I was in between lane 2 to lane 3 stationary, waiting the front car to clear, while waiting vehicle B came from lane 4 cuts through lane 3 and lane 2 then his right rear fender grazed against my taxi left front portion - my passenger and I was not injured.

DECLARATION

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

ALL TRANSPORTATION PTE LTD
CORPORATE NO. 100002018

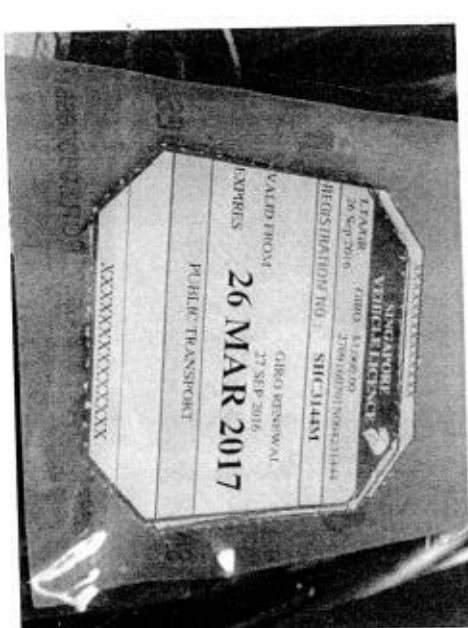
Policyholder's Signature
Date & Time:

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

24/11/17 Jackson

Jackson Heng
CSO

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)
COMFORT TRANSPORTATION PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	24/11/2017
Vehicle Reg. No.:	SHC3144M	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI SONATA, 2.0 CRDI (A)	Vehicle Reg. Date:	27/03/2012
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4EAB055822	Chassis No:	KMHET41VMCA821774
Odometer:	187875 KM		
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	4,043.52
Miscellaneous Items	10.00
Labour	1,330.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	5,383.52
+ GST 7.00% (\$\$)	376.85
Nett Amount (\$\$)	5,760.37

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/SHC3144M/27/11/2017 11:26
 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		*FRONT BUMPER <i>Actual</i>	20.00	0.00	*538.80 FL
2	1		*FRONT BUMPER SPONGE <i>X</i>	20.00	0.00	*136.30 FL
3	1		*FRONT BUMPER REINFORCEMENT <i>X</i>	20.00	0.00	*504.10 FL
4	1		*HEADLAMP SUPPORT PANEL <i>X</i>	20.00	0.00	*1,023.00 FL
5	1		*HEADLAMP - LH <i>X</i>	20.00	0.00	*797.90 FL
6	1		*FRONT BUMPER PROTECTOR - LH <i>X</i>	20.00	0.00	*29.20 FL
7	1		*FRONT BUMPER TOP BRACKET - LH <i>X</i>	20.00	0.00	*22.40 FL
8	1		*FRONT BUMPER BRACKET - LH <i>X</i>	20.00	0.00	*20.10 FL
9	1		*FRONT BUMPER / FENDER RETAINER - LH <i>X</i>	20.00	0.00	*9.20 FL
10	1		*FRONT BUMPER GRILLE - LH <i>X</i>	20.00	0.00	*17.60 FL
11	1		*FRONT FENDER - LH <i>X</i>	20.00	0.00	*593.00 FL
12	1		*FRONT FENDER SHIELD - LH <i>X</i>	20.00	0.00	*86.00 FL
13	1		*ADVERTISEMENT - FRT FENDER LH <i>X</i>	0	0.00	*100.00 FS
14	1		*BONNET <i>X</i>	20.00	0.00	*1,151.80 FL

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

Sub Total (S\$) 5,029.40
 - List Item Discount on L Items (S\$) 985.88
 Total Parts (S\$) 4,043.52

ComfortDelGro Engineering Pte Ltd/SHC3144M/27/11/2017 11:26. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Larry Ng

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	600.00 200
2	SPRAY PAINTING	New	600.00 180
3	WIRING CHARGE	New	50.00 50.00 X 2
4	TUFF KOTE	New	80.00 80.00 X 2
Gross Labour Cost (S\$)			1,330.00

ComfortDelGro Engineering Pte Ltd/SHC3144M/27/11/2017 11:26. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Kalvin 16/11/17

27/11/17 1135 hrs

2 Days.

4/5

After Rep. Sup. LK

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey & fix after spray painting
- To display damaged parts during resurvey
- Parts price are subject to confirmation
- Third party survey on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplier's terms & conditions apply and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305092340
Date : 27.11.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

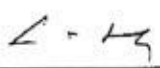
Vehicle Reg No. : SHC3144M


Date of Accident: 24.11.2017

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

1. The repair job shall bill to: TOKIO SKN3266B
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:
Final Lumpsum Repair cost \$650.00
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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : KALVIN
Date : 28/11/17

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/TMI17022529/K1RBN2

Date: 01/12/2017

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MX004331
Claimant Vehicle No :	SHC3144M	Insured Vehicle No :	SKN3266B
Date of Loss:	24/11/2017	Nature of Claim:	TP
		Claim No:	M1705980

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC3144M	Engine No:	D4EAD315401
Make & Model:	HYUNDAI SONATA, 2.0 CRDI (A)	Chassis No:	KMHET41VMCA821774
Reg. Date:	27/03/2012 (Man. Year: 2011)	Odometer:	189637 km
Colour:	Blue		
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	4,043.52	431.04	3,612.48	89.34
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,330.00	380.00	950.00	71.43
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,383.52	821.04	4,562.48	84.75
Approved Total (Overridden) (S\$)		650.00		
(S\$)	5,383.52	650.00	4,733.52	87.93
+ GST 7.00/7.00% (S\$)	376.85	45.50	331.35	87.93
Nett Amount (S\$)	5,760.37	695.50	5,064.87	87.93

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:	2.0 days		

Adjuster: KALVIN ANG WEI KUN**Manager:** Janice Lee Si Hua

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference		
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 SHC3144M)	
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	538.80 FL	*538.80 FL
2	1		*FRONT BUMPER SPONGE	Serviceable	136.30 FL	*- FL
3	1		*FRONT BUMPER REINFORCEMENT	Serviceable	504.10 FL	*- FL
4	1		*HEADLAMP SUPPORT PANEL	Serviceable	1,023.00 FL	*- FL
5	1		*HEADLAMP - LH	Serviceable	797.90 FL	*- FL
6	1		*FRONT BUMPER PROTECTOR - LH	Repair	29.20 FL	*- FL
7	1		*FRONT BUMPER TOP BRACKET- LH	Serviceable	22.40 FL	*- FL
8	1		*FRONT BUMPER BRACKET- LH	Serviceable	20.10 FL	*- FL
9	1		*FRONT BUMPER / FENDER RETAINER - LH	Serviceable	9.20 FL	*- FL
10	1		*FRONT BUMPER GRILLE - LH	Serviceable	17.60 FL	*- FL
11	1		*FRONT FENDER - LH	Serviceable	593.00 FL	*- FL
12	1		*FRONT FENDER SHIELD - LH	Serviceable	86.00 FL	*- FL
13	1		*ADVERTISEMENT - FRT FENDER LH	Not Necessary	100.00 FS	*- FS
14	1		*BONNET	Serviceable	1,151.80 FL	*- FL

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

Sub Total (\$\$)	5,029.40	538.80
- List Item Discount on L Items 20.00/20.00% (\$\$)	985.88	107.76
Total Parts (\$\$)	4,043.52	431.04

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	200.00
2	SPRAY PAINTING	New	600.00	180.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	80.00	-
Gross Labour Cost (\$\$)			1,330.00	380.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >