

22/03/2002

ASS. REC. BY:

REF: CS / GATU 7023463 / Klvbnz Special Instruction:

Surveyor

KALVIN

ASSIGNMENT (Office)

From (Person):

Rachel Tan

of

GAT

Date/Time:

08/12/07 4:58pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 7068T

Insured:

FBE 9492D

at Workshop m/s

Comfort Delgro

Tel:

6214 8398

of

59 Loyang Drive

Policy No:

Claim No:

FBE 9492D

Sum Insured:

Excess:

Make of Veh:

D.O.A.

07-12-2017

(Client's Record)

CA / REV / REP. / REV 24 HRS WPT

11-12-2017

H.O.D. Endorsement:

Date/Time:

08/12/07 5:10pm

Person Contacted:

Mr. Lim

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 7068T - NS / INC 1604 5:15 / Hlvbnz
	FBE 9492D - X

DFA: 040816

509

ASSIGNMENT

From _____ Date _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop no: _____

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.

N/S	O/S

Bel. or Market Value: _____
 IDAC Accident Report: _____ 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: SHD 7068T Vc Page: 15 Oct 2015

Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /
Trailer or

Make: Hyundai I40 C.C. 1600
Colour: Blue A/C In Cool / Std / Nil / NA
Sp. Reading: 213818 T/Fuel In Std / Std / Nil / NA
Eng No:
C.No.: KMHLB 414M4407867
Gen. Cond: Good / Poor / Poor / Burnt
Steering: In Good / Jammed / Leaked / Burnt or
Brake: In Good / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD / Rim or
Tyre Size: F: 205/60R16.
R:
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Westlake

Front		Rear	
R.Bal.	7 mm	R.Bal.	7 mm
L.Bal.	7 mm	L.Bal.	7 mm
D.O.A.	7/2/7	D.O.L	11/1/7

Survey held at CHC (Guz) 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
------	------	----------------------

13/12/17 Continued P/P \$1491.18 / 2 P/P (Red 1246.60, 45/M) GAZ
P/P

RECEIVED 14 DEC 2017.

DataTime File Path to:

☐ : Prelim. Report
☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee

— 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679,

DateTime: 2/16/2009 12:00

- 14/12 - typist

Add Fee: \$

Set in 18

Intervista

1000

Report Format:

Lump Sum / A.B.I. 1491.18

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250

Survey Department Check List (Case Handler)

Reference No.: CS/ GA17023463/ KVB
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp. Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des. of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By:

VERON

Case Handler

14/12/17

Date

*C: Critical *N: Non-Critical

21/05/2014



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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI17023463/K1vb

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 11-12-2017



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBE 9492D	Veh. Inspected	SHD 7068T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	08/12/2017

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

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5. General Information

Accident Date	07/12/2017	Inspection Date	11/12/2017
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: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Friday, 8 December, 2017 4:58 PM
To: assignments@lkkauto.com
Cc: General Claims; Lim Tien Siong
Subject: RE: Accident involving SHD7068T & your insured FBE9492D dated 07.12.17
Attachments: img-Z08121238-0001.pdf

Without Prejudice

Hi Mr Lim

Thank you for taking my call. We have not received our insured's report. Liability pending.

Hi LKK

Please accept assignment to conduct PRI. Attached document for reference. Thank you.

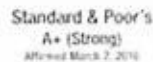
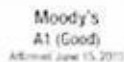
Warm Regards,

Rachel Tan, Executive | P. +65 6804 7846 | Rachel.tan@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190

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11.12.2017

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Lim Tien Siong [mailto:limts@cdge.com.sg]
Sent: Friday, December 8, 2017 12:26 PM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Cc: General Claims <GeneralClaims@sg.gaig.com>
Subject: Accident involving SHD7068T & your insured FBE9492E dated 07.12.17

Dear Rachel,

Fyna.
Thanks.

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

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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	08/12/2017 10:54
Date Of Accident	07/12/2017 19:05
Exact Location Of Accident	CTE >SLE B4 ANG MO KIO AVE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7068T
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	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-1572701MFSH
Cover Note Number	

Driver

Name of Driver	GOH ANG BENG
NRIC No	S1785834C
Date Of Birth	07/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	ABGOHAB@GMAIL.COM

Address	287 TAMPINES STREET 22 #07-362
Postcode	S520287
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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)	5

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
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	FBE9492D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHAMAD ZAINUDDIN B AMIN
NRIC/Passport Number	S7106490E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD4932T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN TECK KOON
NRIC/Passport Number	S0222191H
Contact Number	
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	MOHAMAD ZAINUDDIN B AMIN
Approximate Age	
Injuries Sustain	BRUSIES- LEGS
Injured person in which vehicle?	FBE9492D
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
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.
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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303471R



Lim Ee Soon
CSO

8/12/17

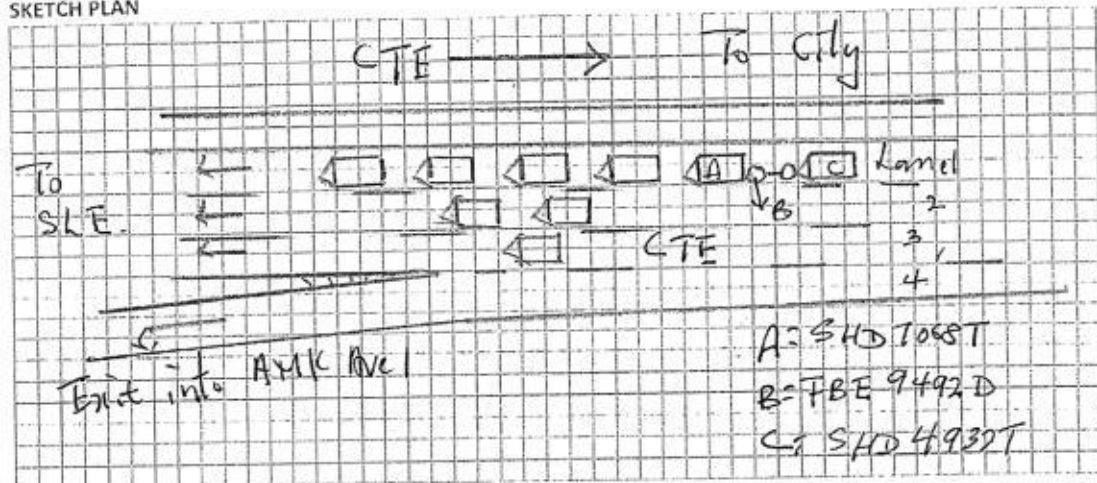
Policyholder's Signature
Date & Time:

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

Police Report attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199291123R

[Signature]

Lim Ee Soon
CSO

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20171207/2151

1 of 3

Report No. T/20171207/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2017 21:31	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: GOH ANG BENG		Address: APT BLK 488A TAMPINES AVENUE 9 #08-166 HDB- TAMPINES SINGAPORE 520488	
ID Type / ID No.: NRIC NO / S1785834C		Contact No.: Home/Office: Mobile: 97968936	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 07/10/1967	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/12/2017 19:05	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
TOWARDS SLE Lamp Post Number: 232				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE9492D	Motorcycle				Slightly Damaged	0
SHD4932T	Car				Slightly Damaged	3
SHD7068T	Car				Slightly Damaged	3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20171207/2151

2 of 3

Report No. T/20171207/2151

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH ANG BENG	ID No.	S1785834C
Related Vehicle	NIL	Contact No.	97968936
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS TRAVELLING ALONG THE CTE, TOWARDS SLE ON THE FIRST LANE FROM THE RIGHT. TRAFFIC WAS VERY HEAVY, I SUDDENLY REALISED THE MOTORCYCLE BEHIND THE REAR LEFT SIDE OF MY VEHICLE. AFTER HE HIT MY VEHICLE I CAME TO A STOP THEN THE CAR MENTIONED ABOVE HAD HIT MY CAR FROM BEHIND AS WELL, HE HIT MY NUMBER PLATE ON THE REAR OF MY VEHICLE. AFTERWARDS WE STOPPED OUR VEHICLES AT THE ROAD SHOULDER AND WAITED FOR POLICE AND AMBULANCE TO ARRIVE AT THE SCENE. THE MOTORCYCLE RIDER WAS CONVEYED BY AMBULANCE AS HE HAD SOME INJURIES AND I WAS ADVISED BY THE OFFICER TO HEAD DOWN TO TRAFFIC POLICE HQ TO MAKE A REPORT AND MEET IO SUFYAN.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20171207/2151

3 of 3

Report No. T/20171207/2151

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:
07/12/2017 21:31

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Date/Time: 08.12.2017 12:08 Page : 1

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305095992

ISOMER

REGN NO : SHD7068T

MILEAGE

COMFORT TRANSPORTATION PTE LTD
7010045

MAKE : HYUNDAI

FUEL

7010045
CUSTOMER NO 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755

MODEL I-40

08.12.2017 09:40

L. (R) 65508755 (O)
(P)

YR OF MANU
15.10.2015

TARGET DATE

CHASSIS CODE
KMHLB41UMGU078607

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 07.12.2017
NATURE: 3P 07.12.17

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

lo.: SHD7068T LIMTS

Vehicle No.: SHD7068T

e of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

3 returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 7068T

MAKE :

MODEL : HYUNDAI i40

G A I C - (P/P)

DATE 8/12/2017 (Fri)

LKK - Calvin

T3

12:26

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper ✓			\$ 603.60	
	Rear Bumper Reinforcement ?			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket ?			\$ 49.00	
	Rear Bumper Clips ✓			\$ 22.00	
	Rear Bumper Sponge ?			\$ 143.40	
	Rear Bumper Under Cover ✓			\$ 225.00	
	Rear Bumper Reflector Lamp (LH/RH) X		\$ 32.00	\$ 64.00	
	SUB TOTAL			\$ 1,971.35	
	LESS 20%			\$ 394.27	
	DISCOUNTED TOTAL			\$ 1,577.08	
	Rear Bumper Reverse Sensor ✓			\$ 135.70	Nett
	Rear No. Plate ✓			\$ 25.00	Nett
	Rear Bumper Rubber Mat ✓			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) —		\$ 100.00	\$ 200.00	Nett
				\$ 410.70	
	Labour Charge				
	Panel Beating			\$ 380.00 200	
	Spray Painting Charge			\$ 200.00 180	
	Wiring Charge			\$ 50.00 X	
	R/Refix Reverse Sensor			\$ 120.00 20	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,737.78	
<p>Kalvin LKK</p> <p>11/12/17 1040h</p> <p>20y1</p> <p>P/P</p> <p>Before Panel P/LH</p>					<p>LKK Auto Centre has hereby notified the R. (P/P) of the following:</p> <ul style="list-style-type: none"> • To inspect and advise on the following: • To display damaged parts during resurvey • Parts prices subject to confirmation • Third party survey on a "Without Prejudice" basis • No illegal modifications allowed • Supplementary details to be resurveyed and is subject to final approval from insurance company <p>Acknowledged by Repairer:</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>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.</p>					

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 7068T

MAKE :

MODEL : HYUNDAI i40

GATIC-CP/P)

DATE 8/12/2017 (Fri)

LKK-Kalvin

TS

12:26

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Rehl Xsu</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>Xsu</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>Xsu</i>			\$ 49.00	
	Rear Bumper Clips <i>ne</i>			\$ 22.00	
	Rear Bumper Sponge <i>Xsu</i>			\$ 143.40	
	Rear Bumper Under Cover <i>cl</i>			\$ 225.00	
	Rear Bumper Reflector Lamp (LH/RH) <i>Xsu</i>		\$ 32.00	\$ 64.00	
	SUB TOTAL			\$ 1,971.35	
	LESS 20%			\$ 394.27	
	DISCOUNTED TOTAL			\$ 1,577.08	
	Rear Bumper Reverse Sensor <i>should</i>			\$ 135.70	Nett
	Rear No. Plate <i>ira</i>			\$ 25.00	Nett
	Rear Bumper Rubber Mat <i>ne</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>ne</i>		\$ 100.00	\$ 200.00	Nett
				\$ 410.70	
	Labour Charge				
	Panel Beating			\$ 380.00 <i>200</i>	
	Spray Painting Charge			\$ 200.00 <i>180</i>	
	Wiring Charge			\$ 50.00 <i>Xm</i>	
	R/Refix Reverse Sensor			\$ 120.00 <i>20</i>	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,737.78	
<p><i>Kalvin LKK</i> <i>11/12/17 1046h</i> <i>2 Days</i> <i>P/P</i> <i>Before Paint p/hto</i></p>					
<p>LKK Auto <i>to notify</i> the Rep <i>3:</i> • To resolve <i>Painting</i> • To display <i>ing survey</i> • Parts prices are <i>information</i> • Third party <i>on a "Without Prejudice" basis</i> • No illegal <i>is allowed</i> • Supplement <i>must be resurveyed and</i> is subject to final approval from insurance Company</p> <p>Acknowledge to Repairer Signature <i>✓</i> Date</p>					
<p>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.</p>					

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305095992
 REGN NO : SHD7068T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 15.10.2015
 DATE/TIME IN : 08.12.2017 09:40
 ACCIDENT DATE : 07.12.2017

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 04-01-0101-0111-G	BUMPER CLIPS	10 L	22.00	20.00	17.60
0003 04-01-0103-0738-G	BUMPER LOWER REAR	1	225.00	20.00	180.00
0004 09-01-9999-0068-A	REVERSE SENSOR ASSY	1	135.70	2.00	135.70
0005 04-01-0103-1150-A	BUMPER PROTECTOR MAT	1	50.00	0.20	50.00
0006 FNPS	NO PLATE(S)	1 N	25.00	0.02	25.00

SUB-TOTAL : 891.18

JOB NATURE

0000 20-05	Rear Fender Adv.Sticker RH/LH	200.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0003 L	R/I REVERSE SENSOR	20.00

SUB-TOTAL : 600.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305095992
REGN NO : SHD7068T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 15.10.2015
DATE/TIME IN : 08.12.2017 09:40
ACCIDENT DATE : 07.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,491.18


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :
AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305095992

Date : 13/12/17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD7068T

Date of Accident : 07-Dec-17

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

1. The repair job shall bill to: Great American Ins Co --- FBE9492E

2. The finalized amount shall be:

(a) Spare Parts after List discount \$891.18

(b) Labour Charges \$600.00

Total for Part-By-Part Repair Cost \$1,491.18

(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 : 13/12/17

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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI17023463/K1vbn2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 22-12-2017



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBE 9492D	Veh. Inspected	SHD 7068T
Policy No.		Coverage (\$)	0.00
Claim No.	FBE 9492D	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	08/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU078607	Colour	BLUE
Odometer	213818	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	07/12/2017	Inspection Date	11/12/2017
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. SHD 7068T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$32.00	SERVICEABLE	64.00	-
	LESS 20% DISCOUNT		-394.27	-170.12
			1,577.08	680.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			410.70	410.70
LABOUR				
	PANEL BEATING.		380.00	200.00
	SPRAY PAINTING CHARGE.		200.00	180.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.		120.00	20.00
			750.00	400.00
GRAND TOTAL			2,737.78	1,491.18
RECOMMENDED COST OF REPAIRS				1,491.18

Report Ref No. CS/GAI17023463/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.