

22/03/2002

ASS. REC. BY:

REF:

CS/MS/17023568/K1rbn2

Special Instruction:

SURVIVOR:

Mujman

ASSIGNMENT (Office)

From (Person):

Chastina Wong

of

Maj

Date/Time: 22/2/2017 11:21am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 834A

Insured:

SKZ 5517B

at Workshop m/s

Comfort Delgro

Tel:

6214 8319

of

5A Layang Drive

Policy No:

A28846107QMX

Claim No:

540369

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

10.12.2017

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

12/2/17 12pm

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 834A - NA/INC17021848/r3

DOA: 16/11/17

SKZ 5517B - X

Sent preli through mmm

Simon Kalvin

REF:

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.

Bel. or Market Value: _____
 IDAO 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: SHC834A In Reg: 7 Jan 2016
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Z40 cc 1685
 Colour: Yellow A/C: Ins Std / NI / NA
 Sp Reading: 22623 T/Radio: Ins / Std / NI / NA
 Eng No: _____
 C.No: KAHC8X14AH4080831
 Gen. Cond: Good / P Poor / Burnt
 Steering: Inorder / J Jammed / Leaked / Burnt or
 Brake: Inorder / J Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD R Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Weslake
 Front: _____ Rear: _____
 R.Bal: 7 mm R.Bal: 7 mm
 L.Bal: 7 mm L.Bal: 7 mm
 D.O.A: 10/12/12 D.O.I: 12/12/12
 Survey held at: CPHET (Loyang)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time: 2/1/18 Action / Instruction: Letter PIP \$765.70 / 24hrs
Red: \$1695.88, 69%

MZA
PIP

RECEIVED 04 JAN 2018

Date/Time: File Pass to: ☐ : Preli. Report
typist ☒ : Final Report
 Date/Time: File Return to:

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

Survey Fee:
 Transportation:

Add Fee: ☐ Site Insp: \$
☐ Interview: \$
☐ Tech Insp: \$
☐ Measurement: \$

Photos
 Other:

Report Format: .TP
 Lump Sum / L.B.I: 765.70

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				
MSIG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG17023568/K1rb		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 12-12-2017		
		Code : MSG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKZ 5517B	Veh. Inspected	SHC 834A	
Policy No.	A28846102QMX	Coverage (\$)	0.00	
Claim No.	540369	Excess (\$)	0.00	
Assign From	MERIMEN (CHRISTINA WONG)	Assign Date	12/12/2017	
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				
5. General Information				
Accident Date	10/12/2017	Inspection Date	12/12/2017	
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.				

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	11 Dec 2017		12 Dec 2017 11:21 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:

SOH KOK YEOW, ID: S8531924H, Tel: +6581575059, Email: KENNETH.SOH@TONG-CONTAINER.COM.MY

Main Claimant:

CITYCAB PTE LTD, Co. Reg. No.: 199502839G

Vehicle Reg. No.:

SHC834A

Date of Loss:

10/12/2017 14:00 - :59

Claim Type:

TP / 540369

Policy/Cover Note No.:

A28846102QMX (Comprehensive)
Coverage: 15/11/2017 - 14/11/2018

Vehicle Reg. No. (Insured):

SKZ5517B

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 Christina Wong - 6643 1311]

Adjuster:

LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 13/12/2017]

Driver/Custodian (Insured):

SOH KOK YEOW (32 / Male), NRIC: S8531924H, Tel: +6581575059

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: Christina Wong

Date: 04 Jan 2018

Preliminary Advice

Insured Vehicle No	: SKZ5517B	Accident Date	: 10/12/2017
TP Vehicle No	: SHC834A	Assignment Date	: 12/12/2017
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 12/12/2017		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,461.58
Revised Amount	:S\$	765.70
Check Items (Estimated)	:S\$	0.00
Total	:S\$	765.70

Lump Sum Repair :S\$

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	11/12/2017 15:07
Date Of Accident	10/12/2017 14:10
Exact Location Of Accident	UPP. THOMSON RD (SLIP RD) SIN MING AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC834A
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	NEO CHI CHONG (LIANG ZHICONG)
NRIC No	S8117299D
Date Of Birth	28/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2001
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE

Mobile Number

Fax Number

Contact Number

Email Address FRANKNEO_NCC@HOTMAIL.COM

Address	BLK 449 YISHUN RING ROAD #08-98
Postcode	760449
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	1

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

REFER 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	SKZ5517B
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Name of Driver	SOH KOK YEOW
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	NEO CHI CHONG (LIANG ZHICONG)
Approximate Age	
Injuries Sustain	VOMIT, GIDDINESS AND BACK PAIN
Injured person in which vehicle?	SHC834A
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 449 YISHUN RING ROAD #08-98
Postcode	760449

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

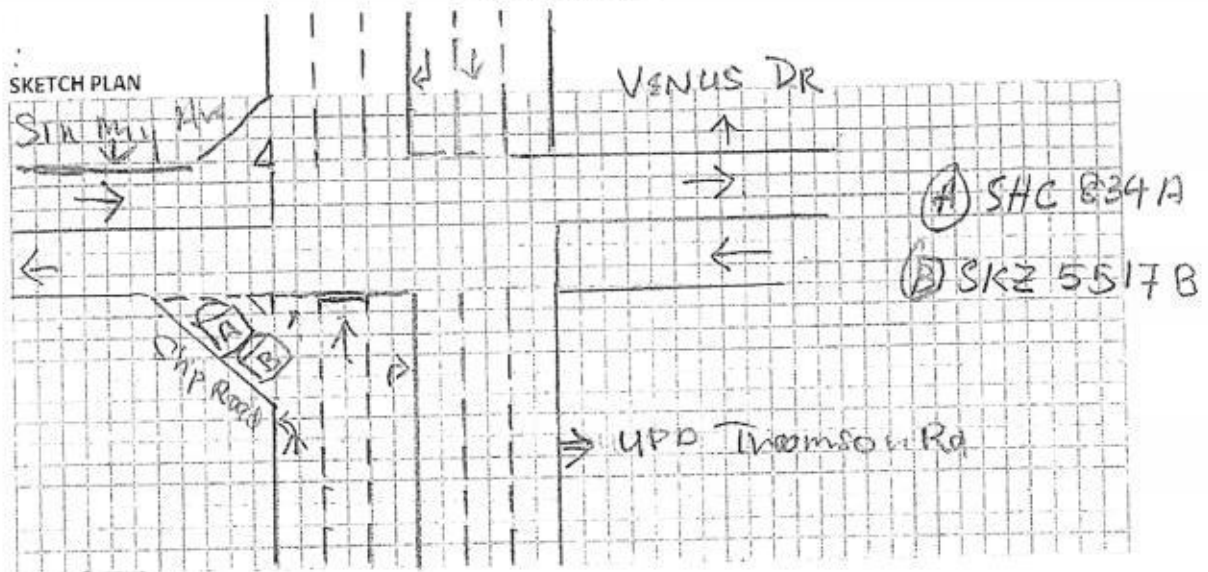
11/12/17
Jackson Ho
CEO

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

On 10th/12/2017 at about 1410 hrs, I Vehicle A was driving along UPP Thomson Road (Ship road) toward Sin Ming ave. I was approaching to the Ship road then I stop at the give way lane. Vehicle B came from behind and being against Vehicle A rear causing the damage.

DECLARATION

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

CITYCAB 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:
NRIC/FIN No.:

11/12/17 Jackson Hong
CEO

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 834A

MAKE :

MODEL : HYUNDAI i40

DATE 11/12/2017

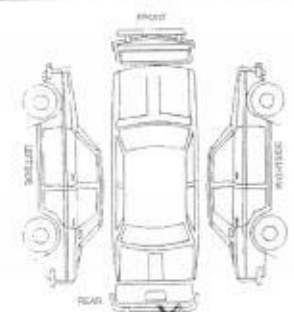
MSIG-CP/P) - TS

16:35

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X Rep air</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>Xm</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xm</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>Xm</i>			\$ 49.00	
	Rear Bumper Clips <i>X an</i>			\$ 22.00	
	Rear Bumper Sponge <i>Xm</i>			\$ 143.40	
	Rear Bumper Under Cover <i>- cut</i>			\$ 225.00	
	SUB TOTAL			\$ 1,907.35	
	LESS 20%			\$ 381.47	
	DISCOUNTED TOTAL			\$ 1,525.88	
	Rear Bumper Reverse Sensor <i>= shute</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>= an</i>			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 380.00 <i>200</i>	
	Spray Painting Charge			\$ 200.00 <i>180</i>	
	Wiring Charge			\$ 50.00 <i>X an</i>	
	R/Refix Reverse Sensor			\$ 120.00 <i>20</i>	
	Tow Charge			\$ 50.00 <i>Xm</i>	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,461.58	
				2511.58	
	<p><i>Kahin (LKK)</i></p> <p><i>12/12/17 1410h</i></p> <p><i>2 Dy.</i></p> <p><i>PIP</i></p> <p><i>After Repir photo</i></p>				
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before repair spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</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.				



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: 10/12 Time Received: 1550		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input checked="" type="checkbox"/> SPARK Kakis Name of Customer: MR NEO Contact No.: 90404909 Vehicle No.: SHC834A Make / Model / Colour: 40 / YELLOW Email:		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: YISUN AVE 4		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input checked="" type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		10. Odometer Reading: 226230 Fuel Level: F 1/4 1/2 3/4 E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested			
Job Attended		Signature of Customer	
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> STD <input type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS Name of Driver: DEEN Vehicle No.: YL5972C Time Dispatch: 1550 Time of Arrival: 1615 Time Completed:		# : Cracked X : Dented / : Scatched O : Missing	
Cash Invoice Details (if applicable)			
13. Cash Invoice No.:			
Customer Acknowledgement			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge; Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
10/12/17 Date		1615 Time	
Signature of Customer		Signature of Customer	
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
Signature of Attending Staff/Guard		Signature of Attending Staff/Guard	

CUSTOMER'S COP

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

JOB NO : 305096853
REGN NO : SHC 834A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.01.2016
DATE/TIME IN : 10.12.2017 15:50
ACCIDENT DATE : 10.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0738-G	BUMPER LOWER REAR	1	225.00	20.00	180.00
0002 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	2.00	135.70
0003 04-01-0103-1150-A	BUMPER PROTECTOR MAT	1	50.00	0.20	50.00

SUB-TOTAL : 365.70

JOB NATURE

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

SUB-TOTAL : 400.00

TOTAL : 765.70


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305096853

Date : 02/01/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC 834A

Date of Accident : 10-Dec-17

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

1. The repair job shall bill to: MSIG --- SKZ5517B

2. The finalized amount shall be:

(a) Spare Parts after List discount \$365.70

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$765.70

(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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 2/1/18

Fax : 65468156

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/MSG17023568/K1RBN2

Date: 10/01/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A28846102QMX
Claimant Vehicle No :	SHC834A	Insured Vehicle No :	SKZ5517B
Date of Loss:	10/12/2017	Nature of Claim:	TP
		Claim No:	540369

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC834A	Engine No:	D4DFU565171
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M)	Chassis No:	KMHLB41UMGU080831
Reg. Date:	07/01/2016 (Man. Year: 2015)	Odometer:	226231 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:	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	1,711.58	365.70	1,345.88	78.63
Miscellaneous Items	0.00	0.00	0.00	
Labour	800.00	400.00	400.00	50.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	2,511.58	765.70	1,745.88	69.51
+ GST 7.00/7.00% (\$\$)	175.81	53.60	122.21	69.51
Nett Amount (\$\$)	2,687.39	819.30	1,868.09	69.51

INSPECTION

Date of Assignment:	12/12/2017	
Date Inspected:	12/12/2017 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: 10 Jan 2018)
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 SHC834A)	
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	Repair	603.60 FL	*- FL
2	1	*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2	*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	360.00 FL	*- FL
4	1	*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
5	10	*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
6	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1	*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
8	1	*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
9	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS

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

Sub Total (\$\$)	2,093.05	410.70
- List Item Discount on L Items 20.00/20.00% (\$\$)	381.47	45.00
Total Parts (\$\$)	1,711.58	365.70

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	380.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	-
4	R/REFIX REVERSE SENSOR	New	120.00	20.00
5	TOW CHARGE	New	50.00	-
Gross Labour Cost (\$\$)			800.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >