

27/03/2017

ASS. REC. BY:

REF: CS/MSG17024599/K1-d322 Special Instructions

SIGNED BY:

Munnen

Kalvin

ASSIGNMENT (Office)

From (Person):

Elaine Ngu

of

MSG

Date/Time:

27/12/17 @ 4.35pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 63402

Insured:

SLP 650Y

at Workshop m/s

Comfort Delgro

Tel:

62148316

of

59 Loyang Drive, 508969

Policy No:

28986558SMF

Claim No:

542559

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/12/17

CA / REV / REP. / REV 24 HRS

lwp/

H.O.D. Endorsement:

Date/Time:

10:17am @ 28/12/17

Person Contacted:

Lamy

Vehicle ☒ IN / ☐ OUT

Date/Time

Action/Instruction

☒

Estimate

SHB 63402-CC3/AIG16007632/H1yg3n2

D.O.A: 23/04/16

SLP 650Y-X

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.

N/S	O/S

Sal. 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: **SHB 63402** Reg: **30 Sep 213**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai I40** cc: **1680**
 Colour: **Blue** A/C: **Ind** / Std / NI / NA
 So Reading: **523498** T Radio: **Ind** / Std / NI / NA
 Eng No: _____
 C No: **1CMHCBX14MD4039815**
 Gen Cond: Good / ~~Fair~~ / Poor / Burnt
 Steering: Inord / **4** / Jammed / Leaked / Burnt or
 Brake: Inord / **4** / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size F: **205/60R16**
 R: **4**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Wot/oke**
 Front: **7** mm Rear: **2** mm
 R/Bal: **7** mm L/Bal: **7** mm
 D.O.A: **26/12/12** D.O.I: **28/12/12**
 Survey held at: **CHE (Ling)**
 Des of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
N/S Front.
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

3/1/18 a **Continued up \$2800/2 hrs. (Red: 2668.76 '48%)**

**M24
43**

RECEIVED 03 JAN 2018

Date/Time File Pass to?

3/1 Typist

Date/Time File Return to?

☐ : Preli. Report
☒ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp: \$
☐ Inter. Insp: \$
☐ Tech. Insp: \$
☐ Weekend: \$

Survey Fee

Transportance

Food & Accom

Phone

Other

TOTAL

200
10
210

Report Format :

Lump Sum / I.B.I.S

**TP
2800**

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Dec 2017		27 Dec 2017 16:35 Assign				New Assignment Cancel Case

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

Insured:	HWEE HON FAI(XU HANHUI), ID: S8326849B		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHB6340Z	Date of Loss:	26/12/2017 08:00 - :59
Claim Type:	TP / 542559	Policy/Cover Note No.:	28986558SMF (Comprehensive) Coverage: 28/06/2017 - 27/06/2018
Vehicle Reg. No. (Insured):	SLP650Y	Policy No. (Claimant):	
		Excess:	S\$3,000.00
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 Elaine Ngu Siau Mei - 6594 2540]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 28/12/2017]		
Adj Asg. Remarks:	PLS CONTACT LARRY FOR SURVEY @62148316		

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

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/MSG17024599/K1td3

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 28-12-2017



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLP 650Y	Veh. Inspected	SHB 6340Z
Policy No.	28986558SMF	Coverage (\$)	0.00
Claim No.	542559	Excess (\$)	0.00
Assign From	MERIMEN (ELAINE NGU)	Assign Date	28/12/2017

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	26/12/2017	Inspection Date	28/12/2017
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.
--

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305101271

CUSTOMER RMS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SHB6340Z	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 26.12.2017 09:00
	YR OF MANU. 30.09.2013	TARGET DATE
	CHASSIS CODE KMHLE41UMDU039875	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.12.2017
NATURE: 3P 26.12.2017

LABOR CODE

DESCRIPTION

MSIA - taxi left front damage

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB6340Z
Name: LARRY

Vehicle No.: SHB6340Z

Name 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	26/12/2017 11:46
Date Of Accident	26/12/2017 08:40
Exact Location Of Accident	OPEN CAR PARK NEAR BLK 5 DELTA AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6340Z
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	LEONG KHAI FONG
NRIC No	S1826644Z
Date Of Birth	08/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1988
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	168B PUNGGOL EAST # 15-369
Postcode	S822168
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	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

PLS SEE ATTACHED (TYPE OF ACCIDENT - HEAD TO SID3)

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	SLP650Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93899081
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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.

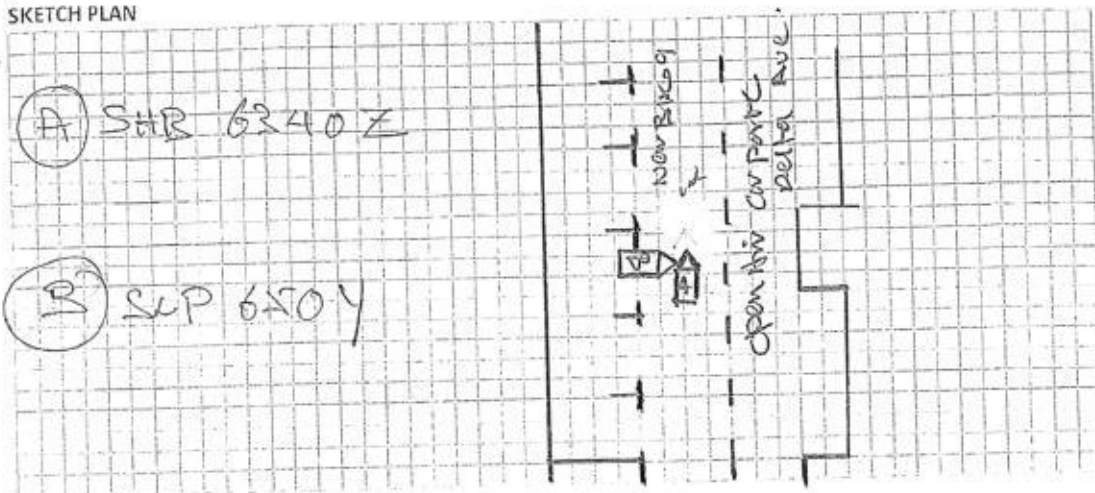
COMFORT TRANSPORTATION PTE LTD
CO REG NO 1900000113

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26 Dec 2017 @ 08:40 AM. I Veh A
 was driving along open air car park at Delta Ave.
 New Bldg S to. Suddenly Veh B from car park
 lot dash out I Veh A try to avoid Veh B I
 Veh A ^{gravel} ~~hit~~ Veh B front bumper.. at the
 point of accident there was no passengers on Veh.
 A.

DECLARATION

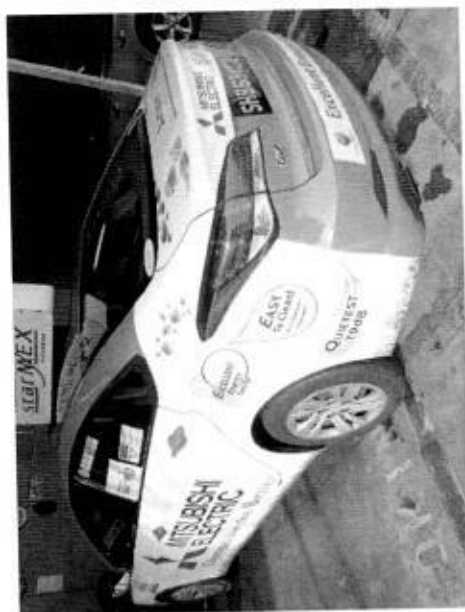
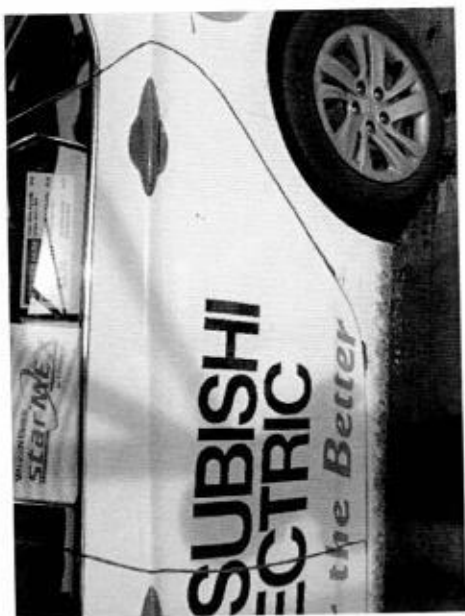
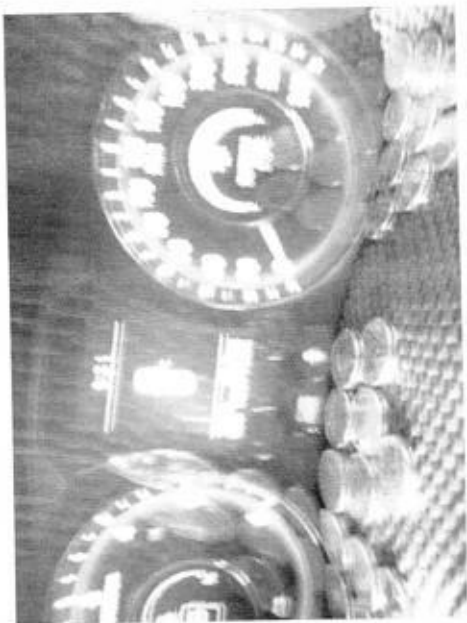
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303821R

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:





COMFORTDELGRO ENGINEERING

Our Job Ref No : 305101271
Date : 30.12.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB6340Z

Date of Accident: 26.12.2017

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

1. The repair job shall bill to: MSIG SLP650Y
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 \$2,800.00
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 No

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 31/12

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6340Z

DATE 27/12/2017 10:45

MAKE :

MODEL : HYUNDAI i40

DCA: 26.12.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Subtotal</i>			\$ 562.30
	Front Bumper Bracket (LH/RH) <i>X 50</i>		\$ 24.60	\$ 49.20
	Headlamp (LH) — <i>one</i>			\$ 1,388.00
	Front Fender (LH) — <i>Part</i>			\$ 619.00
	Front Door (LH) <i>X Repair</i>			\$ 1,403.00
	Front Wheel Hub Cap (LH) — <i>framed</i>			\$ 150.70
	SUB TOTAL			\$ 4,172.20
	LESS 20%			\$ 834.44
	DISCOUNTED TOTAL			\$ 3,337.76
	Front Fender Advertisement Logo (LH) — <i>MC</i>			\$ 100.00 Nett
	Front Door Comfort Logo (LH) — <i>MC</i>			\$ 75.00 Nett
	Front Door Advertisement Logo (LH) — <i>MC</i>			\$ 100.00 Nett
	Front Tyre (LH) <i>X 50</i>			\$ 216.00 Nett
				\$ 491.00
	Labour Charge			
	Panel Beating			\$ 650.00 <i>400</i>
	Spray Painting Charge			\$ 600.00 <i>540</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 100.00 <i>20</i>
	Transfer of Door			\$ 120.00 <i>X 11</i>
	ERT Wheel Alignment			\$ 120.00 <i>60</i>
	TOTAL LABOUR			\$ 1,640.00
	ESTIMATE TOTAL			\$ 5,468.76
<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>				

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before resurveying painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary items must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer

Signature:

Date:

Larry Ng

Kahin (1/1/17)

28/12/17 1050h
2 Days.

L/S

After Repair p/c

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Dec 2017		27 Dec 2017 16:35 Edit Adj Rpt	S\$2,800.00 Edit Estimates	S\$2,800.00 View Rpt		Pending for Survey Report Cancel Case

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

Insured:	HWEE HON FAI(XU HANHUI) , ID: S8326849B		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHB6340Z	Date of Loss:	26/12/2017 08:00 - :59
Claim Type:	TP / 542559	Policy/Cover Note No.:	28986558SMF (Comprehensive) Coverage: 28/06/2017 - 27/06/2018
Vehicle Reg. No. (Insured):	SLP650Y	Policy No. (Claimant):	
		Excess:	S\$3,000.00
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 Elaine Ngu Siau Mei - 6594 2540]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Imm.Advice due 28/12/2017]		
Adj Asg. Remarks:	PLS CONTACT LARRY FOR SURVEY @62148316		

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.									

Claim Documents

***SHB6340Z (542559)**
[SLP650Y]
TP
COMFORT TRANSPORTATION PTE LTD
Dec 26 2017 8:00AM
[HWEE HON FAI(XU HANHUI)]
ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View [View in Browser](#)

Letters/Correspondences				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail		Print
1	27/12/17 14:58	Non Reporting Letter to OI	1	Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail		Print
1	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
10	28/12/17 16:46	General View	1	Load JPG	<input checked="" type="checkbox"/>
11	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
12	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
13	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
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16	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
17	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
18	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
19	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
20	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
21	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
22	28/12/17 16:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
23	29/12/17 17:37	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
24	29/12/17 17:37	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
25	29/12/17 17:37	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
26	29/12/17 17:37	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
27	29/12/17 17:37	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
28	29/12/17 17:37	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail		Print
1	27/12/17 14:56	TPD SHB6340Z GIA REPORT	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div><div></div><div>^</div><div>v</div></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer			
<small>Note: Remarks are private unless you show it to other parties.</small>			

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/MSG17024599/K1TD3E2

Date: 10/01/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 28986558SMF

Claimant Vehicle No : SHB6340Z

Insured Vehicle No : SLP650Y

Date of Loss: 26/12/2017

Nature of Claim: TP

Claim No: 542559

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB6340Z

Make & Model: HYUNDAI I40, 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M) Engine No: D4FDFU564933

Reg. Date: 30/09/2013 (Man. Year: 2013)

Chassis No: KMHLB41UMDU039875

Colour: Blue

Odometer: 523798 km

Engine Capacity: 1685 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	205/60 R16	Rear Tyre Size:	205/60 R16
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	3,828.76	2,451.00	1,377.76	35.98
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,640.00	1,040.00	600.00	36.59
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,468.76	3,491.00	1,977.76	36.16
Approved Total (Overridden) (S\$)		2,800.00		
(S\$)	5,468.76	2,800.00	2,668.76	48.80
+ GST 7.00/7.00% (S\$)	382.81	196.00	186.81	48.80
Nett Amount (S\$)	5,851.57	2,996.00	2,855.57	48.80

INSPECTION

Date of Assignment: 27/12/2017

Date Inspected: 28/12/2017 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:** 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 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 SHB6340Z)

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 COVER	Deformed	562.30 FL	*562.30 FL
2	2		*FRONT BUMPER BRACKET (LH/RH)	Serviceable	49.20 FL	*- FL
3	1		*HEADLAMP (LH)	Cracked	1,388.00 FL	*1,388.00 FL
4	1		*FRONT FENDER (LH)	Dented	619.00 FL	*619.00 FL
5	1		*FRONT DOOR (LH)	Repair	1,403.00 FL	*- FL
6	1		*FRONT WHEEL HUB CAP (LH)	Grazed	150.70 FL	*150.70 FL
7	1		*FRONT FENDER ADVERTISEMENT LOGO (LH)	Necessary	100.00 FS	*100.00 FS
8	1		*FRONT DOOR COMFORT LOGO (LH)	Necessary	75.00 FS	*75.00 FS
9	1		*FRONT DOOR ADVERTISEMENT LOGO (LH)	Necessary	100.00 FS	*100.00 FS
10	1		*FRONT TYRE (LH)	Serviceable	216.00 FS	*- FS

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

Sub Total (\$\$)	4,663.20	2,995.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	834.44	544.00
Total Parts (\$\$)	3,828.76	2,451.00

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
<u>Labour Items</u>				
1	PANEL BEATING	New	650.00	400.00
2	SPRAY PAINTING CHARGE	New	600.00	540.00
3	WIRING CHARGE	New	50.00	20.00
4	TUFF KOTE	New	100.00	20.00
5	TRANSFER OF DOOR	New	120.00	0.00
6	FRT WHEEL ALIGNMENT	New	120.00	60.00
Gross Labour Cost (\$\$)			1,640.00	1,040.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >