

ASS. REC. BY:

REF:

CS / GA217024074 / Klgⁿ²

Special Instruction:

Surveyor:

Kedvin

ASSIGNMENT (Office)

From (Person):

Rachel Tan

of

GA2

Date/Time:

28/12/07 6:40pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 4822T

Insured:

SJE 485P

at Workshop m/s

Comfort Delgro

Tel:

6214 8316

of

59 Luyang Drive

Policy No:

Claim No:

SJE 485P

Sum Insured:

Excess:

Make of Veh:

D.O.A.

22.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

22.12.2017 9:15am

Person Contacted:

Lany

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 4822T - 03/AXA12015974 / Hec3f1

DCA: 150812

SJE 485P - NA / GA217024074 / ZH

DCA: 221217

02/01/18 @ 10:09am revised to Rachel Tan by email.

REF: GAL

ASSIGNMENT

From: _____ Date: 29-12-2017

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐

To inspect Vehicle No: SHA 4822T

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 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:

SHA 4822T

Yr Regn:

30 July 2011

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

Truck / Trailer or

Make:

Hyundai Santa

cc 199

Colour:

Blue

A/C

Ins

Std / NI / NA

Sp. Reading:

747305

T Radio

Ins

Std / NI / NA

Eng/No:

C No:

KMHET41VMDA814862

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Maxxis

Front:

Rear:

R/Bal:

7

mm

R/Bal:

7

mm

L/Bal:

7

mm

L/Bal:

7

mm

D.O.A:

22/2/17

D.O.A:

29/2/17

Survey held at

CPH (Gang)

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

O/S Rear

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

Date / Time Action / Instruction

2/1/18 Confirmed 45\$1100/2hrs (Red 3377.52, 75%)

RECEIVED 03 JAN 2018

Date/Time File Pass to?

03/1/18

☐

: Prel. Report

: Final Report

Date/Time File Return to?

3

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee

Transportation

3-HRS

Photos

Direct

Add Fee:

☐

Site Insp

\$

☐

Interview

\$

☐

Tech. Ins

\$

☐

Web-emp

\$

Report Format:

TP

Lump Sum / 1.5/1/18

1100

250



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/GAI17024674/K1qb

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 29-12-2017



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 485P	Veh. Inspected	SHA 4822T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	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	22/12/2017	Inspection Date	29/12/2017
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.
--

Survey Department Check List (Case Handler)

Reference No.: CR/1702474/K196
 Policy Type: OD (TP) TP RES / TL / EVA

SHA 48227

Case Handler

Typist

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

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Calvin)

): 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:

Case Handler

Date

03/01/18

Catherine Chong (LKK Auto)

From: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Friday, 29 December, 2017 8:53 AM
To: assignments
Subject: FW: SHA4822T VS SJE485P (GAIG) DOA: 22.12.2017 ** 2nd email **
Attachments: img-Z27172718-0001.pdf

Wishes you a Happy New Year 2018

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Tan, Rachel [<mailto:Rachel.Tan@sg.gaig.com>]
Sent: Thursday, 28 December, 2017 6:40 PM
To: SUR <sur@lkkauto.com>
Cc: General Claims <GeneralClaims@sg.gaig.com>; Lim Kwok Eng <limke@cdge.com.sg>; Ng Nyuk Phin <ngnp@cdge.com.sg>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; Roger How Keen Meng <rogerhow@cdge.com.sg>
Subject: RE: SHA4822T VS SJE485P (GAIG) DOA: 22.12.2017 ** 2nd email **

Without Prejudice

Dear LKK

Please accept appointment to conduct pre-repair inspection soonest possible, thank you.
Attached CDGE estimates and request.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Ng Nyuk Phin [<mailto:ngnp@cdge.com.sg>]
Sent: Thursday, December 28, 2017 6:37 PM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Cc: General Claims <GeneralClaims@sg.gaig.com>; Lim Kwok Eng <limke@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>
Subject: SHA4822T VS SJE485P (GAIG) DOA: 22.12.2017 ** 2nd email **
Importance: High

Dear Motor Claims,

We are still waiting for your appointed surveyor.

Kindly arrange to survey the taxi at 59 Loyang Drive, level 4, rooftop carpark as soon as possible.

Regards,
Larry Ng
ComfortDelgro Engineering Pte Ltd
Loyang Taxi Crash Repair
6214 8316

-----Forwarded by Ng Nyuk Phin/cdge/delgronotes on 12/28/2017 06:35PM -----
To: rachel.tan@sg.gaig.com, kelvyna.ngian@sg.gaig.com
From: Ng Nyuk Phin/cdge/delgronotes
Date: 12/27/2017 05:26PM
Cc: generalclaims@sg.gaig.com
Subject: SHA4822T VS SJE485P (GAIG) DOA: 22.12.2017

Dear Motor Claims,

Please see attached repair estimate and SAS.

Kindly arrange to survey the taxi at 59 Loyang Drive, level 4, rooftop carpark as soon as possible.

Regards,
Larry Ng
ComfortDelgro Engineering Pte Ltd
Loyang Taxi Crash Repair
6214 8316

-----Forwarded by Ng Nyuk Phin/cdge/delgronotes on 12/27/2017 05:24PM -----
To: ngnp@cdge.com.sg
From: "ApeosPort-IV C5570 "<sbs-singnalling@sbstransit.com.sg>
Date: 12/27/2017 05:24PM
Subject: Scan Data from CDG_LO_AW_A5570

(See attached file: img-Z27172718-0001.pdf)

Number of Images: 7
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570
Device Location:

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 3 January, 2018 10:09 AM
To: 'Tan, Rachel'
Cc: assignments; SUR
Subject: RE: SHA4822T VS SJE485P (GAIG) DOA: 22.12.2017 ** 2nd email **
Attachments: CSGAI17024674K1qb.pdf

Dear Rachel,

Enclosed herewith preliminary advice of SHA 4822T.

Wishes you a Happy New Year 2018

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Friday, 29 December, 2017 9:26 AM
To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>
Cc: assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: SHA4822T VS SJE485P (GAIG) DOA: 22.12.2017 ** 2nd email **

Dear Rachel,

Thank you for the assignment.

"Wishes you a Happy New Year 2018"

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Tan, Rachel [<mailto:Rachel.Tan@sg.gaig.com>]
Sent: Thursday, 28 December, 2017 6:40 PM
To: SUR <sur@lkkauto.com>
Cc: General Claims <GeneralClaims@sg.gaig.com>; Lim Kwok Eng <limke@cdge.com.sg>; Ng Nyuk Phin <ngnp@cdge.com.sg>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; Roger How Keen Meng <rogerhow@cdge.com.sg>
Subject: RE: SHA4822T VS SJE485P (GAIG) DOA: 22.12.2017 ** 2nd email **

Without Prejudice

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 08:51
Date Of Accident	22/12/2017 18:40
Exact Location Of Accident	MCE(ECP) AFT KEPPEL ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4822T
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	LAW TIO CHUAN
NRIC No	S1651444F
Date Of Birth	19/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/05/1990
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	301C 09-752 PUNGGOL CENTRAL
Postcode	823301
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

Attachment(s)

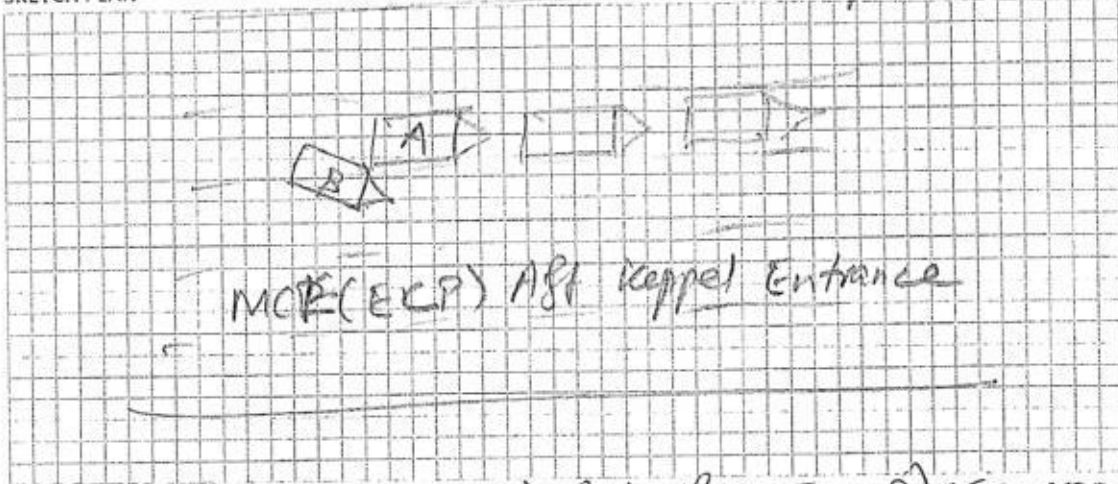
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE485P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GERALD SEOW
NRIC/Passport Number	
Contact Number	97829300
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SHA4822T B) SJE485P
On 22/12/17 at about 1840h while I veh A was slowly moving in the traffic congestion, Veh B Overtake my vehicle and grazed the right rear of my vehicle. Veh B did not stop after the contact and left because of heavy traffic. Later Veh. B contacted CPL and got my number and I called him. He admitted his liabilities verbally and gave me his vehicle numbers.

DECLARATION

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

REPORT TRANSPORTATION PTE LTD

CO REG NO. 199303821R

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.:

SRP/AC 5000-1-PlanForm_V0

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:

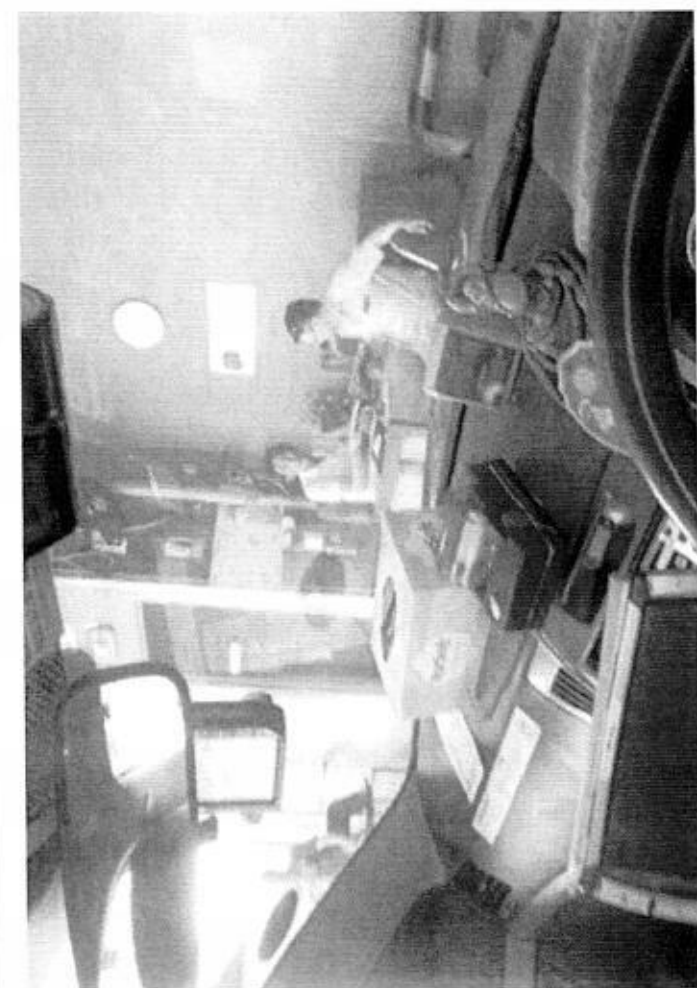
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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. 199303821R

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.:



Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305101648

CUSTOMER VMS CUSTOMER NO ADDRESS L. (R) (P) SCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO. SHA4822T	MILEAGE
		MAKE HYUNDAI	FUEL E.....1/2.....F
		MODEL SONATA	DATE/TIME IN 27.12.2017 09:45
		YR OF MANU. 30.07.2011	TARGET DATE
		CHASSIS CODE KMHET41VMB814862	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.12.2017
NATURE: 3P 22.12.2017

S/NO	LABOR CODE	DESCRIPTION
		GALG - taxi Right Rear damage LKK/

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Acknowledgement Slip

to: _____
to: _____
to: _____

Vehicle No.: SHA4822T LARRY

Larry Ng

Name of Service Advisor _____
Signature/Date _____

Returned to Service Reception upon collection.

Exit Pass

Vehicle No.: SHA4822T

Name of Service Advisor _____
Date _____

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHA 4822T

DATE 27/12/2017 15:30

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X Repair			\$ 578.40
	Rear Bumper Clip — net			\$ 22.00
	Tail Lamp (RH) — net			\$ 344.00
	Rear Fender (RH) X Repair			\$ 1,935.90
	Rear Fender Inner Lining (RH) X net			\$ 74.10
	Rear Windscreen Moulding X net			\$ 60.00

Larry Ng

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305101648

Date : 31.12.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4822T

Date of Accident: 22.12.2017

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

- The repair job shall bill to: GAIG SJE485P
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges

Total for Part-By-Part Repair Cost

 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$1,100.00
- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : [Signature]

Signature : [Signature]

Name : Larry Ng

Name : Kalvin

Tel : 6214 8316

Date : 2/1/18

Fax : 6546 8156

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/GAI17024674/K1qbn2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 05-01-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 485P	Veh. Inspected	SHA 4822T
Policy No.		Coverage (\$)	0.00
Claim No.	SJE485P	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	28/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA814862	Colour	BLUE
Odometer	747305	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	22/12/2017	Inspection Date	29/12/2017
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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LKK Auto Consultants Pte Ltd

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4822T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	578.40	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	TAIL LAMP (RH)	CRACKED	344.00	344.00
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	1,935.90	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	74.10	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-602.88	-73.20
			2,411.52	292.80
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR FENDER COMFORT STICKER (RH)(SN)	NECESSARY	30.00	30.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			326.00	280.00
<u>LABOUR</u>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR FENDER (RH).		850.00	400.00
	SPRAY PAINTING CHARGE.		400.00	360.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			1,740.00	830.00
GRAND TOTAL			4,477.52	1,402.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,100.00

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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