

22/03/2003

ASS. REC. BY:

REF: CS/MSG18000302/K1qd3m2 Special Instructions:

Surveyor:

KALVIN

ASSIGNMENT (Office)

Menimen

From (Person): Christina Wong

of MSIG

Date/Time: 04/01/18 @ 5:07pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH8722E

Insured:

SGW 7697P

at Workshop m/s

Comfort Delgro (L)

Tel:

6214 8300

of

59 Loyang Drive

Policy No:

A27738880QMX

Claim No:

543161

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/12/2017

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time

05/01/2018 @ 8:21am

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SH8722E - NA/INC17021495/24

D.O.A: 8/11/2017

SGW 7697P-X

04/01/18 @ 11:48am revised to Christina Wong via Menimen.

REF: MSIG

## ASSIGNMENT

SH 8722E

7 May 2018

Form

Date: 05/01/2018

Estimated Cost:

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

To inspect Vehicle No SH 8722E

at Workshop No Comfort Delgro

at 59 Loyang Drive

Insured

Policy No.

Claims No.

Sum Insured

Excess

Client's Record

Make of Vehicle

Policy Condition

Remark: The Vah had commenced its repair at the time of inspection.



Sell or Market Value

DAG Accident Report Consistent? Yes or No

GIA PR Seen Consistent? Yes or No

Est. Repairs 2 days Resin Yes or No

Sum Surty 1kg 3 Val Yes or No

CA / REV / REP. / 24 HRS 'wup'

Date: Person Contacted

Vehicle IN / OUT

Ver No

Type M/Carr/M/Cycle Bus/Van/Lorry 0 Prime Mover

Truck / Trailer 0

Make

Hyundai 240

No 1685

Colour

Blue

A/C Insul 0 Std / Nil / NA

So. Facing

445077

T. Radio Insul 0 Std / Nil / NA

Eng No

O No

KMHC84HMF4068818

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt / or

Brake: In order / Jammed / Leaked / Burnt / or

Mod: Nil / S/Rim / STD / Rim / or

Tyre Size

R

205/60 R16

BS / DUN / EXNOVA / GY / RS / LIZA / MID / CHTSU / RIR / SUMI /

TOYO / YOKO / or

H. 160.18

Front

Rear

R/Bal

7

mm

R/Bal

7

mm

L/Bal

7

mm

L/Bal

7

mm

D/OA

29/12/17

D/OA

5/1/18

Survey held at

(OHE 1/16/18)

Des of Damages: Frn / Rear / OS / NS / U/C / Rodtop / or

d/s B.L.

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

Date Time Action Instruction

11/1/18 Continued PIP \$ 680.56 / 2Hrs (Red \$ 460, 40%)

PIP

RECEIVED 12 JAN 2018

Date Time File Record



Prelim. Report

Final Report

Date Time File Record

Days Of Repair: 2

Resurvey No. of Trip: 1

Extra Fee

Registration

Sales Tax

Stamp

Other

Total

Add Fee:



S/S Fee

Inter. Fee

Tech. Fee

Clean. Fee

300

10

210

Report Format

Lump Sum / Bill of

MER-9P

680.56

# Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Niritha): 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 (Kelvin): 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

✓		
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Check By:

Case Handler

Date

\*C: Critical \*N: Non-Critical

21/05/2014

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj. Assigned	Adj. Rpt.	Adj. Submitted	Ins. Auth'd	Status
Main	28 Dec 2017		04 Jan 2018 17:07 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	OMAR BIN KHATIB, ID: S0014621H, Tel: +6593678597, Email: NOEMAIL		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SH8722E	Date of Loss:	27/12/2017 16:00 - :59
Claim Type:	TP / 543161	Policy/Cover Note No.:	A27738880QMX (Comprehensive) Coverage: 30/07/2017 - 29/07/2018
Vehicle Reg. No. (Insured):	SGW7697P	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 05/01/2018]		
Driver/Custodian (Insured):	OMAR BIN KHATIB (65 / Male), NRIC: S0014621H, Tel: +6593678597		

### 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?
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No results.

Note: This document has not been finalised.

**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: 09 Jan 2018

**Preliminary Advice**

Insured Vehicle No : SGW7697P  
TP Vehicle No : SH8722E  
Make : HYUNDAI I40  
Date of Inspection : 05/01/2018  
Inspection At : COMFORTDELGRO

Accident Date : 27/12/2017  
Assignment Date : 04/01/2018  
Est. Duration of Repair : 2

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages o/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,140.56
Revised Amount	:S\$	680.56
Check Items (Estimated)	:S\$	0.00
Total	:S\$	680.56
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	28/12/2017 09:15
Date Of Accident	27/12/2017 15:40
Exact Location Of Accident	TAMPINES AVE 12 B4 JUNCTION OF TAMPINES AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8722E
<b>Insured/Policyholder</b>	
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	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	KHOO TIAM HOK
NRIC No	S1372332Z
Date Of Birth	02/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1981
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 359 TAMPINES STREET 34 #05-451
Postcode	520359
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
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: : FEMALE

#### 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	SGW7697P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	93678597
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT

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 199303821R

Policyholder's Signature  
Date & Time:

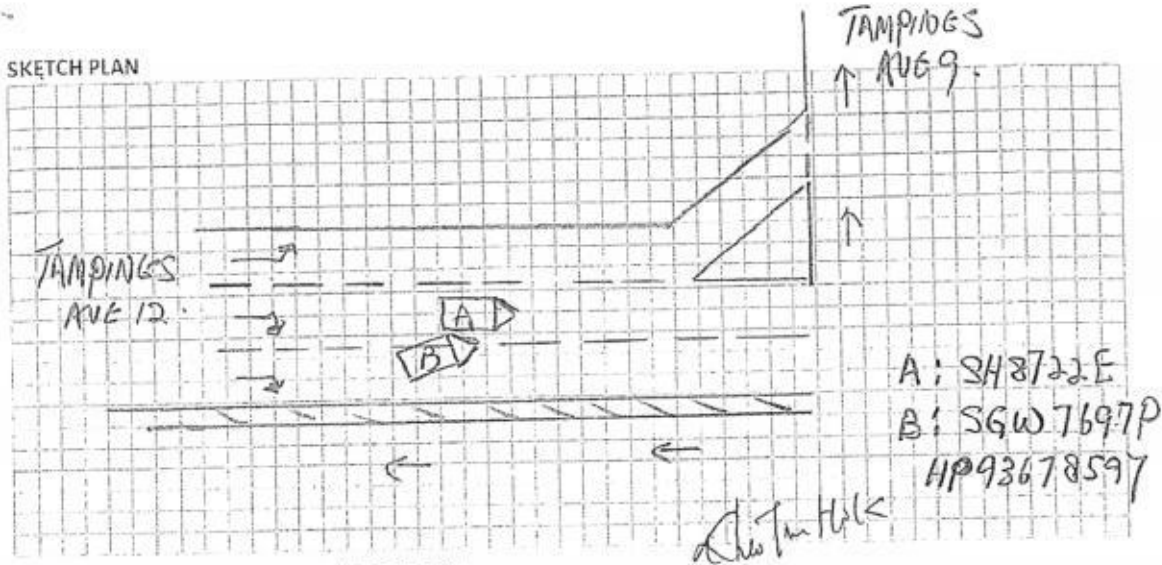
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

AS PART OF THE SERVICE



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

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)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Describe Circumstances of the Incident**

On 27 Dec 2017 at about 15:40 hrs I was driving straight on the left lane along Tampines Ave

12 heading towards the direction of Tampines Ave 9 henceforth to Tampines Ave 7.

As I approached the traffic junction of Tampines Ave 9 I reduced my taxi speed at the same  
switched on my right hand signal lights.

Suddenly a Hyundai car SGW7697P coming from my right cut into my lane and caused this  
accident to happen.

In the process the left hand side front of the car hit and grazed the right hand side rear  
including the right hand side rear wheel of my taxi thus damaging them.

01 lady passenger on board my taxi. No injury at the point of the accident.

Enclosed is a video footage and scene photos to support my claims.

**Declaration**

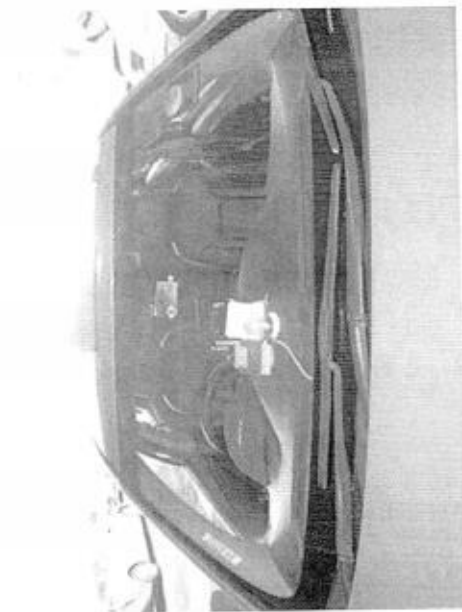
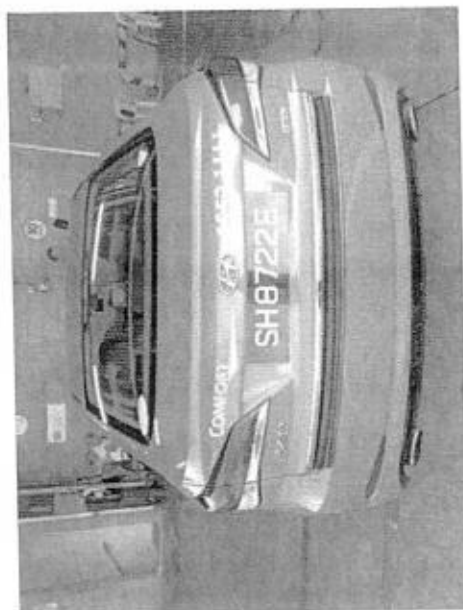
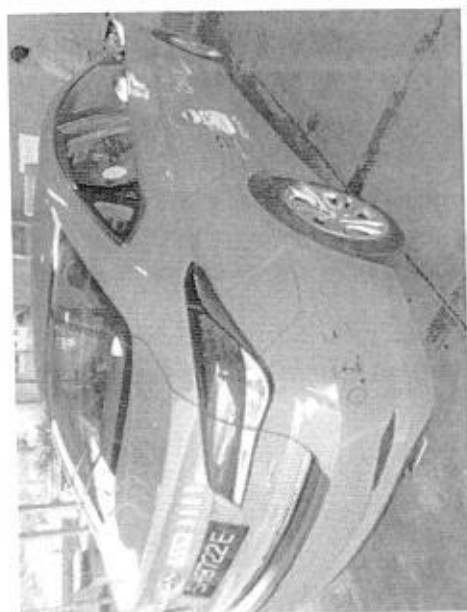
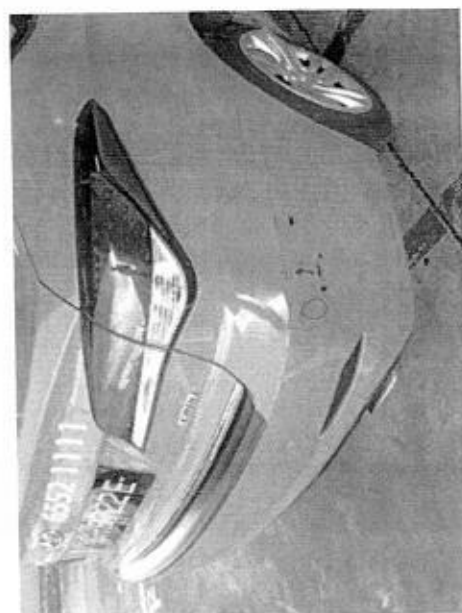
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel



JC NO.305103060

MILEAGE

FUEL

E.....1/2.....F

DATE/TIME IN  
01.2018 11:30

TARGET DATE
-------------

COMPLETION DATE/TIME:

### JOB DESCRIPTION

NATURE: 3P 27.12.2017

MSH - taxi Right Rear

CHECKED &amp; PASSED OUT BY:

## SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

to: SH 8722E LARRY

Vehicle No.: SH 8722E

### Role of Service Advisor

Signature/Date

Name of Service Advisor

Date \_\_\_\_\_

a returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 8722E

MAKE :

MODEL : HYUNDAI i40

DATE 3/1/2018 11:19

POA: 27.12.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Wheel Hup-Cap (RH) <i>hatched</i>			\$ 150.70
	<i>rear bumper x repair</i> SUB TOTAL			\$ 150.70
	<i>rear fender (RH) x repair</i> LESS 20%			\$ 30.14
	DISCOUNTED TOTAL			\$ 120.56
	Rear Bumper Rubber Mat <i>X 3 su</i>			\$ 50.00
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>X 17</i>
	Tuff Kote			\$ 50.00 <i>X 11</i>
	Rear Wheel Alignment			\$ 120.00 <i>X 11</i>
	TOTAL LABOUR			\$ 970.00
	ESTIMATE TOTAL			\$ 1,140.56

*Kalvin 16/1/18*  
*5/1/18 1030h*  
*2071*  
*P/P*  
*After Repair photo*

Larry Ng

LKK Auto Consultants hence notify the Repairer of the

- To resolve the
- To display
- Parts prices
- Third party
- No illegal
- Supplemental

Acknowledged by repairer

Signature:

Date:

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.

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 11.01.2018

Time: 16:03:11

Page: 1

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

JOB NO : 305103060  
REGN NO : SH 8722E  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 07.05.2015  
DATE/TIME IN : 02.01.2018 11:30  
ACCIDENT DATE : 27.12.2017

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 150.70 20.00 120.56

SUB-TOTAL : 120.56

## JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 360.00

SUB-TOTAL : 560.00

TOTAL : 680.56

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No . 305103060

Date : 11/01/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 8722E

Date of Accident: 27.12.2017

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

1. The repair job shall bill to: MSIG SGW7697P
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$120.56
  - (b) Labour Charges \$560.00
  - Total for Part-By-Part Repair Cost** \$680.56
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
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 : Larry Ng  
Name : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature : Kalvin  
Name : Kalvin  
Date : 11/1/18

### 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/MSG18000302/K1QD3N2

Date: 15/01/2018

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A27738880QMX
Claimant Vehicle No :	SH8722E	Insured Vehicle No :	SGW7697P
Date of Loss:	27/12/2017	Nature of Claim:	TP
		Claim No:	543161

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SH8722E	Engine No:	D4FDEU500085
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMFU068818
Reg. Date:	07/05/2015 (Man. Year: 2015)	Odometer:	445037 km
Colour:	Blue		
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:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	170.56	120.56	50.00	29.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	970.00	560.00	410.00	42.27
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>1,140.56</b>	<b>680.56</b>	<b>460.00</b>	<b>40.33</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>79.84</b>	<b>47.64</b>	<b>32.20</b>	<b>40.33</b>
<b>Nett Amount (S\$)</b>	<b>1,220.40</b>	<b>728.20</b>	<b>492.20</b>	<b>40.33</b>

## INSPECTION

Date of Assignment:	04/01/2018	
Date Inspected:	05/01/2018 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: SHIAU CHAN

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: 15 Jan 2018)  
 Parts: 143      HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)  
 Labour: Repairer's      (Price-denominated Standard List)  
 Print Code: (Unsubmitted, no print-code for SH8722E)  
 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 WHEEL HUP-CAP (RH)	Grazed	150.70 FL	*150.70 FL
2	1		*REAR BUMPER (NPA)	Repair	0.00 FL	*- FL
3	1		*REAR FENDER (RH) (NPA)	Repair	0.00 FL	*- FL
4	1		*REAR BUMPER RUBBER MAT	Serviceable	50.00 FS	*- FS
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (\$\$)					200.70	150.70
- List Item Discount on L Items 20.00/20.00% (\$\$)					30.14	30.14
Total Parts (\$\$)					170.56	120.56

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
<b>Labour Items</b>				
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING CHARGE	New	400.00	360.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	50.00	-
5	REAR WHEEL ALIGNMENT	New	120.00	-
<b>Gross Labour Cost (S\$)</b>			<b>970.00</b>	<b>560.00</b>

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;