

REPORT

ASS. REQ. BY:

REF: CS/AGI18000705/Klqd3n2

Special Instruction

SUBMIT

Kalvin

ASSIGNMENT (Office)

From (Person):

Julie Mangubett

AGI

Date/Time:

11/01/2018 @ 3:21pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 663B

Insured:

SLG 9607L

at Workshop no/s

Comfort Delgro (L)

Tel:

6214 8316

of

59 Loyang Drive 508969

Policy No:

Claim No:

C10001262

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

10/01/2018

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement

Date/Time:

3:27pm @ 11/01/18

Person Contacted:

Lamy

Vehicle

OUT

Date/Time	Action/Instruction	Remarks
	SHC 663B - CS/FCI16007887 / DVbc2	D.O.A : 22/01/2016
	SLG 9607L - CS/EGT17015348 / R1rb	D.O.A : 03/08/2017

Kalin

REF

## ASSIGNMENT

SHC 663B

28 Feb 2011

Estimated Cost:

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

To inspect Vehicle No:

At Workshop no:

Ref:

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

Client's Record:

Make of Vehicle:

Policy Condition:

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



Bal. or Market Value:

IDAO Accident Report Consistent? Yes or No:

GIA / PR Seen Consistent? Yes or No:

Est. Repairs 7 days Res. Yes or No:

Lump Sum \$30000 G Val. Yes or No:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle IN / OUT

Date / Time Action / Instruction

17/1/18 Confirmed up \$950 / 2 days. (Red to 2705.38, 74%)

Auto & General  
4s

Type: M Car / M Cycle / Bus / Van / Lorry / 0 Prime Mover

Truck / Trailer:

Make:

Hyundai Santa Fe 1991

Colour:

Yellow Insured / Std / Nil / NA

SR Reading:

277572 - Panel Insured / Std / Nil / NA

Eng No:

C No:

KM HETXIVMB A807142

Gen. Cond: Good / Fair / Poor / Burnt:

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A Rim or

Tyre Size:

F 215/60 R16

R

BS / DUN / EXNOVA / GY / FS / LIZA / MID / HTSU / PIR / SUMI /

TOYO / YOKO or

Westlake

Front:

Rear:

R Bal:

7

mm

R Bal:

7

mm

L Bal:

7

mm

L Bal:

7

mm

D O A:

10/1/18

D O A:

11/1/18

Survey held at:

Cohes (Loyus)

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

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

RECEIVED 17 JAN 2018

One Time Fee File No:



Prel. Report



Final Report

Date Time File Returned:

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Inspection:

Add Fee:



Site Insp:

\$



Interview:

\$



Tech Insp:

\$



Vehicle:

\$

Report Format:

7p

Lump Sum / 1.5 / 3

950

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				
AUTO & GENERAL INSURANCE (S) PL			Ref : CS/AGI18000705/K1qd3	
(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924			Date : 11-01-2018  Code : AGI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLG 9607L	Veh. Inspected	SHC 663B	
Policy No.		Coverage (\$)	0.00	
Claim No.	C10001262	Excess (\$)	0.00	
Assign From	JULIE MANGUBAT	Assign Date	11/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	10/01/2018	Inspection Date	11/01/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
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.: C9/AG118000705/Kld3  
 Policy Type: OD / TP / RES / TL / EVA

SHC 6633

Case Handler

Typist

Admin ( Nivitha ): 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

✓		
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## (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: Calvin

Case Handler

Date

17/1/18

## Nivitha (LKK Auto)

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**From:** Julie Mangubat <julie.m@budgetdirect.com.sg>  
**Sent:** Thursday, 11 January 2018 3:21 PM  
**To:** assignments@lkkauto.com  
**Cc:** sur@lkkauto.com  
**Subject:** Appoint LKK to conduct TP survey | Our ref: C10001262  
**Attachments:** Estimates and GIA report.pdf

Hi Team,

Please accept assignment and liaise with TP workshop.

Thank you.

**Julie Mangubat**  
Executive, Claims

T +65 6540 2181  
F +65 6725 0853  
E [julie.m@budgetdirect.com.sg](mailto:julie.m@budgetdirect.com.sg)

**Budget  
Direct**  
insurance

**Customer Care:** +65 6221 2111  
**Claims:** +65 6221 2199  
**Claims (Int.):** +65 6540 2199

190 Clemenceau Avenue  
#03-01, Singapore Shopping Centre  
Singapore 239924  
[budgetdirect.com.sg](http://budgetdirect.com.sg)

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

## 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	10/01/2018 16:39
Date Of Accident	10/01/2018 13:45
Exact Location Of Accident	AYE TWDS JURONG SLIP RD TO NORMANTON PARK.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC663B
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
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
<b>Insurance Company</b>	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH CHEW MENG
NRIC No	S1780797H
Date Of Birth	06/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	WQM.93743959@GMAIL.COM

Address	BLK 6 LORONG LEW LIAN #08-128
Postcode	531006
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	RAINING
Road Surface	WET

#### 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?	YES
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)	3

#### 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	SLG9607L
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH KHEE NGIAK
NRIC/Passport Number	S1297337C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	GOH CHEW MENG
Approximate Age	
Injuries Sustain	NECK AND HEAD
Injured person in which vehicle?	SHC663B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 6 LORONG LEW LIAN #08-128
Postcode	531006



## Sketch Plan Pg. 1

### 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)**

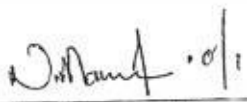
I understand, acknowledge, agree and consent that:

- (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

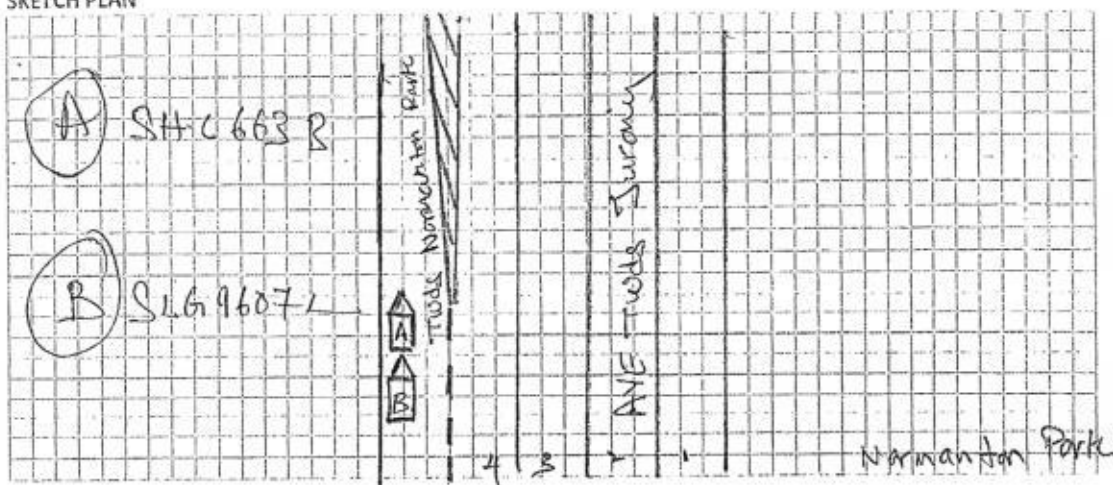
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 10 Jan 2018 @ 13.45 hrs I VEH A  
 was driving along Ave twee Surang. I veh A  
 turn left towards Normanton Park. Vehicle in front  
 slow down. I veh A also slow down suddenly  
 Veh R from Rear hit veh A Rear. at the point  
 of accident I veh A carry 2 male passengers  
 they were ok went I veh-A CHK with  
 them.

## DECLARATION

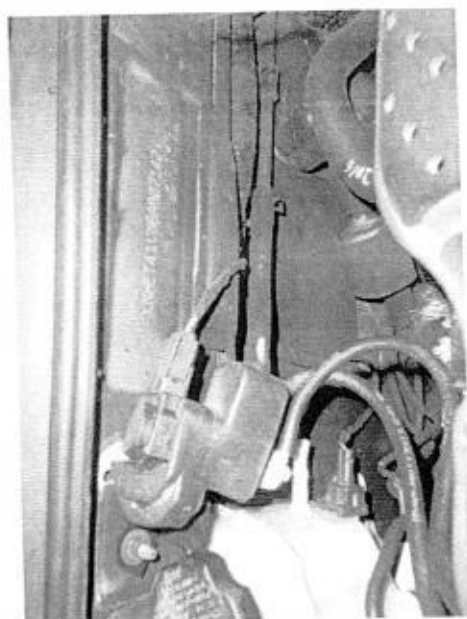
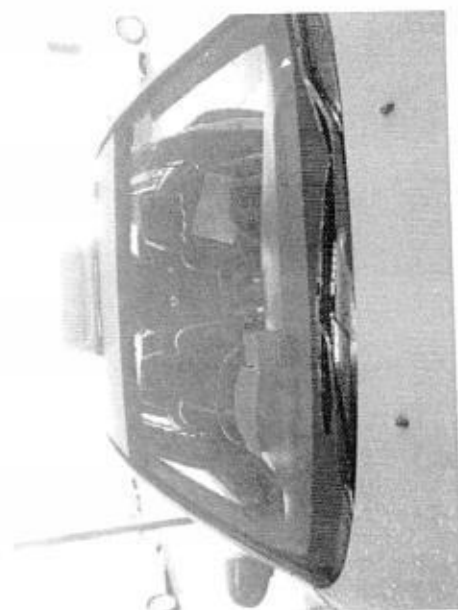
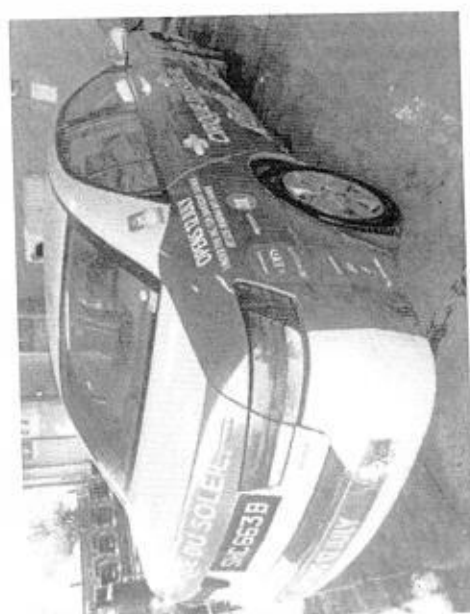
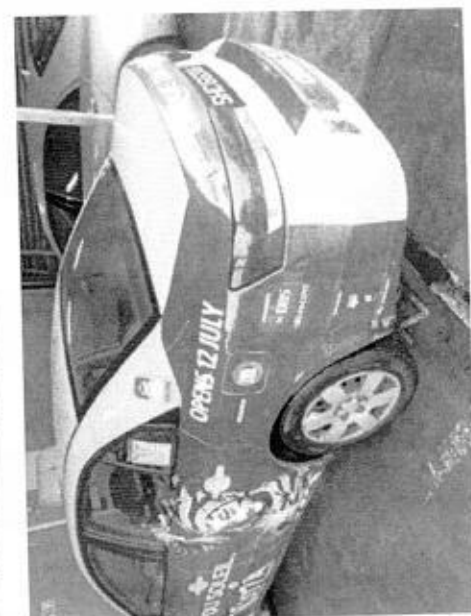
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
 CO. REG. NO. 199502839G

Policyholder's Signature  
 Date & Time:

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

D. Manif 10/1  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No:



Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.305105836

STOMER	REGN NO: SHC 663B	MILEAGE
CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
VMS 7010070	MODEL: SONATA	E.....1/2.....F
STOMER NO. 383 SIN MING DRIVE	10.01.2018 15:35	DATE/TIME IN
DRESS Singapore SINGAPORE 575717	YR OF MANU 28.02.2011	TARGET DATE
65551188 (R) (P)	CHASSIS CODE RMHET41VMBA807142	COMPLETION DATE/TIME:
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 10.01.2018  
NATURE: 3P 10.01.2018

S/NO	LABOR CODE	DESCRIPTION
	AMT0 + GENERAL	- taxi Rear damage

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip

Vehicle No.: SHC 663B

Larry Ng

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 663B

Name of Service Advisor

Date

To be kept by Security Guard

**CITY CAB PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO : SHC 663B

MAKE :

MODEL : HYUNDAI SONATA

DATE 11/1/2018 10:50

DoA: 10.01.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Sonata Plate X "			\$ 43.60	
	Boot Lid Hyundai Plate X "			\$ 24.20	
	Boot Lid 'H' Emblem X "			\$ 26.10	
	Boot Lid CRDI Plate X "			\$ 22.70	
	Rear Bumper — <i>Rebrand</i>			\$ 578.40	
	Rear Bumper Reinforcement <i>X</i>			\$ 483.30	
	Rear Bumper Clip — <i>me</i>			\$ 22.00	
	Rear Bumper Sponge <i>X</i>			\$ 137.40	
	Rear Bumper Under Cover <i>X</i>			\$ 185.80	
	Rear Bumper Protector (LH/RH) X <i>me</i>		\$ 38.00	\$ 76.00	
	Rear Panel X <i>me</i>			\$ 391.80	
	Rear Panel Garnish X <i>me</i>			\$ 95.80	
	<b>SUB TOTAL</b>			<b>\$ 2,087.10</b>	
	<b>LESS 20%</b>			<b>\$ 417.42</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,669.68</b>	
	Boot Lid CityCab Logo & Tel No. Sticker X "			\$ 30.00	Nett
	Boot Lid Advertisement Logo X "			\$ 100.00	Nett
	Rear Bumper Reverse Sensor X <i>ad fitted</i>			\$ 135.70	Nett
	Rear Bumper Advertisement Logo — <i>me</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat — <i>me</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) — <i>me</i>		\$ 100.00	\$ 200.00	Nett
				<b>\$ 565.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>650.00</del>	<i>200</i>
	Spray Painting Charge			\$ <del>600.00</del>	<i>180</i>
	Wiring Charge			\$ <del>50.00</del>	<i>X "</i>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del>	<i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,420.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,655.38</b>	
<p>KK Auto notify</p> <p>The Repairer</p> <p>To resolve the claim, the following</p> <p>To establish the extent of the damage</p> <p>Part prices are subject to change</p> <p>Third party survey and a "without prejudice" basis</p> <p>No claim 100% supported (not used)</p> <p>Supplier's claim can be made for the provision</p> <p>Subject to the approval of the insurance company</p> <p>Approved by Repairer</p>					
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>					

Larry Ng

1/11/18 1535 hrs

2 Days

4/5

After Rep photo

**CITY CAB PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO : SHC 663B

DATE 11/1/2018 10:50

MAKE :

Port: 10.01.18

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Sonata Plate ✕			\$ 43.60	mm
	Boot Lid Hyundai Plate ✕			\$ 24.20	mm
	Boot Lid 'H' Emblem ✕			\$ 26.10	mm
	Boot Lid CRDI Plate ✕			\$ 22.70	mm
	Rear Bumper ✓			\$ 578.40	DE
	Rear Bumper Reinforcement ?			\$ 483.30	SVC
	Rear Bumper Clip ✓			\$ 22.00	DEC
	Rear Bumper Sponge ?			\$ 137.40	SVC
	Rear Bumper Under Cover ✕			\$ 185.80	SVC
	Rear Bumper Protector (LH/RH) ✕		\$ 38.00	\$ 76.00	SVC
	Rear Panel ✕			\$ 391.80	SVC
	Rear Panel Garnish ✕			\$ 95.80	SVC
	<b>SUB TOTAL</b>			<b>\$ 2,087.10</b>	
	<b>LESS 20%</b>			<b>\$ 417.42</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,669.68</b>	
	Boot Lid CityCab Logo & Tel No. Sticker ✕			\$ 30.00	Nett mm
	Boot Lid Advertisement Logo ✕			\$ 100.00	Nett mm
	Rear Bumper Reverse Sensor ✕			\$ 135.70	Nett NF
	Rear Bumper Advertisement Logo ✓			\$ 50.00	Nett DEC
	Rear Bumper Rubber Mat ✓			\$ 50.00	Nett DEC
	Rear Fender Advertisement Logo (LH/RH) ✓		\$ 100.00	\$ 200.00	Nett DEC
				<b>\$ 565.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>650.00</del> 200	
	Spray Painting Charge			\$ <del>600.00</del> 180	
	Wiring Charge			\$ <del>50.00</del> 20	
	Remove/Refix Reverse Sensor			\$ <del>120.00</del>	
	<b>TOTAL LABOUR</b>			<b>\$ 1,420.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,655.38</b>	
<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 hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- Supplementary survey must be carried out and is subject to final approval from LKK Auto Consultants Company

Acknowledged & repaired  
 Signature  
 Date

Larry Ng

1/11/18 1535 hrs  
 2 Days  
 4/5 After Repair photo



# COMFORTDELGRO ENGINEERING

Our Job Ref No . 305105836

Date : 17.01.2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

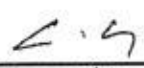
Vehicle Reg No. : SHC 663B


Date of Accident: 10/01/18

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

1. The repair job shall bill to: AUTO & GENERAL INS SLG9607L
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** \$950.00
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 Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : Calvin  
Date : 17/1/18

## 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

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				
AUTO & GENERAL INSURANCE (S) PL			Ref : CS/AGI18000705/K1qd3n2	
(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924			Date : 18-01-2018	
			Code : AGI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLG 9607L	Veh. Inspected	SHC 663B	
Policy No.		Coverage (\$)	0.00	
Claim No.	C10001262	Excess (\$)	0.00	
Assign From	JULIE MANGUBAT	Assign Date	11/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMBA807142	Colour	YELLOW	
Odometer	277572	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	10/01/2018	Inspection Date	11/01/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		





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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 663B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID SONATA PLATE	NOT NECESSARY	43.60	-
1	BOOT LID HYUNDAI PLATE	NOT NECESSARY	24.20	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	26.10	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	22.70	-
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	SERVICEABLE	76.00	-
1	REAR PANEL	SERVICEABLE	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-417.42	-120.08
			1,669.68	480.32
<b><u>SPECIAL NETT ITEMS</u></b>				
1	BOOT LID CITYCAB LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	BOOT LID ADVERTISEMENT LOGO (SN)	NOT NECESSARY	100.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	NOT FITTED	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			565.70	300.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		650.00	200.00
	SPRAY PAINTING CHARGE.		600.00	180.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	20.00
			1,420.00	400.00
<b>GRAND TOTAL</b>			<b>3,655.38</b>	<b>1,180.32</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>950.00</b>

Report Ref No. CS/AGI18000705/K1qd3n2



Report Ref No. CS/AGI18000705/K1qd3n2

A handwritten signature in black ink, appearing to be 'KALVIN ANG WEI KUN'.

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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