

ASSIGNMENT

ASS. REQ. BY

REF: CS/GAI18000730/K1+d3n2

Kalvin

ASSIGNMENT (Office)

From/Person:

Rachel Tan

GAI

Date/Time 12/01/18 @ 9.45am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 8490R

Refused:

GY 4401K

at Workshop no:

Comfort Delgro

Tel:

62148314

of:

59 Loyang Drive

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10/01/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wpi

MOB. Statement:

Date/Time:

9.54am @ 12/1/18

Person Contacted:

Chiang Hiat

Vehicle IN/OUT

Date/Time

Action/Instruction

☒

Estimate

SHA 8490R-X

GY 4401K-CS/GAI18000638/K1qd3

D.O.A. = 09/01/2018

Kalin

REF:

ASSIGNMENT

SHA 8490R

18 Jan 2012

Estimated Cost:

Type: M/Car / M/Cycle / Bus / Van / Motor / 0 / Frame/Mover

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

Truck / Trailer /

To inspect Vehicle No:

Make:

Hyundai Z4

1685

By Workshop File:

Colour:

Yellow

Ins. 0 / Std / Nil / NA

By:

Sp. Reading:

188255

- Radio Ins. 0 / Std / Nil / NA

Insured:

Eng. No:

Policy No:

C No:

KMHCB4UMH409 823X

Claims No:

Gen. Cond. Good / F / Poor / Burnt

Sum Insured:

Excess:

Steering In order / Jammed / Leaked / Burnt /

(Client's Record)

Brake In order / Jammed / Leaked / Burnt /

Make of Ven:

Mod. Nil / S/Rim / STD / Rim /

Policy Condition:

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



Bal. or Market Value:

Tire Size:

205/60R16

IDAC Accident Report:

Consistent? Yes or No

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

TOYO / YOKO /

Hankook

QIA / PR Seen:

Consistent? Yes or No

Front:

Rear:

Est. Repairs:

days:

Res:

Yes or No

R Bal:

7

mm

R Bal:

7

mm

Lump Sum:

R:

3 Val:

Yes or No

L Bal:

7

mm

L Bal:

7

mm

CA / REV / REP. / 24 HRS

D.O.A. 10/1/8

D.O.A. 12/1/8

Survey held at:

CARE / (4-7)

Date:

Person Contacted:

Vehicle IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop /

o/s Ken.

(The UIC / Chassis/frame / Body Structure) affected due to collision

Date Time Action Instruction

17/1/18 Continued PIP \$930.56 / 3 Days (Red: 3322.08: 78%) GAZ PIP

RECEIVED 18 JAN 2018

Over Time Fee Rate:

18h Typist



Prelt. Report



Final Report

Date Time Fee Return:

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Comp. Fee:

By:

Add Fee:



Site Insp:

\$



Interview:

\$



Technical:

\$



Diagram:

\$

Report Format:

TP

Lump Sum / I:

0

930.56

250

Nivitha (LKK Auto)

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Friday, 12 January 2018 9:45 AM
To: assignments
Subject: FW: SHA8490R VS GY4401K THIRD PARTY CLAIM
Attachments: img-111132217-0001.pdf

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@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: Friday, 12 January 2018 9:23 AM
To: SUR <sur@lkkauto.com>
Cc: chianglc@cde.com.sg
Subject: RE: SHA8490R VS GY4401K THIRD PARTY CLAIM

Without Prejudice

Dear Chiang

Noted on your request attached, LKK will conduct survey.

Dear LKK

Please accept assignment to conduct Pre repair inspection on a without prejudice basis, thank you.

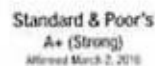
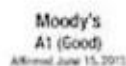
Regards,

Rachel Tan, Executive | P. +65 6804 7846 | Rachel.tan@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190

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For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Ng, Sharon
Sent: Thursday, January 11, 2018 10:48 PM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Subject: FW: SHA8490R VS GY4401K THIRD PARTY CLAIM

Hi Rachel, FYNA

From: Chiang Liat Choon [mailto:chianglc@cdge.com.sg]
Sent: Thursday, January 11, 2018 1:28 PM
To: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Cc: General Claims <GeneralClaims@sg.gaig.com>
Subject: Fw: SHA8490R VS GY4401K THIRD PARTY CLAIM

Dear Sharon,

Attached herewith repair estimate.

Best Regards
Chiang Liat Choon
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd
Off: 62148314 Fax: 65468156
----- Forwarded by Chiang Liat Choon/cdge/delgnotes on 11/01/2018 01:23 PM -----

From: "ApeosPort-IV C5570" <sbs-singnalling@sbstransit.com.sg>
To: chianglc@cdge.com.sg
Date: 11/01/2018 01:19 PM
Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 10
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570
Device Location:

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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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/GAI18000730/K1td3	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 12-01-2018	
		Code : GAI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GY 4401K	Veh. Inspected	SHA 8490R
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	12/01/2018
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	10/01/2018	Inspection Date	12/01/2018
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.			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	11/01/2018 09:11
Date Of Accident	10/01/2018 19:30
Exact Location Of Accident	WOODLANDS RD X SUNGEI KADUT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8490R
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	SIM CHEE PENG
NRIC No	S1489407A
Date Of Birth	19/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1984
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	SIMTHMS@YAHOO.COM.SG

Address	BLK 749 YISHUN STREET 72 #12-118
Postcode	760749
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

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	GY4401K
Vehicle Make/Model/Colour	NISSAN LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG ENG PENG
NRIC/Passport Number	S1018656J
Contact Number	90614709
Address	

Postcode

Insurance Company Name

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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.
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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. 199502839C

Policyholder's Signature
Date & Time:

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

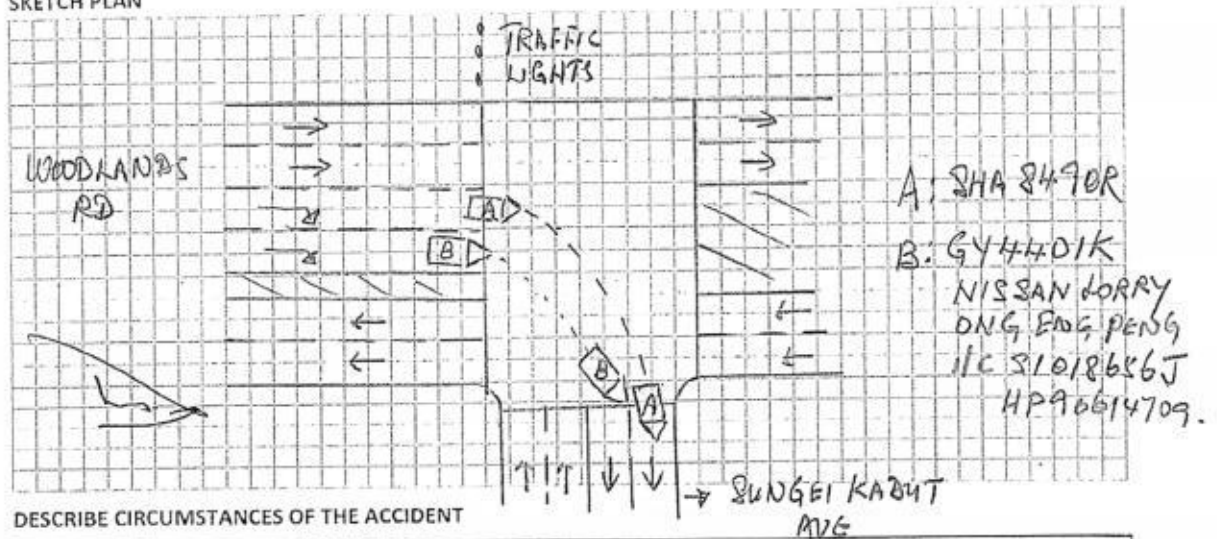
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IAAC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

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

GAIRAC SketchPlanForm_V3

Describe Circumstances of the Accident

On 10 Jan 2018 at about 19:30 hrs I stopped my taxi on the second lane from the right at the traffic junction of Woodlands Rd and Sungei Kadut Ave with my right hand signal lights switched on waiting for the green arrow filter lights to appear.

Shortly after the the green arrow filter lights appeared hence I slowly proceeded to move forward and make a right turn towards the left lane along Sungei Kadut Ave(see video footage) and maintaining my taxi within my lane.

As my taxi was about to enter into the left lane along Sundei kadut Ave suddenly a Nissan lorry GY4401K coming from my right rear while in the midst of negotiating the right turn, the said lorry encroached into my lane and caused this accident to happen.

In the process the left hand side front of the lorry hit and grazed the right hand side rear including the right hand side rear wheel/tire of my taxi.

After the accident the driver of the lorry Mr Ong Eng Peng apologized to me and admitted he is at fault for causing this accident. He offered to compensate me. I told him that he has to pay me my rentals and loss of income as well. After hearing this he told me to file a claim against his insurer.

02 male passengers on board my taxi. No injury at the point of the accident.

Enclosed is a video footage to support my claims.

Declaration

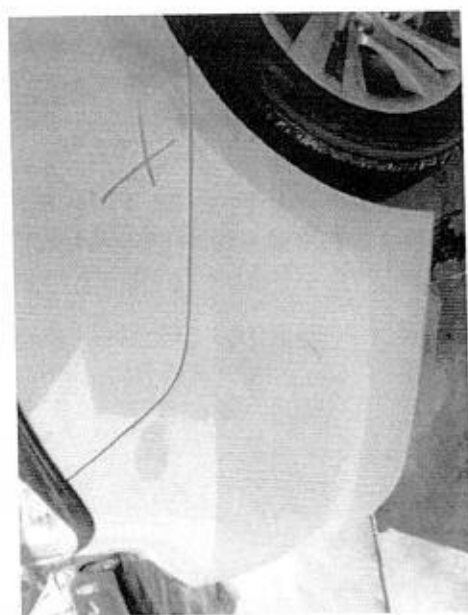
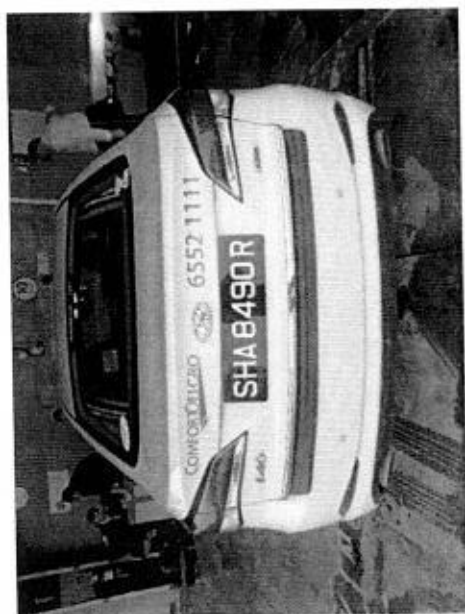
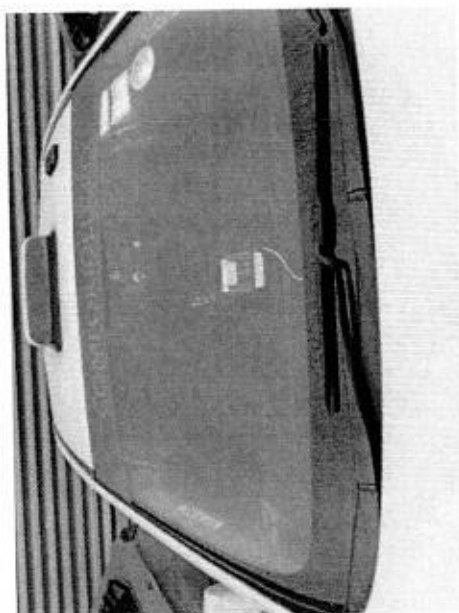
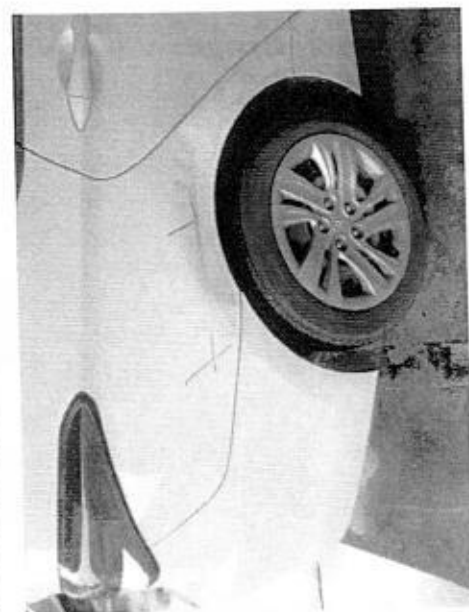
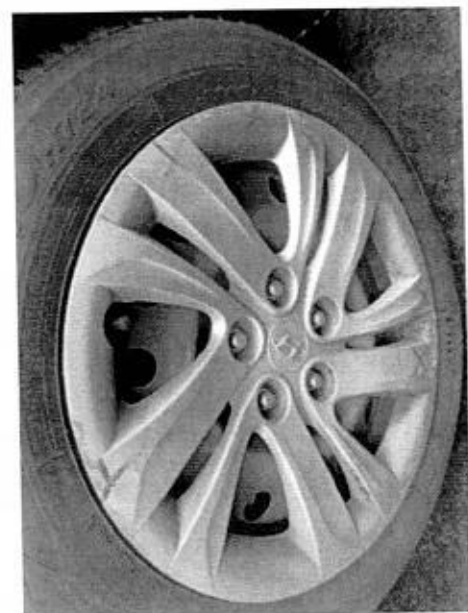
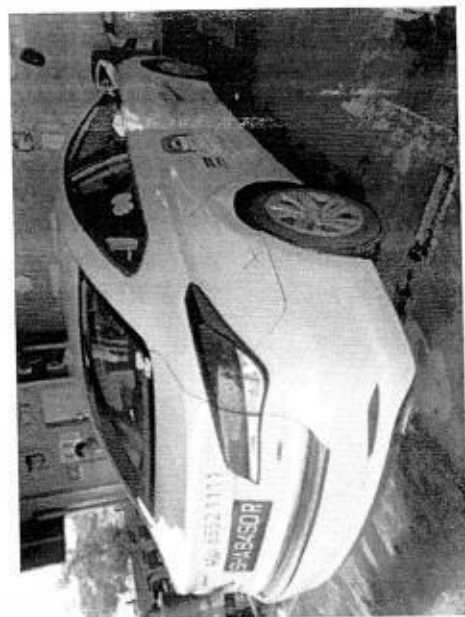
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel



Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC No.305105991

CUSTOMER
CITYCAB PTE LTD
7010070
CUSTOMER NO
383 SIN MING DRIVE
Singapore SINGAPORE 575717
ADDRESS
65551188
L (R) (O)
(P)
SCOUT CARD NO.

REGN NO: SHA8490R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 11.01.2018 07:40
YR OF MANU 18.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098334	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 10.01.2018
NATURE: 3P 10.01.2018

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHA8490R
Service Advisor: CHIANG @

Exit Pass

Vehicle No.: SHA8490R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 8490R

DATE 11/1/2018 10:44

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 603.60
	Rear Bumper Clips <i>X "</i>			\$ 22.00
	Rear Fender (RH) <i>X repair</i>			\$ 2,020.10
	Rear Fender Inner Lining (RH) <i>X sec</i>			\$ 164.40
	Rear Windscreen Moulding <i>X "</i>			\$ 60.00
	Rear Wheel Hub Cap (RH) <i>— hatched</i>			\$ 150.70
	SUB TOTAL			\$ 3,020.80
	LESS 20%			\$ 604.16
	DISCOUNTED TOTAL			\$ 2,416.64
	Rear Bumper Rubber Mat <i>X "</i>			\$ 50.00 Nett
	Rear Windscreen Sealant <i>X "</i>			\$ 46.00 Nett
				\$ 96.00
	Labour Charge			<i>400</i>
	Panel Beating			\$ 850.00 <i>360</i>
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 50.00 <i>X "</i>
	Tuff Kote			\$ 50.00 <i>X "</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>X "</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>X "</i>
	TOTAL LABOUR			\$ 1,740.00
	ESTIMATE TOTAL			\$ 4,252.64

Kalin (UKR)
12/1/18 10:44
3 Pys
P/P
After Repair photo

LKK Auto Centre will notify the Member the following:

- To resolve the claim following:
- To display damaged parts following survey
- Parts prices subject to confirmation
- Third party settlement on "Without Prejudice" basis
- No illegal modifications allowed
- Supplier's price must be resolved and is subject to final approval by LKK Auto Centre Company

Acknowledged/ Repaired
 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: 17.01.2018
Time: 09:30:46
Page: 1

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

JOB NO : 305105991
REGN NO : SHA8490R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 18.01.2017
DATE/TIME IN : 11.01.2018 07:40
ACCIDENT DATE : 10.01.2018

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 400.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 360.00

0002 20-204 REMOVE/REFIX UPHOLSTERY ASST REPAIR 50.00

SUB-TOTAL : 810.00

TOTAL : 930.56

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305105991
Date : 17/01/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA8490R

Fax :

12/01/18

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


1. The repair job shall bill to: GREAT AMERICAN GY4401K
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$120.56
 - (b) Labour Charges \$810.00
 - Total for Part-By-Part Repair Cost** \$930.56
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost


3. Estimated normal period for repairs: 3 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
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		N		
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/GAI18000730/K1td3n2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 19-01-2018	
Code : GAI			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GY 4401K	Veh. Inspected	SHA 8490R
Policy No.		Coverage (\$)	0.00
Claim No.	GY4401K	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	12/01/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098334	Colour	YELLOW
Odometer	188255	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	10/01/2018	Inspection Date	12/01/2018
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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 8490R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	2,020.10	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR WHEEL HUB CAP (RH)	GRAZED	150.70	150.70
	LESS 20% DISCOUNT		-604.16	-30.14
			2,416.64	120.56
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			96.00	-
	<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.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			1,740.00	810.00
	GRAND TOTAL		4,252.64	930.56
	RECOMMENDED COST OF REPAIRS			930.56

Report Ref No. CS/GAI18000730/K1td3n2

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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