

00000000

ASS. REC. BY:

REF: cs/GAI18000731/Klqd3n2

Special Instructions:

ASSIGNMENT (Office)

From (Person): Kalvin Rachel Tan of GAI Date/Time: 11/01/2018 @ 5:15pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHC 723 L Insured: YM 7640S

at Workshop no: Comfort Delgro Tel: 6214 8398

of 59 Loyang Drive

Policy No: _____ Claim No: YM 7640S

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10/01/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS ^{'up'} H.O.D. Endorsement: _____

Date/Time: 9:23am @ 12/01/18 Person Contacted: Lim Vehicle ☒ OUT

Date/Time	Action/Instructions	
	SHC 723 L - CS3 / FC117008448 / K1Vbm2	D.O.A: 12/11/2016
	YM 7640S - CS4 / AXA14022277 / G29392	D.O.A: 24/11/2014
15/01/18	Kalvin finalised with Lim T.S. LS \$2300, 3 days. (led \$ 3294.80, 59%.)	
18/1/18 @ 3.47pm	revised to Rachel Tan by email.	

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No. _____
 at Workshop m/s _____
 of _____
 Insured _____
 Policy No. _____
 Claims No. _____
 Sum Insured _____ Excess _____
 (Client's Record) _____
 Make of Veh. _____

(Policy Condition)

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



Val. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: 3 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Veh No: **SHC 723 L** Yr Regn: **10 July 2014**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai** Z40 Ec: **1685**
 Colour: **Yellow** A/C: **Insured** / Std / NI / NA
 Sp Reading: **29 079 6** T-Radio: **Insured** / Std / NI / NA
 Eng No: _____
 C/No: **KM HLB 414 ME 405 7 975**
 Gen Cond: **Good** / Fair / Poor / Burnt
 Steering: **Inorder** / Jammed / Leaked / Burnt or
 Brake: **Inorder** / Jammed / Leaked / Burnt or
 Modi: **Nil** / SiRim / STD / Rim or
 Tyre Size: F: **205/60 R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Wentale**
 Front: _____ Rear: _____
 R.Bal: **7** mm R.Bal: **7** mm
 L.Bal: **7** mm L.Bal: **7** mm
 D.O.A: **10/1/8** D.O.A: **12/1/8**
 Survey held at: **(DHE 1/7-2)**
 Des. of Damages: **Frt** / Rear / O/S / N/S / U/C / Rooftop or
d/s Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

GAZ
41

Date/Time File Pass to: _____
 11/1/14 **tanja** ☐ Preli. Report
 Date/Time File Return to: _____ ☐ Final Report

Days Of Repair: **3**
 Resurvey No. of Trip: **1**

Survey Fee
 Transportation

Add Fee: ☐ Site Insp \$
☐ Inter. by \$
☐ Tech. by \$
☐ Travel \$

Report Format:

Lump Sum / I.B. \$

TP
2300

230




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/GAI18000731/K1qd3	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190			Date : 12-01-2018	
			Code : GAI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YM 7640S	Veh. Inspected	SHC 723L	
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.				



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: YM 7640S

Date: 11th January 2018

Our Ref: CS/GAI18000731/K1qd3

The Motor Claims Department
Great American Insurance Company

Attn: Rachel

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SHC 723L

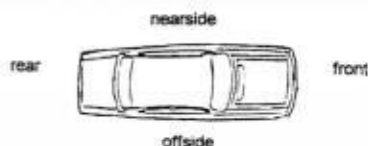
We thank you for the instruction on 11/01/2018.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 12/01/2018 at the premises of M/s COMFORTDELGRO and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,594.80</u>
Revised Estimate Amount	: S\$ <u>2,300.00 (Lump Sum)</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
Salvage Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained damages at the o/s front portion.



Comments/ Present Status:

Damages consistent.

We have NOT authorise repair.

Yours faithfully

Kalvin Ang
Automotive Assessor

Survey Department Check List (Case Handler)

Reference No.: C9/KAI/80073/K1A13
Policy Type: OD / TP / TP RES / TL / EVA

SAC 7232

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 (Kalvin)

: 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

✓		
---	--	--

Check By:

[Signature] 21/1/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014

Nivitha (LKK Auto)

From: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Thursday, 11 January 2018 5:15 PM
To: assignments
Subject: FW: Accident involving SHC 723L & your insured YM7640S dated 10.1.18
Attachments: img-111160305-0001.pdf

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, 11 January, 2018 5:11 PM
To: SUR <sur@lkkauto.com>
Subject: FW: Accident involving SHC 723L & your insured YM7640S dated 10.1.18

Dear LKK

Please accept assignment to conduct PRI on a without prejudice basis. Attached is TP's request.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Tan, Rachel
Sent: Thursday, January 11, 2018 5:10 PM
To: 'Lim Tien Siong' <limts@cdge.com.sg>
Cc: General Claims <GeneralClaims@sg.gaig.com>; Roger How Keen Meng <rogerhow@cdge.com.sg>; CDGE Taxi_Accident <taxi_accident@cdge.com.sg>; Tan Pei Wei <tanpw@cdge.com.sg>
Subject: RE: Accident involving SHC 723L & your insured YM7640S dated 10.1.18

Without Prejudice

Hi Mr. Lim

We will arrange LKK for survey.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Lim Tien Siong [<mailto:limts@cdge.com.sg>]
Sent: Thursday, January 11, 2018 4:52 PM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Cc: General Claims <GeneralClaims@sg.gaig.com>; Roger How Keen Meng <rogerhow@cdge.com.sg>; CDGE

Taxi_Accident <taxi_accident@cdge.com.sg>; Tan Pei Wei <tanpw@cdge.com.sg>

Subject: RE: Accident involving SHC 723L & your insured YM7640S dated 10.1.18

Hi Rachel,

Thank for your feedback about liability.

We would want to know, would you send your surveyor to inspect taxi ?
Otherwise, we would engage an independent surveyor.

Best Regards,

Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

From: "Tan, Rachel" <Rachel.Tan@sg.gaig.com>

To: Lim Tien Siong <limts@cdge.com.sg>

Cc: General Claims <GeneralClaims@sg.gaig.com>

Date: 11/01/2018 04:28 PM

Subject: RE: Accident involving SHC 723L & your insured YM7640S dated 10.1.18

Without Prejudice

Dear Mr Lim

The damage is at the rear of our insured's vehicle, and the frontal portion of your insured's vehicle.
Under BOLA, we wouldn't be liable for accident.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Lim Tien Siong [mailto:limts@cdge.com.sg]

Sent: Thursday, January 11, 2018 4:03 PM

To: Tan, Rachel <Rachel.Tan@sg.gaig.com>

Cc: General Claims <GeneralClaims@sg.gaig.com>

Subject: Accident involving SHC 723L & your insured YM7640S dated 10.1.18

Hi Rachel,

Fyna. Thanks.

Best Regards,

Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 17 January 2018 3:47 PM
To: 'Tan, Rachel'
Cc: assignments; SUR
Subject: RE: Accident involving SHC 723L & your insured YM7640S dated 10.1.18
Attachments: CSGAI18000731K1qd3.pdf

Dear Rachel,

Enclosed herewith preliminary advice of SHC 723L.

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, 12 January 2018 11:18 AM
To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>
Cc: assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: Accident involving SHC 723L & your insured YM7640S dated 10.1.18

Dear Rachel,

Thank you for the assignment.

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, 11 January, 2018 5:11 PM
To: SUR <sur@lkkauto.com>
Subject: FW: Accident involving SHC 723L & your insured YM7640S dated 10.1.18

Dear LKK

Please accept assignment to conduct PRI on a without prejudice basis. Attached is TP's request.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

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 14:14
Date Of Accident	10/01/2018 20:20
Exact Location Of Accident	BARTLEY RD EAST B4 JUNCTION OF AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC723L
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	OOI CHEE TEONG
NRIC No	S2570837G
Date Of Birth	27/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1989
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CT00162@GMAIL.COM

Address	BLK 49 WHAMPOA SOUTH #06-14
Postcode	330049
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	DRIZZLING
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

PLS REFER TO 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	YM7640S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	81697750
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	LEFT CENTRE
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

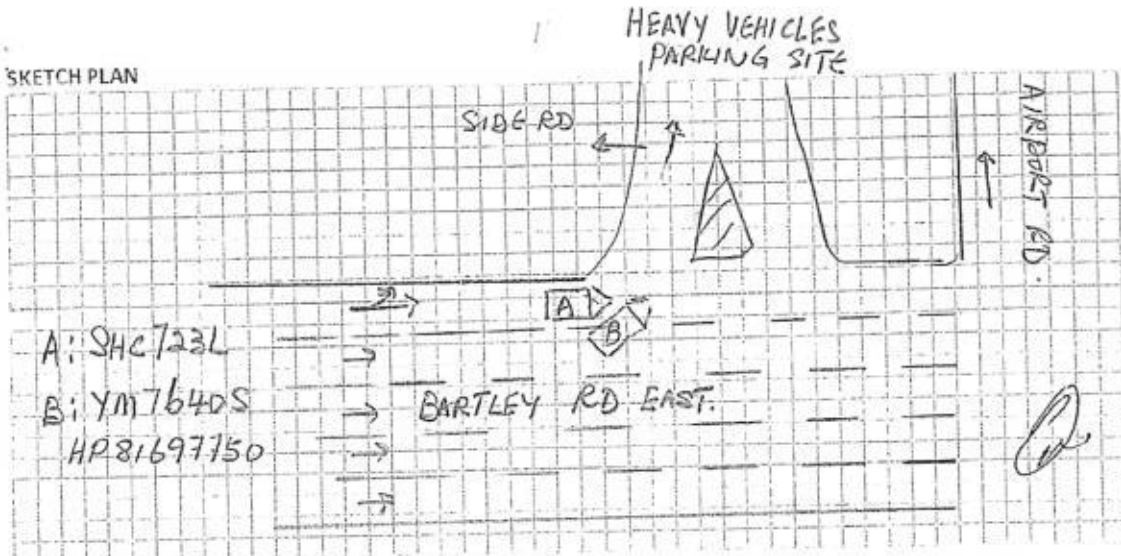
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC Sketch Plan Form_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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.:

Describe Circumstances of the Accident
On 11 Jan 2018 at about 09:25 hrs I stopped my taxi on the extreme right lane behind a car
On 10 Jan 2018 at about 20:20 hrs I was driving straight on the leftmost lane along Bartley Rd
East heading towards the direction of Airport Rd which is in my left.
As I approached the traffic junction of Airport Rd I reduced my taxi speed. Suddenly a tow
truck YM7640S coming from my right without any signaling make an abrupt left turn towards
the side road(see video footage) thus encroached into my lane.
Upon seeing this, I immediately braked at the same time honked at the truck repeatedly to
avoid a collision but it was too late.
As a result of the driver's carelessness and failed to keep a proper lookout for my taxi when
turning left caused this accident to happen. In the process, the left hand side mid-section of
the truck hit and grazed the right hand side front including the right hand side front wheel
of my taxi thus damaging them.
No passenger on board my taxi. No injury at the point of the accident.

Declaration

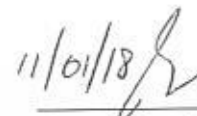
I/We declare the foregoing particulars are true in every respect.

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

Page : 1

JC NO.305106037

OUNT CARD NO.

Accident Date: 10.01.2018
ATURE: 3P 10.01.18

/NO

LABOR CODE

DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Id.: SHC 723L LIMTS

Vehicle No.: SHC 723L

Service Advisor

Signature/Date

Name of Service Advisor

Date _____

urned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 723L

DATE 11/1/2018

MAKE :

MODEL : HYUNDAI i40

GAIC - (P/P)

TS

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille ?			\$ 294.35 XSVL
	Radiator Grille H Emblem ?			\$ 113.65 XSVL
	Front Bumper Cover ✓			\$ 562.30 DE
	Front Bumper Sponge X			\$ 142.20 XSVL
	Front Bumper Reinforcement X			\$ 526.10 XSVL
	Front Bumper Grille (RH) ?			\$ 40.30 XSVL
	Front Bumper Centre Grille ?			\$ 176.90 XSVL
	Front Bumper Retainer Mounting ✓			\$ 9.20 CRA
	Headlamp Support Panel Assy X			\$ 1,067.50 XSVL
	Headlamp (RH) ✓			\$ 1,388.00 GFA 200
	Front Fender (RH) ✓			\$ 619.00 PD
	Front Fender Shield (RH) ?			\$ 169.80 XSVL
	Front Fender Retainer ✓			\$ 9.20 CRA
	SUB TOTAL			\$ 5,118.50
	LESS 20%			\$ 1,023.70
	DISCOUNTED TOTAL			\$ 4,094.80
	Labour Charge			
	Panel Beating			\$ 850.00 400
	Spray Painting Charge			\$ 360.00 400.00
	Wiring Charge			\$ 20.00 50.00
	Tuff Kote			\$ 20.00 50.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00 X
	TOTAL LABOUR			\$ 1,500.00
	ESTIMATE TOTAL			\$ 5,594.80
* GAIC Email 11/1 @ 1710 hrs from Rachel Tan *				
K. Kalvin 16/1/18				
12/1/18 10.2.18				
3 Dots				
45				
After Repair photo				
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.				

LKK Auto Care

the Repaired Vehicle

- To resurvey the vehicle
- To display with the parts and labour
- Parts prices are subject to change
- Third party survey is on a "without prejudice" basis
- Noiling / modification is allowed
- Supplementary items are allowed

Acknowledged by:

Signature:

Date:

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 723L

DATE 11/1/2018

MAKE :

LKK - Calvin

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille <i>X_{see}</i>			\$ 294.35
	Radiator Grille H Emblem <i>X_{see}</i>			\$ 113.65
	Front Bumper Cover <i>— define</i>			\$ 562.30
	Front Bumper Sponge <i>X_{see}</i>			\$ 142.20
	Front Bumper Reinforcement <i>X_{see}</i>			\$ 526.10
	Front Bumper Grille (RH) <i>X_{see}</i>			\$ 40.30
	Front Bumper Centre Grille <i>X_{see}</i>			\$ 176.90
	Front Bumper Retainer Mounting <i>— on</i>			\$ 9.20
	Headlamp Support Panel Assy <i>X_{see}</i>			\$ 1,067.50
	Headlamp (RH) <i>— fitted</i>			\$ 1,388.00
	Front Fender (RH) <i>— put</i>			\$ 619.00
	Front Fender Shield (RH) <i>X_{see}</i>			\$ 169.80
	Front Fender Retainer <i>— on</i>			\$ 9.20
	SUB TOTAL			\$ 5,118.50
	LESS 20%			\$ 1,023.70
	DISCOUNTED TOTAL			\$ 4,094.80
	Labour Charge			
	Panel Beating			<i>400</i> \$ 850.00
	Spray Painting Charge			\$ 760 400.00
	Wiring Charge			\$ 20 50.00
	Tuff Kote			\$ 20 50.00
	Remove/Refix Aircon & Refill Gas			\$ X 150.00
	TOTAL LABOUR			\$ 1,500.00
	ESTIMATE TOTAL			\$ 5,594.80
* GATC Email 11/1 @ 1710 hrs from Rachel Tan *				
Kalin 16/1/18				
12/1/18 10.2 hrs				
3 Days				
45				
After Repair photo				
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.				

- KK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
 - To display damaged part(s) during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary item(s) must be resurveyed and subject to prior approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305106037
Date : 15/01/18

FINALIZATION FORM

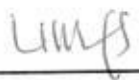
To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SHC 723L Date of Accident : 10-Jan-18


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

1. The repair job shall bill to: Great American Ins Co --- YM7640S
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: 20% \$2,300.00
Final Lumpsum Repair cost \$2,300.00

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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 15/1/18

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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18000731/K1qd3n2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 18-01-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YM 7640S	Veh. Inspected	SHC 723L
Policy No.		Coverage (\$)	0.00
Claim No.	YM7640S	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	11/01/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057935	Colour	YELLOW
Odometer	290796	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT 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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 723L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	RADIATOR GRILLE	SERVICEABLE	294.35	-
1	RADIATOR GRILLE H EMBLEM	SERVICEABLE	113.65	-
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	40.30	-
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	176.90	-
1	FRONT BUMPER RETAINER MOUNTING	CRACKED	9.20	9.20
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,067.50	-
1	HEADLAMP (RH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	CRACKED	9.20	9.20
	LESS 20% DISCOUNT		-1,023.70	-517.54
			4,094.80	2,070.16
	<u>LABOUR</u>			
	PANEL BEATING.		850.00	400.00
	SPRAY PAINTING CHARGE.		400.00	360.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
			1,500.00	800.00
	GRAND TOTAL		5,594.80	2,870.16
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,300.00

Report Ref No. CS/GAI18000731/K1qd3n2

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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