

Report

ASS. REC BY:

REF: CS/AGI18001105/K1vd3n2

Special Instruction

①

Kalvin

ASSIGNMENT (Office)

From (Person):

julie Mangubat

of

AGI

Date/Time:

18/01/2018 @ 9:53am

Estimated Cost

Bill to:

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

To Inspect Vehicle No:

SHA 9919R

Insured:

SJP 3857Y

at Workshop no:

Comfort Delgro

Tel:

G214 8355

of

59, Loyang Drive

Policy No:

Claim No:

C10001288

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

17/01/2018

CA / REV / REP. / REV 24 HRS

'up'

RAC Endorsement

Date/Time

10:16am @ 18/1/18

Person Contacted

Lim kwok Eng

① OUT

Date/Time

Action/Instruction

✓

②

SHA 9919R - CS/FCI17022076/Kvb

D.O.A: 15/11/2017

SJP 3857Y - X

Kalin

## ASSIGNMENT

Date:

SHA 9919R

17 July 2018

Estimated Cost:

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

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

Truck / Trailer:

To inspect Vehicle No:

Make:

Hyundai Ix0

1685

at Workshop No:

Colour:

yellow

Insured / Std / Nil / NA

Insured:

Sp Reading:

495931

Insured / Std / Nil / NA

Insured:

Eng No:

Policy No:

C No:

KMHLD44ME4057998

Claims No:

Gen Cond: Good / ☒ / Poor / Burnt

Sum Insured:

210000

Steering: Inorder / Jammed / Leaked / Burnt

Client's Record:

Brake: Inorder / Jammed / Leaked / Burnt

Make of Veh:

Mod: Nil / S/Rim / ☒ A/Rim

Policy Condition:

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



Bal on Market Value:

Tyre Size:

F:

205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LZA / M/C / OHTSU / PIR / SUMI /

TOYO / YOKO or

Went 1/10

ICAC Accident Report:

Consistent? Yes or No

Front

Rear

GIA / PR Seen:

Consistent? Yes or No

R Bal:

2

R Bal:

2

Est Repairs:

days Fee Yes or No

L Bal:

2

L Bal:

2

Lump Sum:

3 Val Yes or No

D/O A:

17/1/18

D/O A:

18/1/18

Survey held at:

CDHE (Loyang)

CA / REV / REP / 24 HRS

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

Front

Date:

Person Contacted:

Vehicle IN / OUT

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

Date Time Action Instruction

21/1/18 (Continued) L/S \$800 / 2 days

(Red)

1307.96, 69M

Arto d'haenel  
45

RECEIVED 23 JAN 2018

Date Time File Passed:



Prelim. Report

Days Of Repair:

2

Date Time File Returned:



Final Report

Resurvey No. of Trip:

1

Survey Fee:

Add Fee:



Site Insp: \$



Interp: \$



Phot: \$



Drawing: \$

Report Format:

TP

Lump Sum / L/S / V/S

800/2

250

# Survey Department Check List (Case Handler)

Reference No.: CS/AGI/8001105/K1vd3  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

## 1) Office Assign Form

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

Surveyor ( ): 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: VERON  
Case Handler

23/1/18  
Date

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

21/05/2014



# 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/AGI18001105/K1vd3

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRES SINGAPORE

239924

Date : 18-01-2018



Code : AGI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 3857Y	Veh. Inspected	SHA 9919R
Policy No.		Coverage (\$)	0.00
Claim No.	C10001288	Excess (\$)	0.00
Assign From	JULIE MANGUBAT	Assign Date	18/01/2018

## 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

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## 5. General Information

Accident Date	17/01/2018	Inspection Date	18/01/2018
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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## Nivitha (LKK Auto)

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**From:** Julie Mangubat <julie.m@budgetdirect.com.sg>  
**Sent:** Thursday, 18 January 2018 9:53 AM  
**To:** assignments@lkkauto.com; sur@lkkauto.com  
**Subject:** FW: SHA9919R with your insured SJP3857Y  
**Attachments:** SHA9919R.pdf

Hi Team

Please help to survey TP vehicle on a without prejudice basis.

Attached estimates and TP SAS.

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.

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**From:** Lim Kwok Eng [mailto:[limke@cdge.com.sg](mailto:limke@cdge.com.sg)]  
**Sent:** Wednesday, 17 January, 2018 3:36 PM  
**To:** Claims <[claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg)>  
**Cc:** Ng Nyuk Phin <[ngnp@cdge.com.sg](mailto:ngnp@cdge.com.sg)>; Roger How Keen Meng <[rogerhow@cdge.com.sg](mailto:rogerhow@cdge.com.sg)>; Tan Pei Wei <[tanpw@cdge.com.sg](mailto:tanpw@cdge.com.sg)>  
**Subject:** SHA9919R with your insured SJP3857Y

To Officer In Charge

Pls arrange surveyor, refer attached

Best Regards  
Lim Kwok Eng  
Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd

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.

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

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

## 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 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	17/01/2018 13:42
Date Of Accident	17/01/2018 10:00
Exact Location Of Accident	TUAS AVE 6 CANTEEN OPEN CAR PARK.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9919R
<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

### 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	MS 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	TAN LAI ANN
NRIC No	S1201657C
Date Of Birth	27/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	ROGER45140@MAIL.COM

Address	BLK 37 CIRCUIT ROAD #04-461
Postcode	370037
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	CLEAR
Road Surface	DRY

#### 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)	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

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	SJP3857Y
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

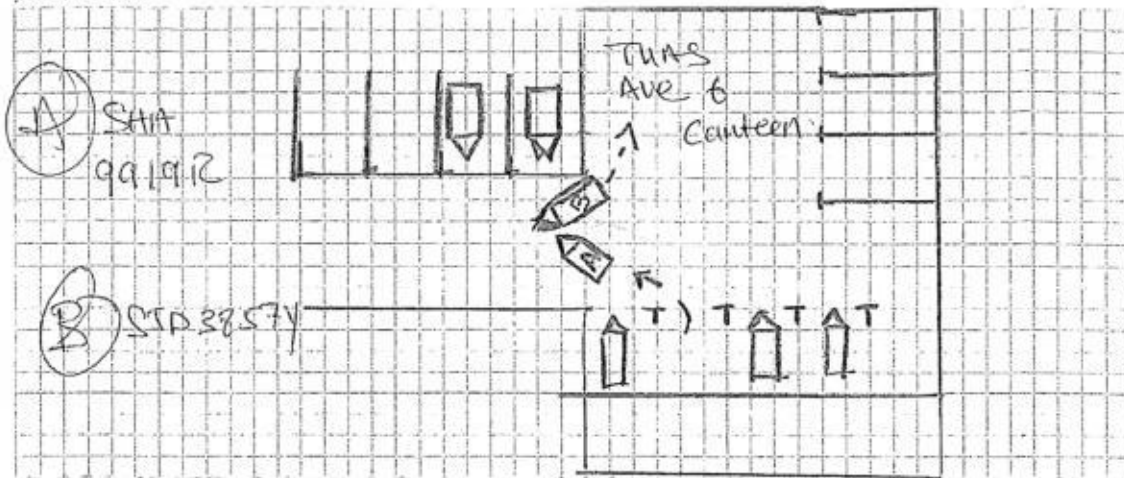
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

-GIAKIA SketchPlanForm\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 17 Jan 2018 @ 1000hr I Veh A

Came out from car park lot to Exit. @

Turns Ave 6 Canteen.. I Veh A turn left.

and stop " " Rec the Veh B " " Blurry

the way. " " " " Suddenly

Veh B Reverse <sup>and turn</sup> fast and hit Veh A front..

## 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)

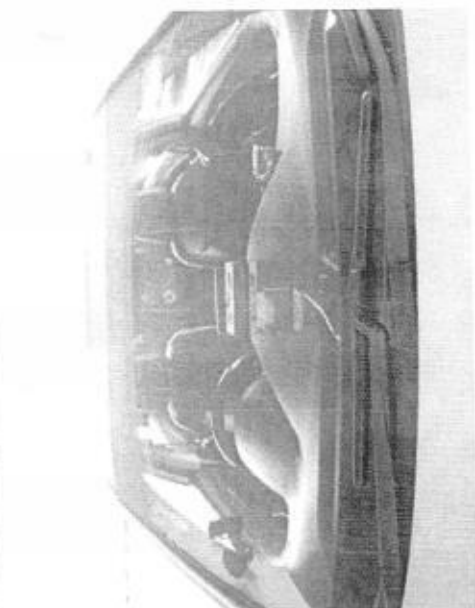
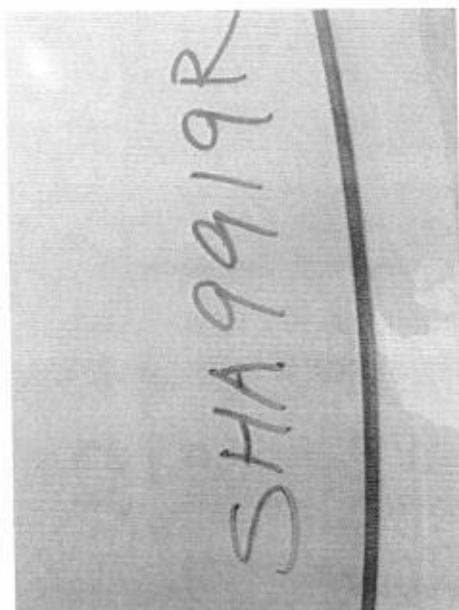
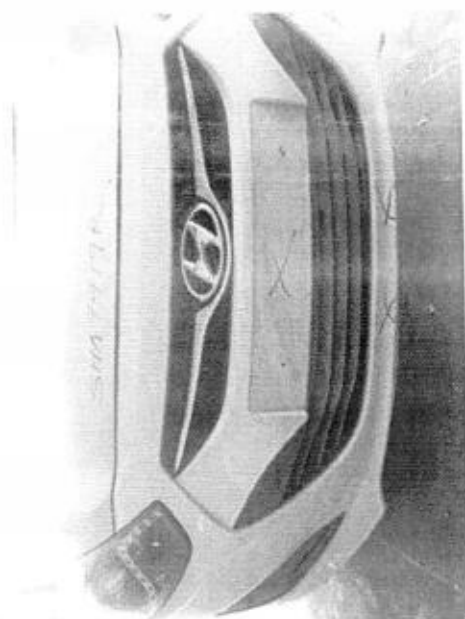
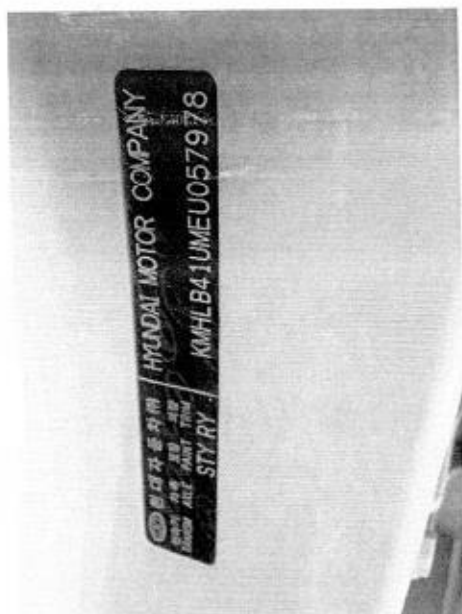
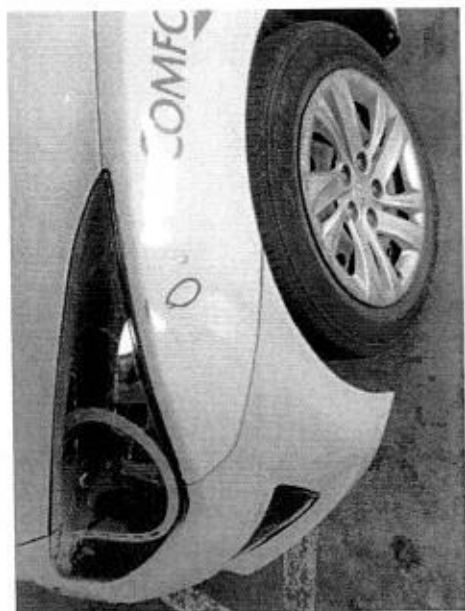
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CityCab SketchPlanForm\_20



Team: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO. 305107940

TOMER

REGN NO. SHA9919R

MILEAGE

MS CITYCAB PTE LTD

MAKE: HYUNDAI

FUEL

7010070

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

TOMER NO

MODEL I-40

DATE/TIME IN 17.01.2018 11:25

RESS 383 SIN MING DRIVE

YR OF MANU 17.07.2014

TARGET DATE

Singapore SINGAPORE 575717

CHASSIS CODE RMHLB41UMEU057978

COMPLETION DATE/TIME:

65551188

(O)

(R)

(P)

*Auto & GENERAL INS*

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 17.01.2018

NATURE: 3P 17.01.2018

I/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHA9919R

LKE

Vehicle No.: SHA9919R

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## CITY CAB PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHA 9919R

DATE 17/1/2018 14:50

MAKE :

MODEL : HYUNDAI i40

Like

L/Sum  
Auto & General Ins

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille ?			\$ 294.35	
	Radiator Grille H Emblem ?			\$ 113.65	
	Front Bumper Cover <del>XXXX</del> ✓			\$ 562.30	
	Front Bumper Sponge ?			\$ 142.20	
	Front Bumper Reinforcement ?			\$ 526.10	
	Front Bumper Centre Grille ✓			\$ 176.90	
	Front Bumper Bracket Top (LH/RH) ?		\$ 22.40	\$ 44.80	
	Front Bumper Retainer Mounting ?		\$ 9.20	\$ 18.40	
	<b>SUB TOTAL</b>			<b>\$ 1,878.70</b>	
	<b>LESS 20%</b>			<b>\$ 375.74</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,502.96</b>	
	Front Number Plate ✓			\$ 25.00	Nett
	Front No Plate Trim Cover ✓			\$ 30.00	Nett
				<b>\$ 55.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 350.00	200
	Spray Painting Charge			\$ 200.00	180
	<b>TOTAL LABOUR</b>			<b>\$ 550.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,107.96</b>	
<p>Ka/ur LKK</p> <p>18/1/18 1030 hrs.</p> <p>2 Pys</p> <p>4/5</p> <p>After Repair photo</p>					
<div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without prejudice" basis</li> <li>• No illegal modification is allowed</li> <li>• Supplementary claim must be resurveyed and is subject to final approval from Insurance company</li> </ul> <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>Date:</p> </div>					
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.					

## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 9919R

DA

MAKE

MODEL : HYUNDAI i40

L

L/Sum

General In

Qty	Parts Description/ Labour	Ty		
	Radiator Grille <i>X sec</i>		0 * c	t
	Radiator Grille H Emblem <i>X sec</i>			.35
	Front Bumper Cover		562.3+	.65
	Front Bumper Sponge <i>X sec</i>		176.9+	.30
	Front Bumper Reinforcement <i>X sec</i>		739.2	.20
	Front Bumper Centre Grille <i>X sec</i>		x	5.10
	Front Bumper Bracket Top (LH/RH) <i>X sec</i>		80 * %	5.90
	Front Bumper Retainer Mounting <i>X sec</i>		591.36 *	4.80
				8.40
			0 * c	
				8.70
	SUB TOTAL		25 * +	15.74
	LESS 20%		30 * +	
	DISCOUNTED TOTAL		55 *	12.96
			0 * c	
	Front Number Plate <i>~ 2013</i>		25.00	Nett
	Front No Plate Trim Cover <i>~ 2013</i>		200 * +	30.00
			180 * +	
			380 *	
				55.00
			0 * c	
	Labour Charge		591.36 +	200
	Panel Beating		55 * +	350.00
	Spray Painting Charge		380 * +	200.00
			1,026.36	180
	TOTAL LABOUR		x	550.00
			80 * %	
	ESTIMATE TOTAL		821.09 *	1,107.96

Kalin LUKK

18/1/18 10.30 hrs.

2 Pys

45

After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part in during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary claims must be received and is subject to final approval from Insurance Company

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

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

Our Job Ref No 305107940

Date : 20/01/18

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA9919R CCPL

17.01.18

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** --- **SJP3857Y**

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%

\$800.00

**Final Lumpsum Repair cost**

**\$800.00**

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 : 

Signature : 

Name : LIM KWOK ENG

Name : Kalvin

Tel : 62148316

Date : 22/1/18

Fax : 65468156

### 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/AGI18001105/K1vd3n2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRES SINGAPORE  
239924

Date : 24-01-2018



Code : AGI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 3857Y	Veh. Inspected	SHA 9919R
Policy No.		Coverage (\$)	0.00
Claim No.	C10001288	Excess (\$)	0.00
Assign From	JULIE MANGUBAT	Assign Date	18/01/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057978	Colour	YELLOW
Odometer	495931	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 FRONT PORTION.  
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	17/01/2018	Inspection Date	18/01/2018
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:	2 Working Days
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9919R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RADIATOR GRILLE	SERVICEABLE	294.35	-
1	RADIATOR GRILLE H EMBLEM	SERVICEABLE	113.65	-
1	FRONT BUMPER COVER	CRACKED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER CENTRE GRILLE	CRACKED	176.90	176.90
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER RETAINER MOUNTING @\$9.20	SERVICEABLE	18.40	-
	LESS 20% DISCOUNT		-375.74	-147.84
			1,502.96	591.36
<b>SPECIAL NETT ITEMS</b>				
1	FRONT NUMBER PLATE (SN)	MISSING	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	MISSING	30.00	30.00
			55.00	55.00
<b>LABOUR</b>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		200.00	180.00
			550.00	380.00
<b>GRAND TOTAL</b>			<b>2,107.96</b>	<b>1,026.36</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>800.00</b>

Report Ref No. CS/AGI18001105/K1vd3n2

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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