

REF: CS/MSG18001341/KIRD3N2
 ASS. REC BY: Merimen Kalvin ASSIGNMENT (OMC)
 From Person: Fievel Foo MSIG Date/Time: 22/1/18 @ 11:54am
 Estimated Cost: _____ Bill to: _____
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SHC2175E Insured: FX 5859J
 at Workshop m/s: Comfort Belgro Tel: 6214 8300
 of: 59 koyung Drive
 Policy No: MSD/VMT/18-376760 Claim No: _____
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A: 19/01/2018
 (Client's Record)
 CA / REV / REP. / REV 24 HRS 'wp' B.O.D Endorsement: _____
 Date/Time: 12:02pm @ 22/1/18 Person Contacted: jumani Vehicle: OUT

Date/Time	Action/Instruction	Estimate
	SHC2175E - CC4 / III 17007199 / U2a3g	D.O.A: 10/4/2017
	FX 5859J - X	
<u>24/1/18</u>	<u>Sand preli revised by merimen</u>	

Kalin

REF

ASSIGNMENT

SHC 2175E

12 Aug 2010

Estimated Cost

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

To inspect vehicle No

at Workshop no

gtr

Insured FX 5859J

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.



Bal. or Market Value

DAD Accident Report Consistent? Yes or No

GIA / PR Seen Consistent? Yes or No

Est. Repairs days Res Yes or No

Lump Sum % B Val Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Type M/Cat M/Cyle B/Lk Lght Lght 0 Prime Mover

Truck / Trailer

Make

Hyundai Sonata

199

Colour

pke

A/C

Ins

0

Std

NI

NA

Sp Reading

5 37896

T-Ratio

Ins

0

Std

NI

NA

Eng No

C No

1CM HETX/VMAA.78688

Gen Cond Good 0 Air / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt

Brake Inorder / Jammed / Leaked / Burnt

Mod Nil / S/Rim / STD A/Rim

Tyre Size

F.

215/60 R16

R.

BS / DUN / EXNOVA / GY / FS / LIZ / MIC / HTSU / PIR / SUMI

TOYO / YOKO or

Wor/1.6

Front

Rear

R Bal

7

mm

R Bal

7

mm

L Bal

7

mm

L Bal

7

mm

D.O.A

14/1/8

D.O.A

22/1/8

Survey held at

(OKB (Long))

Des. of Damages Fnt / Rear / O/S / N/S / U/C / Rooftop or

n/s Body.

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

Date Time Action Instruction

SHC 2175E - CC4 / III 17007199 / Ux32

FX 5859J - CS/mo618001341 / Klvd3

DUA: 100417

DUA: 190118

MSZ9

4s.

24/1/8 Contact 4/5 \$ 600/20% (Recd 1440.72, 709)

RECEIVED 25 JAN 2010

Date Time File Pass to



Prelt. Report

Days Of Repair:

2

Date Time File Return to



Final Report

Resurvey No. of Trip:

-

Subsex Fee

24/1/8 typist

Report Format:

merimen

Lump Sum / f.B

600k

Add Fee:



Site Fee



Travel Fee



Techn. Fee



Overhead

200

10

210

Survey Department Check List (Case Handler)

Reference No.: CS MSG 1800 1341 Klv d3

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

24/1/18

Case Handler

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				
MSG INSURANCE (SINGAPORE) PTE LTD			Ref : CS/MSG18001341/K1vd3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 23-01-2018	
			Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FX 5859J	Veh. Inspected	SHC 2175E	
Policy No.	MSD/VMT/18-376760	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	MERIMEN (FIEVEL FOO)	Assign Date	23/01/2018	
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	19/01/2018	Inspection Date	22/01/2018	
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.				

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	22 Jan 2018		22 Jan 2018 11:54 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	DANIAL WAN SHAHIRAN BIN SHAMSANI, ID: S91361461		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC2175E	Date of Loss:	19/01/2018 18:00 - :59
Claim Type:	TP	Policy/Cover Note No.:	MSD/VMT/18-376760 (Third Party Only) Coverage: 08/01/2018 - 07/01/2019
Vehicle Reg. No. (Insured):	FX5859J	Policy No. (Claimant):	
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Fievel Foo Wen Yao - 6643 1316]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 23/01/2018]		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

To: MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn: Fievel Foo Wen Yao	Date: 24 Jan 2018
<u>Preliminary Advice</u>	

Insured Vehicle No	: FX5859J	Accident Date	: 19/01/2018
TP Vehicle No	: SHC2175E	Assignment Date	: 22/01/2018
Make	: HYUNDAI SONATA NF	Est. Duration of Repair	: 2.00
Date of Inspection	: 22/01/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,040.72
Revised Amount	:S\$	770.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	770.00
Lump Sum Repair	:S\$	

Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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	20/01/2018 10:19
Date Of Accident	19/01/2018 18:20
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT B4 THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2175E
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	HOH CHEE SIONG
NRIC No	S6930737Z
Date Of Birth	27/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1987
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 200 TOA PAYOH NORTH #04-1033
Postcode	310200
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	HOUGANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180120/2011

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	FX5859J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD FAZDLI BIN MUSTAPHA
NRIC/Passport Number	S9116939H
Contact Number	
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD FAZDLI BIN MUSTAPHA

Approximate Age

Injuries Sustain

LEG BLEEDING.

Injured person in which vehicle?

FX5859J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.
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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.

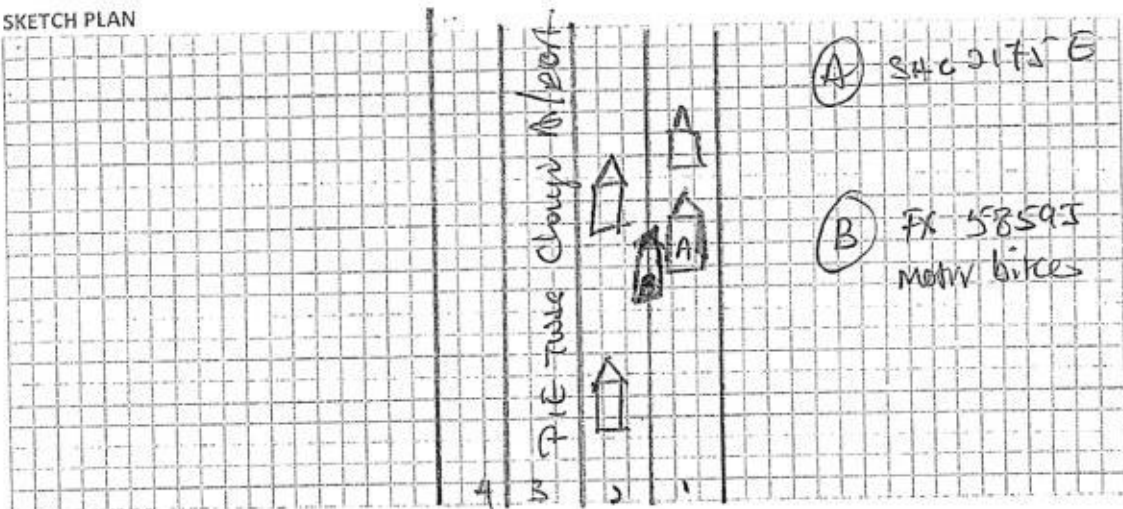
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police

Report T/20180120/2011

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

Policyholder's Signature
Date & Time:

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

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

GIATAC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**

(Copy)



T/20180120/2011

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180120/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2018 02:06		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: HO CHEE SIONG			Address: APT BLK 200 TOA PAYOH NORTH #04-1033 SINGAPORE 310200		
ID Type / ID No.: NRIC NO / S6930737Z			Contact No.:		Mobile: 97561008
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 27/09/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2018 18:20	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2175E	TAXI				Slightly Damaged	1



SINGAPORE
POLICE FORCE



T/20180120/2011

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180120/2011

CONTINUATION OF REPORT

Brief Details.

On 19/01/2018 at about 1820 hrs , I was driving along PIE towards Changi at the 1st lane with a male passenger in my taxi.

While driving half way , I heard a bang sound behind my taxi and a motorcyclist fell in front of my car. I stopped my car to assist. Someone had called for ambulance and Traffic Police and I was informed to lodge a report as the motorcyclist was send to hospital. I couldn't figure out the motoryclise plate number as it was broken to pieces.

The passenger in my car can be my witness and he had gave the Traffic Police his details. I wish to inform that I was not changing lane at that point of time.

H



SINGAPORE
POLICE FORCE



T/20180120/2011

3 of 3

Report No. T/20180120/2011


Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

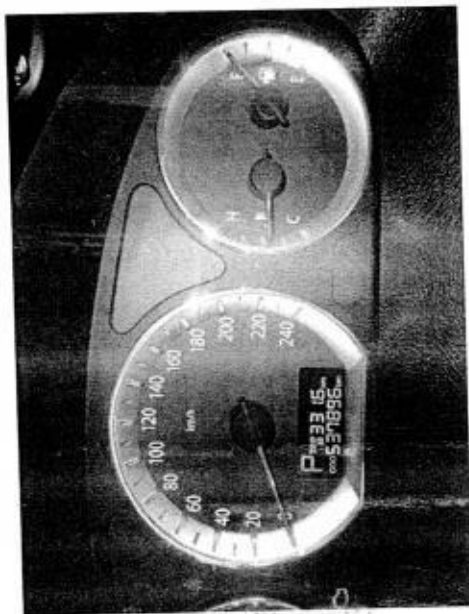
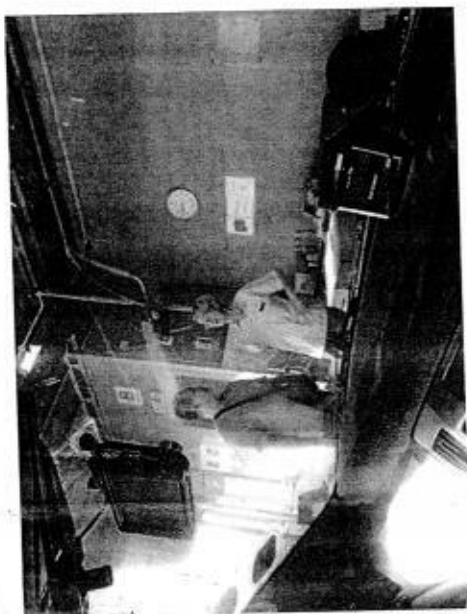
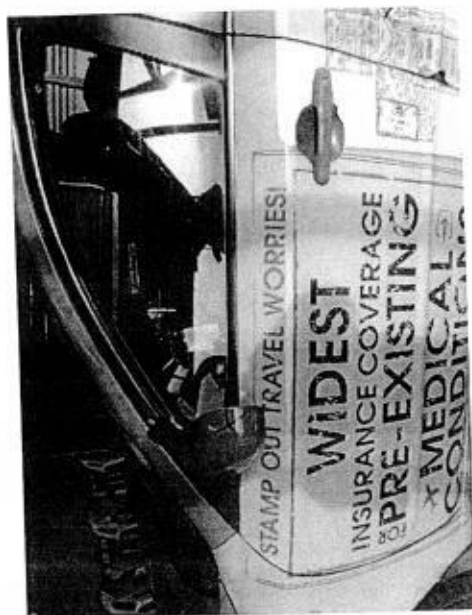
CONTINUATION OF REPORT

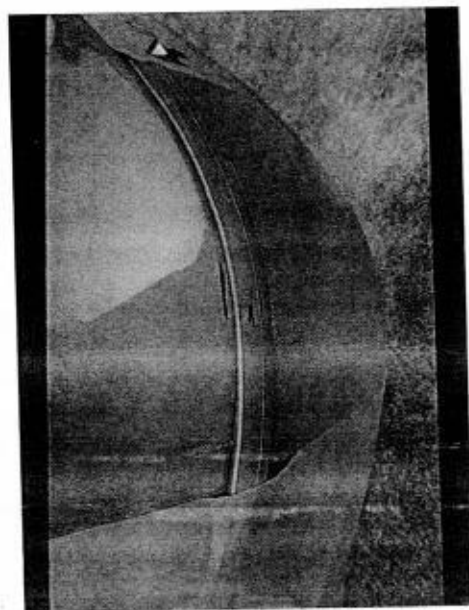
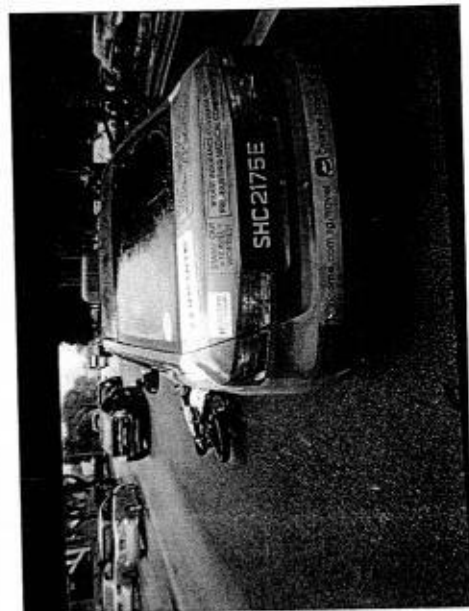
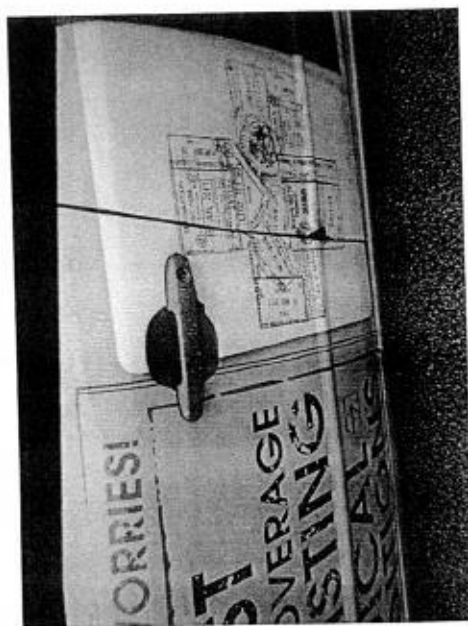
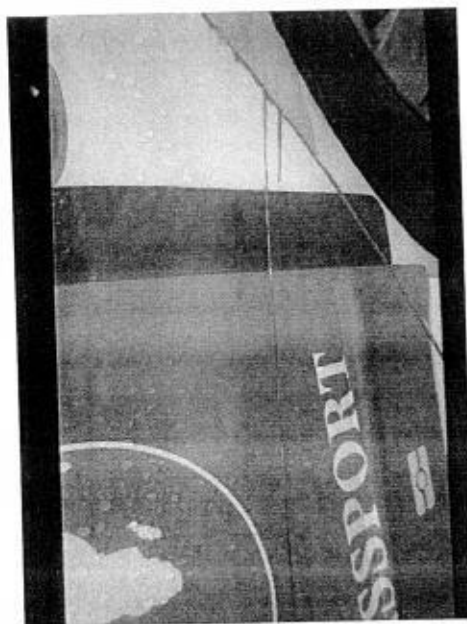
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

<p>Signature Of Officer Recording The Report: F / Staff Sgt WU WENHAO, DENIS</p>	<p>Signature Of Informant: </p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 20/01/2018 02:06</p>
<p>Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404</p>	<p>Classification Of Case:</p>
<p>Authentication Stamp NP168</p>	





Sam: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305108747

OMER

REGN NO: SHC2175E

MILEAGE

COMFORT TRANSPORTATION PTE LTD
7010045

MAKE: HYUNDAI

FUEL	
------	--

OMER NO 383 SIN MING DRIVE
LESS Singapore SINGAPORE 575717
65508755

$$E_{\frac{1}{2}} \dots\dots\dots F$$

MODEL SONATA

DATE/TIME IN
20.01.2018 08:40

YR OF MANU 12.08.2010

TARGET DATE

CHASSIS CODE
RMHET41VMAA786488

COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 19.01.2018
ATURE: 3P 19.01.2018

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

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No.: SHC2175E LARRY

Vehicle No.: SHC2175E

of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2175E

DATE 20/1/2018 12:11

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X <i>see</i>			\$ 578.40
	Rear Bumper Clip X <i>see</i>			\$ 22.00
	Rear Bumper Protector (LH) X <i>see</i>			\$ 38.00
	<i>Rear Door (LH) X repair</i>			
	<i>Rear Fender (LH) X repair</i>			
	SUB TOTAL			\$ 638.40
	LESS 20%			\$ 127.68
	DISCOUNTED TOTAL			\$ 510.72
	Rear Bumper Advertisement Logo X <i>see</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>LH RH</i>			\$ 200.00
	Rear Door Advertisement Logo (LH) <i>see</i>			\$ 100.00
	Rear Door Tel No. Sticker (LH) <i>see</i>			\$ 10.00
				\$ 360.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
				\$ 1,170.00
	TOTAL LABOUR			
	ESTIMATE TOTAL			\$ 2,040.72

Ka hui 10/1/18
22/1/18 1400hrs
2 Days
4/5
After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part at during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "without prejudice" basis
- No illegal modification(s) is allowed
- Survey report must be resurveyed and approved by the insurance company

Approved by the Repairer

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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

Our Job Ref No : 305108747

Date : 24.01.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC2175E

Date of Accident: 19.01.2018

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

1. The repair job shall bill to: **MSIG** **FX5859J**

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

\$600.00

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 : Kaha

Date : 24/1/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG18001341/K1VD3N2

Date: 26/01/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMT/18-376760
Claimant Vehicle No :	SHC2175E	Insured Vehicle No :	FX5859J
Date of Loss:	19/01/2018	Nature of Claim:	TP
		Claim No:	MSC/V/18-000122

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC2175E	Engine No:	D4EA8693626
Make & Model:	HYUNDAI SONATA NF, 2.0 CRDI AT ABS 2WD 4DR TURBO (A)	Chassis No:	KMHET41VMAA786488
Reg. Date:	12/08/2010 (Man. Year: 2010)	Odometer:	537896 km
Colour:	Blue		
Engine Capacity:	1991 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	870.72	210.00	660.72	75.88
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,170.00	560.00	610.00	52.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,040.72	770.00	1,270.72	62.27
Approved Total (Overridden) (S\$)		600.00		
(S\$)	2,040.72	600.00	1,440.72	70.60
+ GST 7.00/7.00% (S\$)	142.85	42.00	100.85	70.60
Nett Amount (S\$)	2,183.57	642.00	1,541.57	70.60

INSPECTION

Date of Assignment: 22/01/2018

Date Inspected: 22/01/2018 Inspected At:

ComfortDelGro Engineering Pte Ltd
(Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 26 Jan 2018)
Parts:	143	HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC2175E)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Serviceable	578.40 FL	*- FL
2	10		*REAR BUMPER CLIP	Not Necessary	22.00 FL	*- FL
3	1		*REAR BUMPER PROTECTOR (LH)	Serviceable	38.00 FL	*- FL
4	1		*REAR DOOR (LH)(NPA)	Repair	0.00 FL	*- FL
5	1		*REAR FENDER (LH)(NPA)	Repair	0.00 FL	*- FL
6	1		*REAR BUMPER ADVERTISEMENT LOGO	Serviceable	50.00 FS	*- FS
7	1		*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Ns Necessary/Os Not Necessary	200.00 FS	*100.00 FS
8	1		*REAR DOOR ADVERTISEMENT LOGO (LH)	Necessary	100.00 FS	*100.00 FS
9	1		*REAR DOOR TEL NO STICKER (LH)	Necessary	10.00 FS	*10.00 FS
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (S\$)					998.40	210.00
- List Item Discount on L Items 20.00/20.00% (S\$)					127.68	0.00
Total Parts (S\$)					870.72	210.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	600.00	360.00
3	WIRING CHARGE	New	50.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (\$\$)			1,170.00	560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >