

INS. CASE OWNER

CC3 / CT1170 10507, H1ya3 G/LKK/IDAC

Surveyor:

Henry

DOI:

ASSIGNMENT

29/12/17

Date / Time

29/12/17

Registered in Meritum:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YP 1135H

Name of Insured:

Eng Soon Lee Eng. P/L

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Salahudeen Shaji

Driver Tel No.:

91063584

(VA: YES / NO)

Claim No.:

SNM170032030215

Policy No.:

DMERSN1605171701

Make / Model:

M7 Anta

Place of Accident:

CORPORATION ROAD

OI GIA REPORT: YES / NO: TP GIA REPORT: YES / NO

Insured Liability: % Final? Yes / No

CB 7825U

YP 1135H

SHC 8640P



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

9/1/18

SHC 8640P 23/12/17 1605171701/M7 Anta: 2005-16/1/18
YP 1135H, X

STAGE

DATE / PIC

Non-Reporting Ir (1st)

Non-Reporting Ir (2nd)

Non-Reporting Ir (Final)

Notification Ir (if non-pickup)

Call OI

After call Ir to OI

Documentation Check List: Handler Typist

Notification Ir (if non-pickup)

After call Ir to OI

Authorisation To Act

Release Voucher

Final Repair Bill

Car Rental Invoice

Towing Invoice

LTA / GIA

Medical Bill

PIR

Mandate/Reject Instruction

LOD

Payment Breakdown Form

Post-Repair Photos

Others

12/16/18 @ 1:30

3 veh chain collision. TP & OI
were parked & people @ nearby
Mosque. CB 7825U hit to OI veh & the
impact caused TP to pushed forward &
hit to first car. BOLA is not applicable

Potential Reject.

TP would like to purchase a survey report

26/1/18 @ 5:30

To submit one survey report to
CAGE. He has signed 26/1/18

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

\$

Reduction:

%

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability:

%

Repair Cost:

\$

Loss of Rental (LOR):

\$

Loss of Use (LOU):

\$

Loss of Income (LOI):

\$

LOR only

LOU only

\$

GIA/LTA Search

\$

Medical

\$

Disbursement:

\$

Legal Cost

\$

Total:

\$

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

\$

Name 1:

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3:

Email

Call

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$400

31/1/18

26/1/18

(06/11/17)

REF:

Surveyor:

ASSIGNMENT

From: Henry Date: ching

Estimated Cost:

QD/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.



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repair: 6 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: SHC8640P Yr Regn: 12/2015

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

Truck / Trailer or (A)Make: Hyundai I40 cc 1685Colour: Blue A/C: (Insured) / Std / NI / NASp. Reading: 108153 T/Radio: (Insured) / Std / NI / NAEng/No: —C/No: KMHLB41UMGU082989Gen. Cond: Good / Fair / Poor / BurntSteering: (Order) / Jammed / Leaked / Burnt orBrake: (Order) / Jammed / Leaked / Burnt orMod: (Nil) S/Rim / STD A/Rim orTyre Size: F: 205/60 R16R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM / I

TOYO / YOKO or Hankook

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 28/5/17 D.O.I. 29/5/17Survey held at CDGE Loyang

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

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

Date / Time Action / Instruction

8/6/17 PIP finalized amt PIP \$ 6567.66 with 6 working day with Juman

Red (\$2873.08/30%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS - S

Photos

Other

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Insp (\$ _____)☐ : Weekend (\$ _____)

Report Format :

Lump Sum / L.B.I. (\$ _____)

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	29/05/2017 10:27
Date Of Accident	28/05/2017 21:30
Exact Location Of Accident	CORPORATION RD NEAR LAMP POST 78 B4 MOSQUE.
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8640P
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	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
TAXI

Vehicle Category

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-15072701MFSH
Cover Note Number	

Driver

Name of Driver	ZULKEFFLE BIN OTHMAN
NRIC No	S1551443D
Date Of Birth	20/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1995
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	S_ZUL62@YAHOO.COM

Address	666A 02-199 JURONG WEST STREET 65
Postcode	641666
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- CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1135H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SALUHUDEEN SHAJI
NRIC/Passport Number	
Contact Number	91063584
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	CB7825U
Vehicle Make/Model/Colour	

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

OH YEW CHEONG

S1593448D

84221676

FRT LEFT

SKETCH PLAN**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 willful 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 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.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

COMFORT TRANSPORTATION PTE LTD
CO REG. NO 199303821R

[Signature]

29/05/17

Policyholder's Signature / Date & Time

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

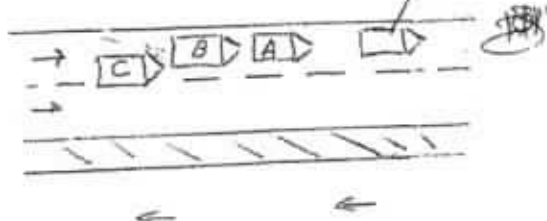
Witnessed by Reporting Centre Personnel

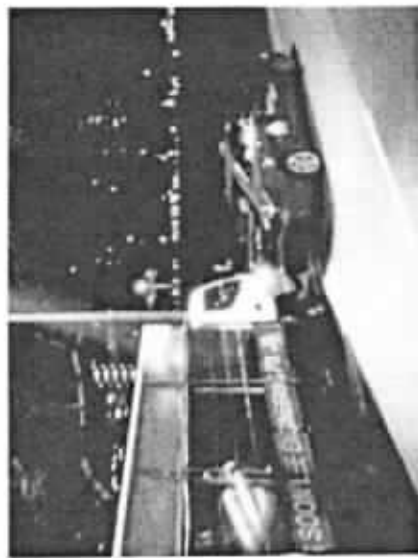
Sketch Plan

A: 24C8640P
B: YP1135H
SALLYHUDEEN SHAI
SPA33 03085781
HP91063534
C: CB78254
OH YEW CHEONG
11C 91593448D

CORPORATION RD
NEAR LAMP POST 78
B4 MOSBUE

S2K277ED





Jas Khine (LKKAUTO)

From: Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>
Sent: Monday, 8 January 2018 3:05 PM
To: Jas Khine (LKKAUTO)
Cc: KKLau; tan.wancong@axa.com.sg; valencia.lee@axa.com.sg
Subject: Fw: Your Ref :C0436402MC/WG (CB 7825 U) vs SHC 8640 P and YP 1135 H (China Taiping) D.O.A. 28.05.17 - (purchase survey report)

Follow Up Flag: Follow up
Flag Status: Completed

Dear Jas

Your email of 25.7.17 refers.

We would like to purchase your survey report with colour photos as requested by Axa Insurance.

Kindly advise amount payable.

Thank you.

Best Regards
Catherine Koh
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148733 | Fax : 62141843

----- Forwarded by Catherine Koh Mui Gek/cdge/delgronotes on 08/01/2018 03:00 PM -----

From: TAN Wancong <tan.wancong@axa.com.sg>
To: Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>
Date: 08/01/2018 01:55 PM
Subject: RE: Your Ref :C0436402MC/WG (CB 7825 U) vs SHC 8640 P and YP 1135 H D.O.A. 28.05.17 AXA

Without Prejudice

Hi Catherine,

LKK is representing China Taiping (YP1135H) and onus is on the claimant to substantiate his/her claim.
We are unable to negotiate settlement since you are unable to prove the loss.

Please furnish a copy of surveyor report with color photos.

*Please note we have terminated our fax-line. Hence, please send in your correspondences to our two common mail boxes instead.
For OD/TP survey, send it to motor.survey@axa.com.sg and other correspondences send it to motor.doc@axa.com.sg, thanks.

Regards,

Tan Wancong | Specialist, Motor (Property) Claims

DATE 29/5/2017 11:52

29/5/2017 11:52

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Buc</i>			\$ 1,681.40
	Boot Lid Rubber <i>src</i>			\$ 115.80
	Boot Lid Lock Upper <i>Bent</i>			\$ 137.90
	Boot Lid Lock Lower <i>repair</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>nec</i>			\$ 27.20
	Boot Lid CRDI Plate <i>nec</i>			\$ 41.00
	Boot Lid Lamp (LH/RH)	\$	556.80	\$ 1,113.60
	Licence Lamp (LH/RH)	\$	33.95	\$ 67.90
	Bootlid Moulding <i>nec</i>			\$ 85.00
	Bootlid i40 Emblem <i>nec</i>			\$ 41.00
	Bootlid Lower Garnish <i>src</i>			\$ 398.00
	Rear Bumper <i>src</i>			\$ 603.60
	Rear Bumper Reinforcement <i>src</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Bent</i>	\$	180.00	\$ 360.00
	Rear Bumper Side Bracket <i>src</i>	\$	49.00	\$ 98.00
	Rear Bumper Clips <i>nec</i>			\$ 22.00
	Rear Bumper Sponge <i>src</i>			\$ 143.40
	Rear Bumper Under Cover <i>src</i>			\$ 225.00
	Tail Lamp (LH/RH) <i>src</i>			\$ 1,131.20
	Rear Panel <i>repair</i>			\$ 592.30
	Rear Panel Garnish <i>src</i>			\$ 57.70
	Rear Panel Lower Panel <i>repair</i>			\$ 495.50
	SUBTOTAL			\$ 7,973.55
	LESS 20% Discount			\$ 1,594.71
	DISCOUNTED TOTAL			\$ 6,378.84
	Boot Lid Comfort Logo & Tel No. Sticker <i>nec</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>short</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>nec</i>			\$ 50.00
				\$ 215.70
	Labour Charge			
	Panel Beating	<i>6 day P/P</i>		\$ 1,000.00
	Spray Painting Charge	<i>Bx paint photo</i>	800	\$ 1,000.00
	Wiring Charge	<i>UKE Henry</i>	900	\$ 50.00
	Tuff Kote	<i>97884060</i>	30	\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass	<i>29/5/17 1235 hrs.</i>	60	\$ 120.00
	Remove/Refix Reverse Sensor		40	\$ 120.00
	TOTAL LABOUR			\$ 2,490.00
	ESTIMATE TOTAL			\$ 9,084.54

LKK Auto Consultants hereby notify the Repairer of the following:

- To survey before/after work
- To display damaged parts during survey
- Parts prices are subject to confirmation
- Third party survey is on a standard "Pre-aided" basis
- No legal responsibility is accepted
- Supplementary details must be submitted and is subject to final approval from Insurance Company

\$ 565.60

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
BOOTLID HINGE LH	1	\$178.10	Bent ✓
BOOTLID HINGE RH	1	\$178.10	Bent ✓
TOTAL:		\$356.20	JUMANI

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From: Catherine Koh Mui Gek [<mailto:catherinekoh@cdge.com.sg>]
Sent: Wednesday, December 27, 2017 12:14 PM
To: TAN Wancong <tan.wancong@axa.com.sg>
Subject: Re: Your Ref :C0436402MC/WG (CB 7825 U) vs SHC 8640 P and YP 1135 H D.O.A. 28.05.17 AXA

Dear Wan Cong

Taxi was surveyed by LKK representing China Taiping (YP1135H), we do not have the survey report. Attached is the repair estimate/finalization form signed by Henry(LKK), email from LKK with report of YP1135H and colour photos for your reference. You may wish to purchase the survey report from LKK, also your panel of surveyors. Kindly revert on our PD claim soonest.

Thank you.

Best Regards
Catherine Koh
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148733 | Fax : 62141843

— Forwarded by William Tan Thoo Seng/cdge/delgronotes on 19/12/2017 04:09 PM —

From: TAN Wancong <tan.wancong@axa.com.sg>
To: "williamtan@cdge.com.sg" <williamtan@cdge.com.sg>
Date: 19/12/2017 11:07 AM
Subject: RE: Your Ref :T0517/SHC8640P/WT(J)CO Our Ref :C0436402MC/WG

Without Prejudice

Hi William,

We refer to your LOD dated 07 Aug 2017.
Please furnish survey report with color photos to substantiate your claim.

Thanks

*Please note we have terminated our fax-line. Hence, please send in your correspondences to our two common mail boxes instead. For OD/TP survey, send it to motor.survey@axa.com.sg and other correspondences send it to motor.doc@axa.com.sg, thanks.

Regards,

Tan Wancong | Specialist, Motor (Property) Claims
AXA Insurance Pte Ltd | 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 | www.axa.com.sg
Email: tan.wancong@axa.com.sg
Customer Care No: 1800 8804741



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redefining / insurance



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From: KUMAR Shailendra
Sent: Friday, December 15, 2017 1:58 PM
To: williamtan@cde.com.sg
Cc: TAN Wancong <tan.wancong@axa.com.sg>
Subject: Your Ref :T0517/SHC8640P/WT(J)CO Our Ref :C0436402MC/WG

ACCIDENT INVOLVING CB7825U AND SHC8640P ON 28/05/2017.

Without Prejudice

We acknowledge receipt of your letter dated 07/08/2017 and the enclosures on 14/12/2017.

We are investigating your client's claim and will reply to you substantively soon.

Meanwhile, kindly hold your hands on the matter.

For future correspondence, please reply to TAN Wancong at tan.wancong@axa.com.sg.

**Regards,
Shailendra**

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]



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				
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CC3/CT117010507/H1ya3q2-1		
59 LOYANG DRIVESINGAPORE 508969		Date : 30-01-2018		
		Code : QW007		
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	Veh. Inspected	SHC 8640P	
	Policy No. DMCVSN1605171701	Coverage (\$)	0.00	
	Claim No. SNM17D03203C02/5	Excess (\$)	0.00	
	Assign From	Assign Date	29/05/2017	
2. Vehicle Particulars & Condition				
	Make & Model HYUNDAI I40 (A)	c.c	1685	
	Engine No. HIDDEN	Year of Reg.	2015	
	Chassis No. KMHLB41UMGU082989	Colour	BLUE	
	Odometer 108153	Steering	IN ORDER	
	Brakes IN ORDER	Modification	NIL	
	General GOOD			
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	205/60 R16	HANKOOK	6 mm
	L/H Front Tyre	205/60 R16	HANKOOK	6 mm
	R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
	L/H Rear Tyre	205/60 R16	HANKOOK	6 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
	Accident Date 28/05/2017	Inspection Date	29/05/2017	
	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:		6 Working Days	



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8640P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	BUCKLED	1,681.40	1,681.40
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
1	BOOT LID LOCK UPPER	BENT	137.90	137.90
1	BOOT LID LOCK LOWER	TO REPAIR SEE LABOUR	31.70	-
1	BOOT LID 'H' EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
2	BOOT LID LAMP (LH/RH) @\$556.80	SERVICEABLE	1,113.60	-
2	LICENCE PLATE (LH/RH) @\$33.95	SERVICEABLE	67.90	-
1	BOOTLID MOULDING	NECESSARY	85.00	85.00
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	CRACKED	398.00	398.00
1	REAR BUMPER	CRACKED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	CRACKED	504.35	504.35
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	BENT	360.00	360.00
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	CRACKED	143.40	143.40
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
2	TAIL LAMP (LH/RH) @\$565.60	CRACKED	1,131.20	1,131.20
1	REAR PANEL	TO REPAIR SEE LABOUR	592.30	-
1	REAR PANEL GARNISH	CRACKED	57.70	57.70
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	495.50	-
1	BOOTLID HINGE LH	BENT	178.10	178.10
1	BOOTLID HINGE RH	BENT	178.10	178.10
	LESS 20% DISCOUNT		-1,665.95	-1,117.99
			6,663.80	4,471.96
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			215.70	215.70
	LABOUR			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF BOOT LID LOCK LOWER, REAR PANEL AND REAR PANEL LOWER PANEL .		1,000.00	800.00
	SPRAY PAINTING CHARGE.		1,000.00	900.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	50.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR .		150.00	60.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR .		120.00	40.00
			2,490.00	1,880.00
	GRAND TOTAL		9,369.50	6,567.66
	RECOMMENDED COST OF REPAIRS			6,567.66

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NG KOK HUA

Automotive Assessor

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