od (TP) WS/TP RES / OD RES / EVA / INV / MV 7 CS To Inspect Vehicle No: SH 8494 M at Workshop m/s Comfort Delan of 59 rouging Drive Policy No: 80452669 amy Sum Insured:	1 D	_ Insured: _ Tel:	SKH 7673 P 6383 7118
Policy No: 80452669 amy	776-2750 (Tale 2007)		
Sum Insured:	Claim No:	5478	3 41
	Excess:	Velocial service	
Make of Veh: (Client's Record)		D	810c 10 FC A.O.
CA / REV / REP. / REV 24 HRS WP)			H.O.D. Endorsement:
Date/Time: 9.03 cm @ 30/1/18 Person Contacted	jumani	Vel	hicl (IX) OUT
Date/Time Action/Instruction () Estimate			
SH8494M-03/A16140195		a 2	D-0-A: 14/10/14
		V.	
31/1/18 Feat well the main			

301118	SH 8494M	24 Ma	
DO (TF) WS TERES OF RES EXAMINATION	Trock Trailers		
SH8494M	Hyundai Z4	6	1685
Comfort Delgro	' phe	,	215 84
comply begro	241493	- B	es no ma
13.36	English	v	
Pales No	K MHLR4	14MF40 658	KK
Sams No.	Gen Cons Good FO Poor Burn		
Sum insured Excess	Steering Indr U Jammed Leaked		
Cyanta Redero	Brake Indrés Jammed Leaked	Burnt to	
Make of Cert	Med NI / S Rim STD (Film or		
		5/60 RIG	
(Policy Cardition)	R:	~1	
	BS DUN EXMOVA BY FS LIZA	MIC/OHTSU PR	SUV
repair at the time of inspection.	тоуолуоко сл	Tamp eon	
Ballor Narvet value	<u>Fort</u>	9.635	
DAC Addigent Room: Consistent? Yes or No.	RSa 7	P S a	100
Gustert7: Yes or No	L53 2	_Ba	C#1.00
Est Padairs days Res Yes or No	22/·/·8	30/1/1	1
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SA / REV / REP / ZAHRS WP	Design Damages Fr. Rear CS	NS, UC / Roofts	a tr
Vende IN/A		Ms	
Date Person Contacted	The U.C. Chassis frame Bod	y Skrudzure lafelmes s	.872 771 877
2/1/18 (12 1 1/1 12857 68 / 2 A) Red : \$ 1327.68,311.		111	
	Days Of Repair 2		
typist / Final Report	Resurvey No. of Tric.	1,000	700
244	Fee: Steinsz S		10
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287.68	45.4		
			210

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

Case	Notified:	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	29 Jan 2018		29 Jan 2018 16:28 Assign				New Assignment Cancel Case
	Main	Refere	nce	Claim Deta	ails	Documents	Show All
CLAIM S	UBFOLDER DET	AILS				[Created by	insurerl
Insured:							
Main Clain	nant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R					
Vehicle Re	g. No.:	SH8494M		Date of Loss:		27/01/2018 1	7:00 - :59
Claim Type: TP / 547841		Policy/C	777	804526590M	,		

		Coverage: 15/01/2018 - 14/01/2019		
Vehicle Reg. No. (Insured):	SKH7673P	Policy No. (Claimant):		
	10	Excess:		
Repairer:	ComfortDelGro Engineering I /63837118	Pte Ltd (Braddell) 205 Braddell Road, 579701 Toa Payoh - Tel: 63837168		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 [Handled by Katherine Wong Chew Shong - 6594 2544]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Imm.Advice due 30/01/2018]			
Driver/Custodian (Insured):	LEE MEI LIN ROSALIND (LI MEIYIN ROSALIND) (), NRIC: S7527988D			

ASSOCIATED MAIL RECEIVED		View A	II Compose Case Mail
There are no mail for this case.		-	
ALL ASSOCIATED TASKS	View All	Sparch Tacke Const	to New Tret

View All Search Tasks Create New Task Due Date Priority Type Task Group Subject Handler Assigned By Completed On No results.



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

To be	AE OF BUILDING AND AND	Affiliated to Federation Internation	onale Des Experts En Autor	nobile	
MSI	G INSURANCE (S	INGAPORE) PTE LTD	Ref : CS/MSG18001	789/K1rd3	
	AFFLES QUAY 01 HONG LEONG	BLDG SINGAPORE 048581	Date: 30-01-2018 Code: MSG		
1.		Policy Particulars	:- THIRD PARTY CLA	IM	
	Insured Veh.	SKH 7673P	Veh. Inspected	SH 8494M	
	Policy No.	80452659QMY	Coverage (\$)	0.00	
	Claim No.	547841	Excess (\$)	0.00	
	Assign From	MERIMEN (KATHERINE WONG)	Assign Date	30/01/2018	
2.		Vehicle Parti	culars & Condition		
	Make & Model		c.c	0	
	Engine No.	HIDDEN	Year of Reg.		
	Chassis No.		Colour		
	Odometer		Steering		
	Brakes		Modification		
	General				
3.		Condit	ions 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.		Descripti	on of Damages		
5.	Englise New	Genera	I Information		
	Accident Date	27/01/2018	Inspection Date	30/01/2018	
	Survey held at				
		59 LOYANG DRIVE SINGAPORE 508969			
5a.		R	emarks		
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	THOUT PREJUDICE" BAS /E HAVE NOT AUTHORIS	SIS. SED REPAIRS.	

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:

Katherine Wong Chew Shong

Date: 31 Jan 2018

Preliminary Advice

Insured Vehicle No : SKH7673P

TP Vehicle No

: SH8494M

Accident Date

: 27/01/2018

Make

: HYUNDAI 140

Assignment Date

: 29/01/2018

Date of Inspection

: 30/01/2018

Est. Duration of Repair

: 2.00

Inspection At

: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

205 BRADDELL ROAD

SINGAPORE 579701

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	4,215.36
Revised Amount	:S\$	2,887.68
Check Items (Estimated)	:S\$	559.92
Total	:S\$	3,447.60

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 	I/not economical for repair.
---	------------------------------

(X) The above survey was conducted on a 'without prejudice' basis.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/01/2018 10:08
Date Of Accident	27/01/2018 17:30
Exact Location Of Accident	BUKIT TIMAH RD TWDS UPP B.TIMAH RD B4 BALMORAL RD.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH8494M
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	140
Exact Purpose for which vehicle was being used a 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	MCOM0015
Cover Note Number	
Driver	
Name of Driver	NG CHEE WAH

S0138563A NRIC No 23/03/1952 Date Of Birth OUTDOOR Occupation 27/03/1972 Date Of Driving Pass

45 YEARS AND 10 MONTHS Driving Experience

MALE Gender

Mobile Number Fax Number Contact Number

NOEMAIL EMail Address

. Address .

625 #08-210 CHOA CHU KANG STREET 62

Postcode

680625

Was driver an employee of the Insured's Company

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKH7673P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

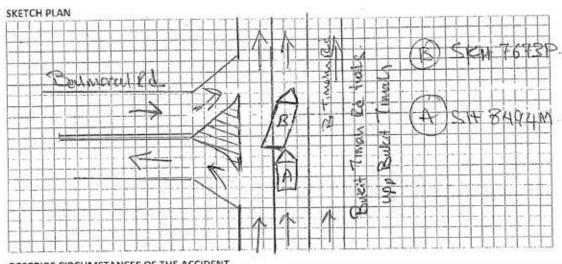
Insurance Company Name

Nature Of Damage

RHT REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON STEEN SUR & It solm I beh 4
wan driving along Ruteil Timal, Ec Tude
upp Butent That Pd Bot Bodnew Ed.
I won A wow on my lone (24) Suddenly well
(B) Dash in to my lane all happen very fast
I try to brake but Count stop in time.
I wen & hit weh. B Reget rear. at the point
of acadent was a resurger.

DECLARATION

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

COMFORT TRANSPORTATION PTE in every respect.

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

Sketch Plan Pg. 2

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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/saw 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:
 - 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.

CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

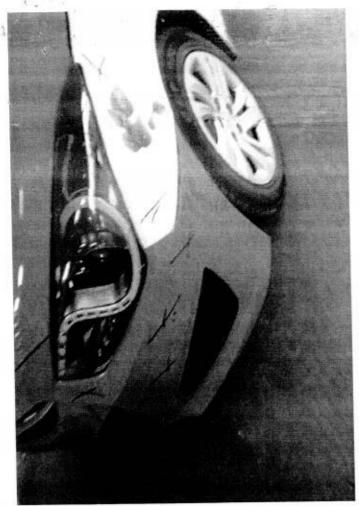
(If driver is not the policyholder)

Date & Time:

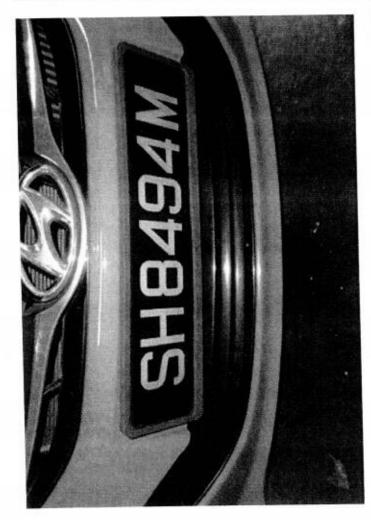
Reporting Centre Personnel's Signature

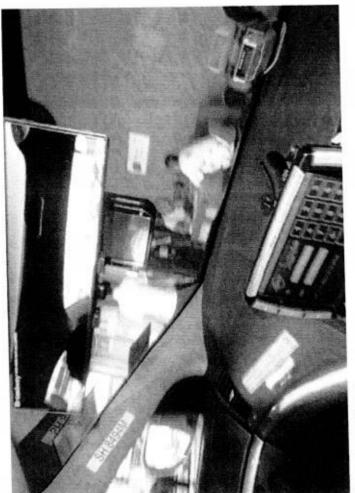
Name:

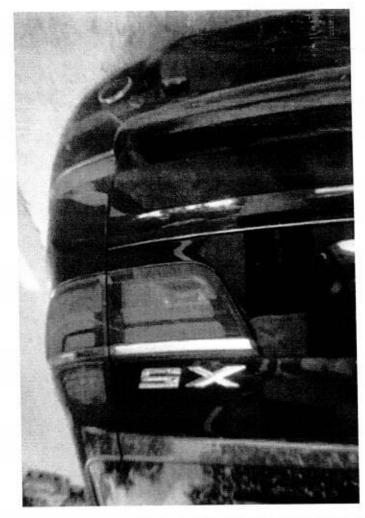
NRIC/FIN No.:

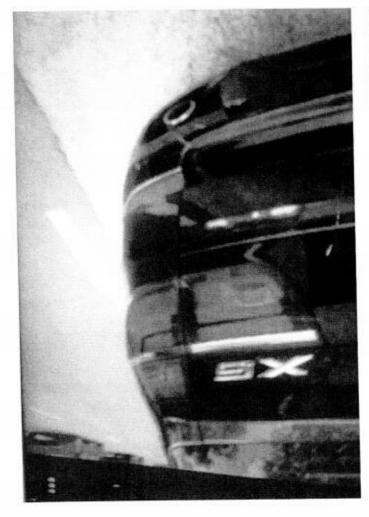
















A men'ner of COMFORTDELCED

Date/Time: 29.01.2018 11:47 Page: 1

T	am	:	

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305111445

STOMER

DRESS

COMFORT TRANSPORTATION PTE LTD

VMS 7010045

STOMER NO. 7010045

Singapore SINGAPORE 575717

65508755 _. (R)

(P) SCOUNT CARD NO.

	, [20] [10] [10] [10] [10] [10] [10] [10] [1
REGN NO. 8494M	MILEAGE
MAKE HYUNDAI	FUEL EF
MODEL 1-40 29	01.2018 08:30
YR OF MANU 3.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU065844	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.01.2018

NATURE: 3P 27.01.2018

S/NO

LABOR CODE

DESCRIPTION

ECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
owledgement Slip	Exit Pass
o.: le No.: SH 8494M LKE	Vehicle No.: SH 8494M
of Service Advisor Signature/Date returned to Service Reception upon collection	Name of Service Advisor Date To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SH 8494M

DATE 29/1/2018 11:41

MSIG

MAKE

Qty	I di to Descriptioni Linoviti	Type	Unit Price		mount	ŀ
	Front Bumper Cover / Labour			S	562.30	
	Front Bumper Sponge Xxx			S	142.20	
	Front Bumper Reinforcement			\$	526.10	
	Front Bumper Grille (LH) — 4	- 1		\$	40.30	
	Front Bumper Centre Grille Top Garnish × 640	nam cra		S	80.00	
	Front Dumper President Top (I II)	· ·		s	22.40	
	Front Bumper Retainer Mounting			S	9.20	
	Headlamp (LH)			s	1,388.00	
	Front Fender (LH)			\$	619.00	
	Front Fender (LH) Front Fender Shield (LH)	- 1		S	169.80	
	Front Fender Smeld (LH) Front Fender Retainer			s	9.20	
	From Fender Retainer			\$	150.70	
	Frt Wheel Hub Cap (LH) 🔀			5	150.70	
	SUB TOTAL			s	3,719.20	1
	LESS 20%			S	743.84	
	DISCOUNTED TOTAL			S	2,975.36	1
	Front Fender Advertisement Logo (LH)			s	100.00	Net
				\$	100.00	1
	Labour Charge				300	
	Panel Beating			S	560.00	T
	Spray Painting Charge			\$	400.00	3
	Wiring Charge			\$	59.00	20
	Tuff Kote			S	50.00	20
	Frt Wheel Alignment			\$	80.00	
	TOTAL LABOUR			S	1,140.00	1
]
	Kalin (CKK)	44.7.4		S	4,215.36	
	Kalin (CKK) 1 30/1/18 102063. 2 0472 PIP Before Part pll	To res		1		
	Reha Pare the	Pars Third; No illo	a W. e.			
	peon	• Supple is subj	e The must be recipiled and an in	- 1		

COMFORTDELGRO ENGINEERING PTE LTD

Date: 01.02.2018 Time: 09:21:07

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE MAKE

: 305111445 : SH 8494M : 0000000000 : HYUNDAI

MODEL

: I-40

DATE OF REGN : 24.03.2015 DATE/TIME IN : 29.01.2018

: 29.01.2018 08:30

ACCIDENT DATE : 27.01.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

1 L 562,30 20.00 449.84

0002 04-01-0103-0781-A I40V2 LAMP ASSY-HEAD LH#

1 L 1,388.00 20.00 1,110.40

0003 04-01-0103-0574-G I40VC PANEL-FENDER LH#

1 L 619.00 20.00 495.20

0004 04-01-0103-0737-G 140V2 COVER-FR FOG LAMP B 1 L 40.30 20.00 32.24

SUB-TOTAL : 2,087.68

JOB NATURE

0000 20-05 RENEW ADVERTISHENT STICKER	0000 20-05	RENEW ADVERTISMENT	STICKER-
---------------------------------------	------------	--------------------	----------

100.00

0001 L

PANEL BEATING

300 360.00

0002 23-502

SPRAYPAINT ON AFFECTED AREA

360.00

0003 17-01

CHECK ALL LIGHTING

20.00

0004 20-00

TUFF COAT ON AFFECTED PARTS.

20.00

SUB-TOTAL: 860.00

COMFORTDELGRO ENGINEERING PTE LTD

SURVEYOR NAME & SIGNATURE

Date: 01.02.2018 Time: 09:21:07

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE

: 305111445 SH 8494M : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 24.03.2015

DATE/TIME IN : 29.01.2018 08:30

ACCIDENT DATE : 27.01.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,947.68

AUTHORISED: YES/NO

MVA NAME & SIGNATURE

DATE:

DATE:

COMFORTDELGRO ENGINEERING

JU 15	ur Job Ref No :3051		3031114	45			ComfortD	elGro Engineering Pte Ltd
ate 01/02/18					59 Loyan Fax: 6546	g Drive Singapore 508969		
IAI	IZATIO	ON FOR	м				1.30.30	
	81		LKK				Fax:	
in	: Mr	8	KALVIN					
hic	le Reg	No. :	SH8494M	CTPL	60		_	27.01.18
es	urvey a	and estim	nates of the repairs	s of the above-me	ntioned	vehicle are	as follows:-	
			shall bill to:		MSIG	327		SKH7673P
	The f	10040000000000	amount shall be:					\$2,087.68
	(a)	SCHOOL ST	Parts after List dis	count				\$800.00
	(b)		Charges					\$ 2887.68
		Total f	or Part-By-Part I	Repair Cost				
	(c.)	Lumps	um Repair (if appl	icable)				
	(0.)	Total fo	or Lumpsum repai	r cost after Less:		20%		
		Final L	umpsum Repair	rcost				
			rmal period for rep at the above amo		2 and Cor	nfirmed if t	there is no rep	oly from you within
1.	We s	shall trea orking da	at the above amo ays	ount as Correct		We	confirm the es	oly from you within
4.	We s	shall trea orking da	at the above amo	ount as Correct		We		
1.	We s	shall trea orking da	at the above amo ays	ount as Correct		We	confirm the es	
la:	We s	shall trea orking da nk you fo	at the above amo ays	ount as Correct		We fina	confirm the es lized amount	timates and
la:	We s	shall trea orking da nk you fo nature:	at the above amo ays or your assistance	ount as Correct :		We fina	confirm the es ilized amount nature :	
1.	We s 7 wo Than Sign Nan	shall tres orking da nk you fo nature:	at the above among ays or your assistance	ount as Correct :		We fina Sig	confirm the es ilized amount nature : me :	timates and
1.	We s 7 wo Than Sign Nan Tel	shall tree orking da nk you fo nature:	at the above amo ays or your assistance LIM KWOK ENG 62148316	ount as Correct :		We fina Sig Na	confirm the es ilized amount nature : me :	timates and
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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/MSG18001789/K1RD3N2

Date:

06/02/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

80452659QMY

Claimant

Vehicle No:

SH8494M

Insured Vehicle No:

SKH7673P

Date of Loss:

27/01/2018

Nature of Claim:

TP

Claim No: 547841

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SH8494M

Make & Model:

HYUNDAI 140, 1.7 L CRDI AT ABS AIRBAG 4DR

Engine No: D4FDEU480443

(A) 24/03/2015 (Man. Year: 2014)

1685 cc

Chassis

KMHLB41UMFU065844

Reg. Date: Colour:

Blue

No:

Odometer: 241493 km

Engine Capacity:

Market Value/New Car

N/A

Price: 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:

205/60R16

Rear Tyre Size:

205/60R16

Front Left Side:

Campeon 7 mm

Rear Left Side:

Campeon 7 mm

Front Right Side:

Campeon 7 mm

Rear Right Side:

Campeon 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts	Repairer's 3,075.36 0.00	Adjuster's 2,187.68 0.00	Difference 887.68 0.00	Diff % 28.86
Miscellaneous Items Labour	1,140.00	700.00 0.00	440.00 0.00	38.60
Paintwork Labour Towing	0.00	0.00	0.00	
Gross Total (S\$) + GST 7.00/7.00% (S\$)	4,215.36 295.08	2,887.68 202.14	1,327.68 92.94	31.50 31.50
Nett Amount (S\$)	4,510.44	3,089.82	1,420.62	31.50

INSPECTION

Date of Assignment:

29/01/2018

Date Inspected:

30/01/2018 Inspected At:

COMFORTDELGRO ENGINEERING

PTE LTD

59 LOYANG DRIVE SINGAPORE 508969

Estimated Period of Repair:

2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: Janice Lee Si Hua

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

Refe	rence
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Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 06 Feb 2018)

Parts:

143

HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SH8494M)

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		*FRONT BUMPER COVER	Deformed	562.30 FL	*562.30 FL
2	1		*FRONT BUMPER COVER	Serviceable	142.20 FL	*-FL
3	1		*FRONT BUMPER REINFORCEMENT	Serviceable	526.10 FL	*-FL
4	1		*FRONT BUMPER GRILLE (LH)	Cut	40.30 FL	*40.30 FL
5	1		*FRONT BUMPER CENTRE GRILLE TOP GARNISH (CRACKED)	Old Damage	80.00 FL	*-FL
6	1		*FRONT BUMPER BRACKET TOP (LH)	Serviceable	22.40 FL	*-FL
7	1		*FRONT BUMPER RETAINER MOUNTING	Serviceable	9.20 FL	*-FL
8	1		*HEADLAMP (LH)	Cracked	1,388.00 FL	*1,388.00 FL
9	1		*FRONT FENDER (LH)	Dented	619.00 FL	*619.00 FL
10	1		*FRONT FENDER SHIELD (LH)	Serviceable	169.80 FL	*-FL
11	1		*FRONT FENDER RETAINER	Serviceable	9.20 FL	
12	1		*FRT WHEEL HUB CAP (LH)	Serviceable	150.70 FL	
13	1 anchise	part. S=S	*FRONT FENDER ADVERTISEMENT LOGO (LH) SpcNett. L=ListItemDisc.	Necessary	100.00 FS	*100.00 FS
X-0-10-00			 Reserve description and the server described and reserve as the server of the server of	Sub Total (S\$	3,819.20	2,709.60
			- List Item Discount on L Items	20.00/20.00% (S\$	743.84	521.92
				Total Parts (S\$	3,075.36	2,187.68

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			
1	PANEL BEATING	New	560.00	300.00
2	SPRAY PAINTING CHARGE	New	400.00	360.00
3	WIRING CHARGE	New	50.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	FRT WHEEL ALIGNMENT	New	80.00	
		Gross Labour Cost (S\$)	1,140.00	700.00
	Repor	t was unsubmitted during this print-out.		

< END OF ESTIMATES >