

ASS. REC. BY:

REF:

CS/MSG18003291/Kvb 02

Special Instruction:

SIGNATOR:

Kalvin

ASSIGNMENT (Office)

From (Person):

Ravel Foo

of

MSG.

Date/Time: 21/2/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 8899K.

Insured:

FBK 1749K

at Workshop m/s

Comfort Delgro Engineering

Tel:

6214 8300

of

59 Loyang Drive.

Policy No:

MSG/ME/17-362448

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19/2/18

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

21/2/18

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 8899K-X

FBK 1749K-X.

27/2/18

Send preli revised by merimen

Survey Department Check List (Case Handler)

Reference No. : CS/MSG/8003299/Kvb
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	✓			
---	--------------------------------------	---	--	--	--

(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 27/5/18
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/MSG18003299/K1vb		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 21-02-2018		
		Code : MSG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FBK 1749K	Veh. Inspected	SHC 8899K	
Policy No.	MSD/VMS/17-362448	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	MERIMEN (FIEVEL FOO)	Assign Date	21/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	c.c			
Engine No.	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	21/02/2018	Inspection Date		
Survey held at				
5a. Remarks				

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 Feb 2018		21 Feb 2018 11:30 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	Wan Bok Yan, ID: S0220561J		
Main Claimant:	Comfort Transportation Pte Ltd, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8899K	Date of Loss:	19/02/2018 15:00 - :59
Claim Type:	TP	Policy/Cover Note No.:	MSD/VMS/17-362448 (TP, Fire & Theft) Coverage: 21/04/2017 - 20/04/2018
Vehicle Reg. No. (Insured):	FBK1749K	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 Wenyao - 6643 1316]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 22/02/2018]		

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 Wenyao	Date: 27 Feb 2018
<u>Preliminary Advice</u>	

Insured Vehicle No	: FBK1749K	Accident Date	: 19/02/2018
TP Vehicle No	: SHC8899K	Assignment Date	: 21/02/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 3.00
Date of Inspection	: 21/02/2018		
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\$	4,524.72
Revised Amount	:S\$	3,037.84
Check Items (Estimated)	:S\$	0.00
Total	:S\$	3,037.84
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	20/02/2018 13:39
Date Of Accident	19/02/2018 15:50
Exact Location Of Accident	JUR WEST AVE 4 TWDS PIONNER RD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8899K
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
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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHOW CHEE LEONG
NRIC No	S1729700G
Date Of Birth	28/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1982
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E Mail Address	WCHOW516@GMAIL.COM

Address	841 15-123 JURONG WEST STREET 81
Postcode	640841
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	COLLIDED INTO MOTORCYCLIST
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?	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)	1

Details of Police Action

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

Circumstances of Accident

SEE POLICE REPORT.

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	FBK1749K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
------	-------

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

FBK1749K

Were seat belts worn?

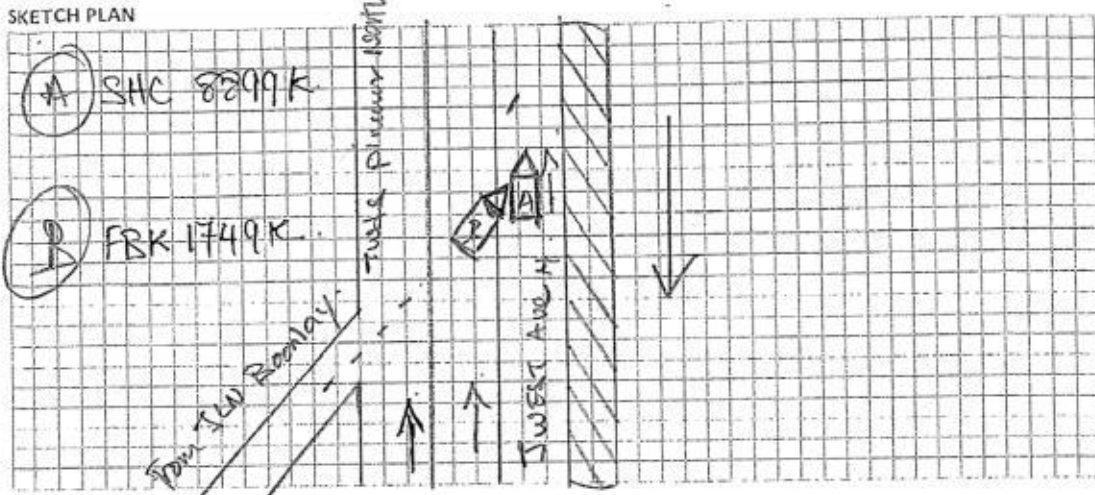
Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report No: T/20180219/2114.

Refer to police

Report.

T/20180219/2114.

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 declare to not the policyholder)

Reporting Centre Personnel's Signature
At:



**SINGAPORE
POLICE FORCE**



T/20180219/2114

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180219/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2018 18:02	Vide Report No.: J/20180219/0145	Station Diary No.: 150
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Informant's Particulars			
Name of Informant: CHOW CHEE LEONG		Address: APT BLK 841 JURONG WEST STREET 81 #15-123 SINGAPORE 640841	
ID Type / ID No.: NRIC NO / S1729700G		Contact No.: Home/Office: Mobile: 83638899	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 28/02/1965	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/02/2018 15:50	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST AVENUE 4 Jurong West Ave 4 towards Pioneer Rd North Lamp Post Number: 71				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1749K	Motorcycle				Slightly Damaged	0
SHC8899K	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180219/2114

2 of 2

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180219/2114

CONTINUATION OF REPORT

Driver			
Name	CHOW CHEE LEONG	ID No.	S1729700G
Related Vehicle	NIL	Contact No.	83638899
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

1. On 19 Feb 2018 at about 1553hrs, I was driving my Taxi SHC8899K along Jurong West Ave 2 towards Pioneer Rd North. At that time, I was traveling on the extreme right lane and the traffic volume was light. After I past the x-junction Jurong West Ave 4, I was still traveling at the extreme right lane. At that time, I remembered driving past a motorcycle FBK1749K. However, after I past the x-junction and was near to the temple (RN: near to lamppost 71), suddenly, the same motorcycle suddenly collided into my left side of my vehicle body. Damages to my vehicle as follows:- a) scratch marks from the rear passenger door to the front passenger door. For the rider, I do not have his particular as he was conveyed by Ambulance. Condition was conscious. Damage to the motorcycle was only the box was detached from it.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20180219/2114

3 of 3

Report No. T/20180219/2114

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.

Signature Of Officer Recording The Report:

J /

SI DANNY LOW HENG HUAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Authentication Stamp

Signature Of Informant:

Date/Time:

19/02/2018 18:02

Classification Of Case:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Bendor Road Singapore 575701

Mainline + 65 6383 6280 Facsimile + 65 6283 8733

Workshops

58 Linyang Drive Singapore 508865

553 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

32 Raffles Road Singapore 609286

54 Simola Loop Singapore 758136

7 Surge Kadut Way Singapore 722751

6 Dulu Avenue 1 Singapore 639537

Date/Time: 20.02.2018 17:43

Page : 1

member of COMFORTDELGRO

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305118311

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.	SHC8899K	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 20.02.2018 09:00
YR OF MANU.	14.04.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU087392	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 19.02.2018
NATURE: 3P 19.02.18/C

/NO LABOR CODE DESCRIPTION

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

No.: SHC8899K

LIMITS

Vehicle No.: SHC8899K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8899K

DATE 21/2/2018

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Door (LH) — dent front			\$ 1,403.05	
	Frt & Rear Wheel Hub-Cap (LH) front ✓ Rear ✓		\$ 150.70	\$ 301.40	
	Front Fender (LH) x 500			\$ 619.00	
	Front Fender Shield (LH) x 500			\$ 169.80	
	Front Bumper Cover — dent			\$ 562.30	
	Front Bumper Bracket Top (LH) x 500			\$ 22.40	
	Front Bumper Retainer Mounting x 500			\$ 9.20	
	Rear Door (LH) x 500				
	RH Rocker Panel Guard x 500				
	SUB TOTAL			\$ 3,087.15	
	LESS 20%			\$ 617.43	
	DISCOUNTED TOTAL			\$ 2,469.72	
	Rear Door Comfortdelgro & Apps Sticker (LH) —			\$ 80.00	Nett
	Front Door Coloured Comfort Logo (LH) —			\$ 75.00	Nett
				\$ 155.00	
	Labour Charge				
	Panel Beating			\$ 850.00	400
	Spray Painting Charge			\$ 800.00	720
	Tuff Kote			\$ 50.00	20
	Transfer of Door			\$ 120.00	50
	Four Wheel Alignment			\$ 80.00	x 11
	TOTAL LABOUR			\$ 1,900.00	
	ESTIMATE TOTAL			\$ 4,524.72	
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: _____</p>				
	<p>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.</p>				

MSIG-CP(P)

TS

1006

16/2/18
21/2/18 1430 hrs.
3 Days
PIP
Before Part & Photo

COMFORTDELGRO ENGINEERING PTE LTD

Date: 23.02.2018

Time: 18:44:00

REPAIR ESTIMATE

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305118311
REGN NO : SHC8899K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.04.2016
DATE/TIME IN : 20.02.2018 09:00
ACCIDENT DATE : 19.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0593-G	FRT DOOR LH	1	1,403.05	20.00	1,122.44
0002 04-01-0103-0658-G	FRT WHEEL CAP LH	1	150.70	20.00	120.56
0003 04-01-0103-2322-A	FRT BUMPER	1	562.30	20.00	449.84
0004 28-01-0103-0003-A	Frt Door ComfortDelGro LH	1	75.00		75.00
0005 28-01-0103-2013-A	Rear Door APPS Sticker LH	1	80.00		80.00

SUB-TOTAL : 1,847.84

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	720.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 L	TRANSFER DOOR	50.00

SUB-TOTAL : 1,190.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 23.02.2018

Time: 18:44:00

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305118311
REGN NO : SHC8899K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.04.2016
DATE/TIME IN : 20.02.2018 09:00
ACCIDENT DATE : 19.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,037.84


MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305118311

Date : 26/02/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8899K

Date of Accident : 19-Feb-18

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

1. The repair job shall bill to: MSIG --- FBK1749K
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,847.84
(b) Labour Charges	\$1,190.00
Total for Part-By-Part Repair Cost	\$3,037.84
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 26/2/18

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/MSG18003299/K1VBN2

Date: 28/02/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMS/17-362448
Claimant Vehicle No :	SHC8899K	Insured Vehicle No :	FBK1749K
Date of Loss:	19/02/2018	Nature of Claim:	TP
		Claim No:	MSCN/18-000274

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8899K	Engine No:	D4DFU609194
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M)	Chassis No:	KMHLB41UMGU087392
Reg. Date:	14/04/2016 (Man. Year: 2016)	Odometer:	341136 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,624.72	1,847.84	776.88	29.60
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,900.00	1,190.00	710.00	37.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	4,524.72	3,037.84	1,486.88	32.86
+ GST 7.00/7.00% (\$\$)	316.73	212.65	104.08	32.86
Nett Amount (\$\$)	4,841.45	3,250.49	1,590.96	32.86

INSPECTION

Date of Assignment:	21/02/2018	
Date Inspected:	21/02/2018 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang)

59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 3.0 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: 28 Feb 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC8899K)	
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 DOOR (LH)	Dented	1,403.05 FL	*1,403.05 FL
2	1		*FRT & REAR WHEEL HUP-CAP (LH)	Front Grazed/Rear Serviceable	301.40 FL	*150.70 FL
3	1		*FRONT FENDER (LH)	Serviceable	619.00 FL	*- FL
4	1		*FRONT FENDER SHIELD (LH)	Serviceable	169.80 FL	*- FL
5	1		*FRONT BUMPER COVER	Deformed	562.30 FL	*562.30 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		*REAR DOOR (LH)(NPA)	Repair	0.00 FL	*- FL
9	1		*RH ROCKER PANEL GARNISH (NPA)	Repair	0.00 FL	*- FL
10	1		*REAR DOOR COMFORTDELGRO & APPS STICKER (LH)	Necessary	80.00 FS	*80.00 FS
11	1		*FRONT DOOR COLOURED COMFORT LOGO (LH)	Necessary	75.00 FS	*75.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S\$)	3,242.15	2,271.05
- List Item Discount on L Items 20.00/20.00% (S\$)	617.43	423.21
Total Parts (S\$)	2,624.72	1,847.84

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	850.00	400.00
2	SPRAY PAINTING CHARGE	New	800.00	720.00
3	TUFF KOTE	New	50.00	20.00
4	TRANSFER OF DOOR	New	120.00	50.00
5	FOUR WHEEL ALIGNMENT	New	80.00	-
Gross Labour Cost (S\$)			1,900.00	1,190.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >