

ASS. REC. BY:

REF:

ca/mcga18003300/Klvbn2

Special Instruction:

Surveyor
Merimen

kalvin

ASSIGNMENT (Office)

From (Person):

Lionel Tan

of

MEIG.

Date/Time:

21/2/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC2299G

Insured:

GBB.3381X

at Workshop m/s

Comfort Delgro Engineering

Tel:

62148300

of

59 Loyang Drive

Policy No:

2887272 MKC

Claim No:

550095

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
	SHC2299G-X
	GBB 3381-X
21/2/18	Send preli revised by merimen

Survey No: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ 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: SHC 22994 Yr Regn: 20 Dec 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / T.O. / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c/c 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 27254 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCBX1UMH4100092

Gen. Cond: Good / F0 / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Hook

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 19/2/18 D.O.I. 21/2/18

Survey held at IOK (Gang)

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

N/S Frnt

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

Date / Time Action / Instruction

23/2/18 Initial P/P \$ 2245.28 / 2 P/P (Red 1833.76, 4590) MHA PIP

[Signature]
27/2/2018

RECEIVED 27 FEB 2018

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 2

1) _____

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

2) 27/2 - typist

Add Fee: : Site Insp (\$ _____)

Transportation:

Report Format: merimen

: Interview (\$ _____)

\$ + RS. \$ 200

Sum of P/P \$ 2245.28

: Tech. Invs (\$ _____)

Photos 10

Others

210

Survey Department Check List (Case Handler)

Reference No. : CS / MSG 1800 3300 / Klvb
 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

		Case Handler		Typist	
		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

		Case Handler		Typist	
		Y-Date	N-Date	Y-Date	N-Date
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

27 > 8

Case Handler Date

*C: Critical *N: Non-Critical



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/MSG18003300/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.	GBB 3381X	Veh. Inspected	SHC 2299G
Policy No.	28872772MKC	Coverage (\$)	0.00
Claim No.	550095	Excess (\$)	0.00
Assign From	MERIMEN (LIONEL TAN)	Assign Date	21/02/2018
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	19/02/2018	Inspection Date	22/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 Feb 2018		21 Feb 2018 10:14 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	RLLOY GENERAL CONTRACTOR, Co. Reg. No.: 52893591K		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC2299G	Date of Loss:	19/02/2018 16:00 - :59
Claim Type:	TP / 550095	Policy/Cover Note No.:	28872772MKC (Comprehensive) Coverage: 08/01/2018 - 07/01/2019
Vehicle Reg. No. (Insured):	GBB3381X	Policy No. (Claimant):	
		Excess:	S\$600.00
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 Lionel Tan Tian Pei - 6643 1307]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 22/02/2018]		
Driver/Custodian (Insured):	NG THYE SIAN ()		
Adj Asg. Remarks:	Please contact MR LIM TIEN SIONG @ 6214 8398 or 9635 8546 to arrange for survey .		

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.									

Kalvin

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:	Lionel Tan Tian Pei	Date:	27 Feb 2018
<u>Preliminary Advice</u>			

Insured Vehicle No	: GBB3381X	Accident Date	: 19/02/2018
TP Vehicle No	: SHC2299G	Assignment Date	: 21/02/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
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 front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	4,079.04
Revised Amount	:S\$	2,245.28
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,245.28

Lump Sum Repair	:S\$	
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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 10:43
Date Of Accident	19/02/2018 16:40
Exact Location Of Accident	SIMS AVE X ENSKU AMAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2299G
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	LOH NEE SHIUN
NRIC No	S1370084B
Date Of Birth	31/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	YUXILUO365@GMAIL.COM

Address	BLK 508 BEDOK NORTH AVENUE 3 #12-365
Postcode	460508
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB3381X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG THYE SIAN
NRIC/Passport Number	S0189962G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

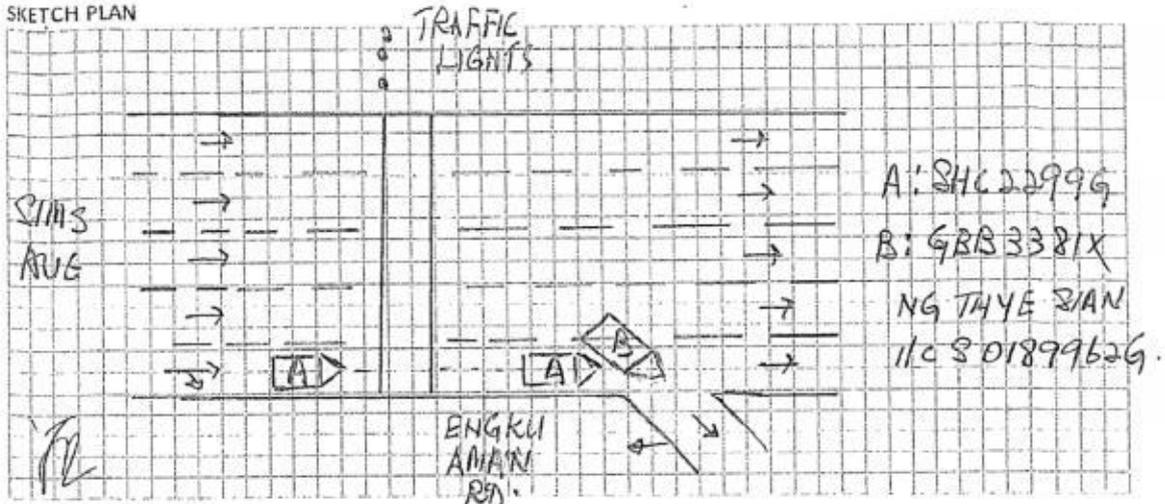
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

4 1 10-7
3-10 7-10

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

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.:

Job Name: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305118180

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O) (R) (P) IDENTIFICATION CARD NO.	REGN NO SHC2299G	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 19.02.2018 17:20
	YR OF MANU 20.12.2017	TARGET DATE
	CHASSIS CODE KMHLB41UMHU100092	COMPLETION DATE/TIME:

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

Receipt Slip

Exit Pass

No.: SHC2299G LIMTS

Vehicle No.: SHC2299G

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2299G

MAKE :

MODEL : HYUNDAI i40

MSIG-CP/P)

DATE 20/2/2018

IS

1540

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Redone</i>			\$ 1,052.20
	Front Bumper Sponge <i>X sur</i>			\$ 142.20
	Front Bumper Grille (LH) <i>cut</i>			\$ 285.50 <i>80</i>
	Front Bumper Grille Airduct (LH) <i>X sur</i>			\$ 155.00
	Front Bumper Bracket (LH) <i>cut</i>			\$ 24.60
	Headlamp (LH) <i>X sur</i>			\$ 1,388.00
	Front Fender (LH) <i>Red</i>			\$ 619.00
	Front Fender Shield (LH) <i>X sur</i>			\$ 169.80
	SUB TOTAL			\$ 3,836.30
	LESS 20%			\$ 767.26
	DISCOUNTED TOTAL			\$ 3,069.04
	Labour Charge			
	Panel Beating			\$ 500.00 <i>300</i>
	Spray Painting Charge			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>X 11</i>
	TOTAL LABOUR			\$ 1,010.00
	ESTIMATE TOTAL			\$ 4,079.04
				<i>4079.28</i>

Ka Lue Lueky
20/2/18 1500 hrs
2 Pys
PR
Before Paint photo

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer
 Signature:
 Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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

JOB NO : 305118180
 REGN NO : SHC2299G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 20.12.2017
 DATE/TIME IN : 19.02.2018 17:20
 ACCIDENT DATE : 19.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	FRT BUMPER	1	1,052.20	20.00	841.76
0002	04-01-0103-0639-G	FRT BUMPER BRKT LH	1	24.60	20.00	19.68
0003	04-01-0103-0574-G	FRT FENDER LH	1	619.00	20.00	495.20
0004	04-01-0103-4891-G	FRT BUMPER GRILLE LH	1	285.80	20.00	228.64

SUB-TOTAL : 1,585.28

JOB NATURE

0000	L	PANEL BEATING				300.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA				360.00

SUB-TOTAL : 660.00

TOTAL : 2,245.28


 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305118180
Date : 22/02/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SHC2299G 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 --- GBB3381X
2. The finalized amount shall be:

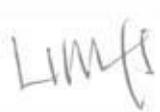
(a) Spare Parts after List discount	<u>\$1,585.28</u>
(b) Labour Charges	<u>\$660.00</u>
Total for Part-By-Part Repair Cost	<u>\$2,245.28</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
Final Lumpsum Repair cost	_____

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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 23/2/18

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/MSG18003300/K1VBN2
Date: 28/02/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. **Policy No:** 28872772MKC
Claimant Vehicle No : SHC2299G **Insured Vehicle No :** GBB3381X
Date of Loss: 19/02/2018 **Nature of Claim:** TP **Claim No:** 550095

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC2299G
Make & Model: HYUNDAI I40, 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M) **Engine No:** D4FDHU730969
Reg. Date: 20/12/2017 (Man. Year: 2016) **Chassis No:** KMHLB41UMHU100092
Colour: Blue **Odometer:** 27254 km
Engine Capacity: 1685 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:** Yes

CONDITION OF TYRES

Front Tyre Size: 205/60 R16 **Rear Tyre Size:** 205/60 R16
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	3,069.28	1,585.28	1,484.00	48.35
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,010.00	660.00	350.00	34.65
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,079.28	2,245.28	1,834.00	44.96
+ GST 7.00/7.00% (S\$)	285.55	157.17	128.38	44.96
Nett Amount (S\$)	4,364.83	2,402.45	1,962.38	44.96

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: 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: 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 SHC2299G)
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	1,052.20 FL	*1,052.20 FL
2	1		*FRONT BUMPER SPONGE	Serviceable	142.20 FL	*- FL
3	1		*FRONT BUMPER GRILLE (LH)	Cut	285.80 FL	*285.80 FL
4	1		*FRONT BUMPER GRILLE AIRDUCT (LH)	Serviceable	155.00 FL	*- FL
5	1		*FRONT BUMPER BRACKET (LH)	Cracked	24.60 FL	*24.60 FL
6	1		*HEADLAMP (LH)	Serviceable	1,388.00 FL	*- FL
7	1		*FRONT FENDER (LH)	Dented	619.00 FL	*619.00 FL
8	1		*FRONT FENDER SHIELD (LH)	Serviceable	169.80 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	3,836.60	1,981.60
- List Item Discount on L Items 20.00/20.00% (\$\$)	767.32	396.32
Total Parts (\$\$)	3,069.28	1,585.28

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
<u>Labour Items</u>				
1	PANEL BEATING	New	560.00	300.00
2	SPRAY PAINTING CHARGE	New	400.00	360.00
3	WIRING CHARGE	New	50.00	-
Gross Labour Cost (\$\$)			1,010.00	660.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >