

ASS. REC. BY:

REF: CS

MSG18004202/KLV3

N2

Special Instruction:

Surveyor:

Kalvin

ASSIGNMENT (Office)

Menmen

From (Person):

Monica chung

of

MSIG

Date/Time:

5/3/18 @ 8:58am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 9709M

Insured:

SKN 9418R

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

59 Layang Drive

Policy No:

MSD/vpcp-17-001519

Claim No:

MSC/v/18-000320

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

02/03/2018

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time:

10:05am @ 5/3/18

Person Contacted:

jumeini

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SH 9709M-CS3/FCI/4008527/R/v m3d1

D.O.A: 5/1/14

SKN 9418R-X

6/3/18

Send preli revised by merimen

Survey Department Check List (Case Handler)

Reference No.: CS/MSG/800 4302/K/vcl3
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		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 9/3/18
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/MSG18004202/K1vd3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 05-03-2018	
		Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKN 9418R	Veh. Inspected	SH 9709M
Policy No.	MSD/VPCP-17-001519	Coverage (\$)	0.00
Claim No.	MSC/V/18-000320	Excess (\$)	0.00
Assign From	MERIMEN (MONICA CHUNG)	Assign Date	05/03/2018
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	02/03/2018	Inspection Date	05/03/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Mar 2018		05 Mar 2018 08:58 Assign				New Assignment Cancel Case

[Main](#)[Reference](#)[Claim Details](#)[Documents](#)[Show All](#)

CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	TOKYO CENTURY LEASING PTE LTD, Co. Reg. No.: 197901535G		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SH9709M	Date of Loss:	02/03/2018 09:00 - :59
Claim Type:	TP / MSC/V/18-000320	Policy/Cover Note No.:	MSD/VPCP-17-001519 (Comprehensive) Coverage: 30/07/2017 - 29/07/2018
Vehicle Reg. No. (Insured):	SKN9418R	Policy No. (Claimant):	
		Excess:	S\$300.00
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 Monica Chung Pei Zhen - 6594 2552]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 06/03/2018]		

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: Monica Chung Pei Zhen

Date: 06 Mar 2018

Preliminary Advice

Insured Vehicle No	: SKN9418R	Accident Date	: 02/03/2018
TP Vehicle No	: SH9709M	Assignment Date	: 05/03/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 05/03/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	1,592.00
Revised Amount	:S\$	380.00
Check Items (Estimated)	:S\$	559.92
Total	:S\$	939.92

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	02/03/2018 12:06
Date Of Accident	02/03/2018 09:00
Exact Location Of Accident	PICKERING STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9709M
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	HO KIM POH
NRIC No	S0697897E
Date Of Birth	26/07/1948
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1969
Driving Experience	48 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KIMPOHH@YAHOO.COM

Address	509 #07-15 WOODLANDS DRIVE 14
Postcode	730509
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 - MAJOR/MINOR RD
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 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

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

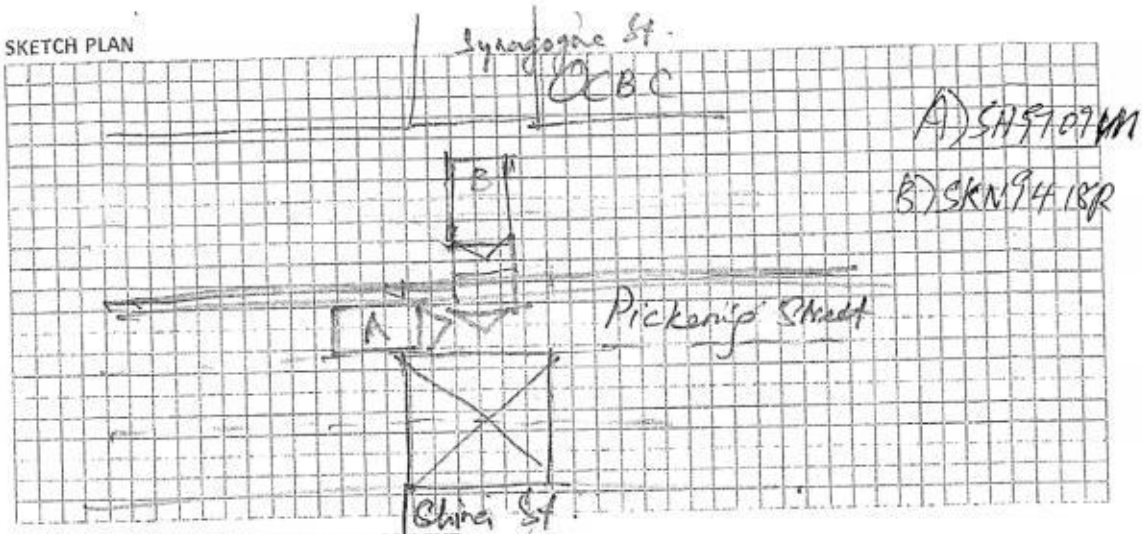
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN9418R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MORETTI MARIO
NRIC/Passport Number	G3295351X
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/3/18 at about 0900 hrs while I Veh A was driving straight ahead along lane 4, Veh B came from the side road passing the double white lines and stopped intercepting my lane suddenly. As the action was too sudden, my vehicle contact the right front of Veh B. My vehicle sustained slight damage on the front left portion.

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)

Reporting Centre Personnel's Signature
Name:

SR Mokhty
CSO
2/3/18

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.:

eam: ARC Repair TP(CLSO)1

JOB CARD, Sales Order:

JC NO. 305121414

FORMER AS FORMER NO. REGS (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO. SH 9709M MAKE HYUNDAI MODEL T-40 YR OF MANU 26.05.2016 CHASSIS CODE KMHLB41UMGU089928	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 02.03.2018 10:45 TARGET DATE COMPLETION DATE/TIME:
--	--	---	--

ccident Date: 02.03.2018
ATURE: 3P 02.03.18

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
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KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

402

SH 9709M

CHIANG

Vehicle No.:

SH 9709M

Service Advisor

Signature/Date

Name of Service Advisor

Date _____

urned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SH 9709M

MAKE :

MODEL : HYUNDAI i40

DATE 2/3/2018

MSIG CP(P)

(Fn)

Chiang

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>+ repair</i>			\$ 562.30
	Front Bumper Sponge <i>X 1</i>			\$ 142.20
	Front Bumper Reinforcement <i>X 1</i>			\$ 526.10
	Front Bumper Grille (LH) <i>+ repair</i>			\$ 40.30
	Front Bumper Bracket Top (LH) <i>X 1</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>X 1</i>			\$ 9.20
	SUB TOTAL			\$ 1,302.50
	LESS 20%			\$ 260.50
	DISCOUNTED TOTAL			\$ 1,042.00
	Labour Charge			
	Panel Beating			\$ 350.00 ²⁰⁰
	Spray Painting Charge			\$ 200.00 ¹⁸⁰
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 1,592.00
<i>Kalin LKK</i> <i>5/3/8 1015h.</i> <i>2 Day.</i> <i>PIP</i> <i>After Repair</i>				
<i>6/3/8</i>				
LKK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> To resurvey before and after spray painting To display damaged items during resurvey Parts prices are subject to confirmation Third party survey and claim with LKK Auto Consultants No illegal modification or repair Supplemental survey and resurvey and is subject to the final decision of LKK Auto Consultants 				
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 : 305121414
REGN NO : SH 9709M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 26.05.2016
DATE/TIME IN : 02.03.2018 10:45
ACCIDENT DATE : 02.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

SUB-TOTAL : 380.00

TOTAL : 380.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305121414
Date : 05/03/18

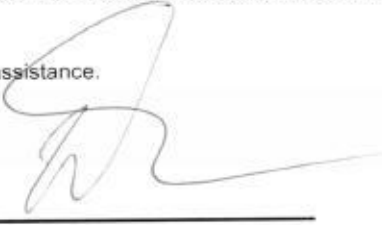

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH9709M

Fax :

02/03/18

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

1. The repair job shall bill to: MSIG SKN9418R
 2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges \$380.00
 - Total for Part-By-Part Repair Cost** \$380.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
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 : CHIANG
Tel : 62148314
Fax : 65468156
- Signature : 
Name : K. L. L.
Date : 8/3/18

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		N		
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/MSG18004202/K1VD3N2
Date: 12/03/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VPCP-17-001519
Claimant Vehicle No :	SH9709M	Insured Vehicle No :	SKN9418R
Date of Loss:	02/03/2018	Nature of Claim:	TP
		Claim No:	MSC/V/18-000320

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH9709M	Engine No:	D4FDGU625546
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M)	Chassis No:	KMHLB41UMGU089928
Reg. Date:	26/05/2016 (Man. Year: 2016)	Odometer:	222381 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:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,042.00	0.00	1,042.00	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	550.00	380.00	170.00	30.91
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	1,592.00	380.00	1,212.00	76.13
+ GST 7.00/7.00% (\$\$)	111.44	26.60	84.84	76.13
Nett Amount (\$\$)	1,703.44	406.60	1,296.84	76.13

INSPECTION

Date of Assignment:	05/03/2018	
Date Inspected:	05/03/2018 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: 12 Mar 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 SH9709M)	
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	Repair	562.30 FL	*- FL
2	1		*FRONT BUMPER SPONGE	Serviceable	142.20 FL	*- FL
3	1		*FRONT BUMPER REINFORCEMENT	Serviceable	526.10 FL	*- FL
4	1		*FRONT BUMPER GRILLE (LH)	Repair	40.30 FL	*- FL
5	1		*FRONT BUMPER BRACKET TOP (LH)	Serviceable	22.40 FL	*- FL
6	1		*FRONT BUMPER RETAINER MOUNTING	Serviceable	9.20 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	1,302.50	0.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	260.50	0.00
Total Parts (\$\$)	1,042.00	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
Gross Labour Cost (S\$)			550.00	380.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >