

ASS. REC. BY:

REF: CS/CTI18004259/Mkd3

Special Instruction:

Surveyor:
Menimen

MA

ASSIGNMENT (Office)

From (Person):

Jowyn Tay

of

CTI

Date/Time:

5/3/18 @ 3.46pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 3744G

Insured:

SBK 3300H

at Workshop m/s

Chunni Motor

Tel:

6542 7162

of

Blk 10 AMK Ind. Prk 2A # 03-19

Policy No:

DMPCSN 3052061704

Claim No:

SNM18D01141C03

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

28/02/2018

CA / REV / REP. / REV 24 HRS

lwp'

07/03/18

H.O.D. Endorsement:

Date/Time:

10:15am @ 6/3/18

Person Contacted:

Lynn

Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 3744G - CC4 / III / 18003358 / hb3
	SBK 3300H - CC3 / CTI / 18004166 / kjb3
	confirm \$300 @ 5 days
	Red: \$6429.84, 661

Surveys

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: _____

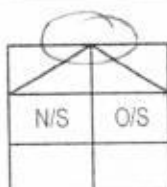
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 37446 Yr Regn: AUG 2014

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

Truck / Trailer or

Make: HYUNDAI C.C. 1685

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

Sp. Reading: 459760 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UM64056202

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60/16

R: _____

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 28/2/2018

D.O.I. 08/03/2018

Survey held at _____

Des. of Damages: (Fr) Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

RECEIVED 05 JUN 2018

Date/Time, File Pass to?



: Preli. Report

1) typist



: Final Report

Date/Time, File Return to?

2) _____

Report Format : TP

Lump Sum / I.D. (\$) 3300

Days Of Repair: 5

Resurvey No. of Trip: -

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

) Photos

) Others

TOTAL

220



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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CTI18004259/M1rd3

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 06-03-2018



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SBK 3300H	Veh. Inspected	SHC 3744G
Policy No.	DMCVSN1737121700	Coverage (\$)	0.00
Claim No.	SNM18D01138C02	Excess (\$)	0.00
Assign From	MERIMEN (JOWYN TAY)	Assign Date	06/03/2018

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	28/02/2018	Inspection Date
Survey held at	CHUNNI MOTOR REPAIRS PTE LTD BLK 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTOPOINT #03-19 SINGAPORE 568047	

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 ed	Status
Main	05 Mar 2018		05 Mar 2018 15:46 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	WEE SEE YAU, ID: S1190636B		
Main Claimant:	M/S COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC3744G	Date of Loss:	28/02/2018 17:00 - :59
Claim Type:	TP / SNM18D01141C03	Policy/Cover Note No.:	DMPCSN3052061704
Vehicle Reg. No. (Insured):	SBK3300H	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Chunni Motor Work Pte Ltd (HQ) Blk 10 Ang Mo Kio Industrial Park 2A, #03-19 AMK Autopoint, 568047 Ang Mo Kio - Tel: 6542 7162		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 14/03/2018]		
Adj Asg. Remarks:	Dear kalvin, Please conduct survey, check consistency of the damages on without prejudice basis.		

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.									

MCD618029052 / ComfortDotGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 01/03/2018 14:31
 SUBMITTED BY: Huang XiaoYan

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	01/03/2018 14:31
Date Of Accident	28/02/2018 18:30
Exact Location Of Accident	UPP PAYA LEBAR RD(TWDS PAYA LEBAR RD) X LOR AH SOO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3744G
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	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	OW ENG SOON
NRIC No	S1550893J
Date Of Birth	12/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1996
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 216D COMPASSVALE DRIVE #09-576
 Postcode 544216
 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 CHAIN COLLISION
 Weather Conditions DRIZZLING
 Road Surface WET

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] SENGKANG N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180301/2002

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 SBK3300H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver WEE SEE YAU
 NRIC/Passport Number S1190636B
 Contact Number
 Address
 Postcode
 Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 Nature Of Damage FRT
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN

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

NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	OW ENG SOON
Approximate Age	55
Injuries Sustain	PAIN TO NECK, SEE DR AND GIVEN 5 DAYS MC
Injured person in which vehicle?	SHC3744G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	WEE SEE YAU
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	SBK3300H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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: 01/03/2018

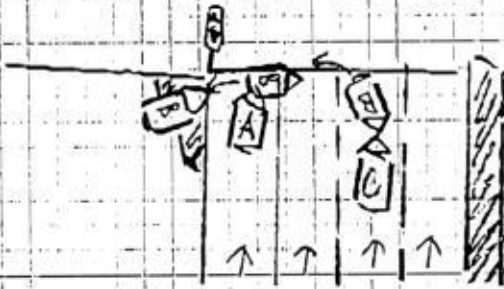
Driver's Signature 01/03/2018
(If driver is not the policyholder)
Date & Time:

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

A-SHC 3744G

B-SBK 3300H

C-Unknown Car



Along Upp Paya Lebar Rd Twds Paya Lebar Rd x Lor Ah Soo

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No.:T/20180301/2002

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821RPolicyholder's Signature
Date & Time: 01.03.2018Driver's Signature 01.03.2018
(If driver is not the policyholder)Reporting Centre Personnel's Signature
Name: Lisa Diong



**SINGAPORE
POLICE FORCE**



T/20180301/2002

Police Station Of Origin:
 Sengkang N.P.C
 2 Sengkang Square #01-02 SINGAPORE
 545025
 Tel No: 1800-343 8989

1 of 3
 Report No. T/20180301/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2018 00:35		Vide Report No.: F/20180228/0171		Station Diary No.: 11	
Name of Informant: OW ENG SOON			Address: APT BLK 216D COMPASSVALE DRIVE #09-576 SINGAPORE 544216		
ID Type / ID No.: NRIC NO / S1550893J			Contact No.: Home/Office: Mobile: 86120258		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 12/04/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2018 18:30	Type of Location: Straight Road
Location: Along Road 1 UPPER PAYA LEBAR ROAD PAYA LEBAR ROAD Junction at Lorong Ah See				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

SBK3300H	Car				Seriously Damaged	0
SHC3744G	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20180301/2002

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20180301/2002

CONTINUATION OF REPORT

Name	WEE SEE YAU	ID No.	S1190636B
Related Vehicle	SBK3300H (Car)	Contact No.	NIL
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
Name	OW ENG SOON	ID No.	S1550893J
Related Vehicle	SHC3744G (Car)	Contact No.	86120258
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 28/02/2018 at about 1830hrs, as I was travelling along Upper Paya Lebar Road my taxi came to stop at lane 4 of the traffic light junction. As I was waiting for the traffic light to change green I noticed there was two vehicle that was involved in a road traffic accident at lane. It was a white and also a black Singapore registered vehicle.

Suddenly the next moment the said black car reverse in a fast manner towards my front portion of my vehicle. As such a collision took place between my vehicle and the said black car.

At that point of time I felt some strain on my neck area as such I called for my company tow truck to tow back my vehicle while I travel to Mount Alvernia Hospital to made a check on my injuries.

I received 5 days medical leave for my injuries and was not warded in the said hospital. Traffic police also took my In car camera memory card for their investigation purposes. The damages on my vehicle was at the front center side where the collision took place and the taxi is currently in the workshop.



**SINGAPORE
POLICE FORCE**



T/20180301/2002

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8888

3 of 3
Report No. T/20180301/2002

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:

F /

Staff Sgt MUHAMMAD FADHLULLAH BIN
SHARIFFUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

SN 005

Authentication Stamp

NP188

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

01/03/2018 00:35

Classification Of Case:

to lower by calvin and (LKK)

FAX : 6542 6039

China
Twisting

3308/2 2nd day C

x101 Duration
 L18 Regim
 Wt 12 per 100
 Wt 12 per 100
 Suldano

TOTAL LABOUR
 ESTIMATE TOTAL

23/8

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/CTI18004259/M1RD3N2

Date: 06/06/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN3052061704
Claimant Vehicle No :	SHC3744G	Insured Vehicle No :	SBK3300H
Date of Loss:	28/02/2018	Nature of Claim:	TP
		Claim No:	SNM18D01141C03

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC3744G	Engine No:	D4FDEU430019
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU056202
Reg. Date:	05/08/2014 (Man. Year: 2014)	Odometer:	459960 km
Colour:	Blue		
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:

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	8,329.84	3,379.28	4,950.56	59.43
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,400.00	730.00	670.00	47.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	9,729.84	4,109.28	5,620.56	57.77
Approved Total (Overridden) (S\$)		3,300.00		
(S\$)	9,729.84	3,300.00	6,429.84	66.08
+ GST 7.00/7.00% (S\$)	681.09	231.00	450.09	66.08
Nett Amount (S\$)	10,410.93	3,531.00	6,879.93	66.08

INSPECTION

Date of Assignment:	05/03/2018
Date Inspected:	08/03/2018 Inspected At:

Chunni Motor Work Pte Ltd (HQ)
Blk 10 Ang Mo Kio Industrial Park 2A,
#03-19 AMK Autopoint
Singapore 568047

Estimated Period of Repair: 5.0 days

Adjuster: MA CHIN FOOK

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

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 06 Jun 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC3744G)	
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	*RADIATOR GRILLE	Distorted	294.35 FL	*294.35 FL
2	1	*RADIATOR GRILLE H EMBLEM	Distorted	113.65 FL	*113.65 FL
3	1	*FRONT BUMPER COVER	Deformed	562.30 FL	*562.30 FL
4	1	*FRONT BUMPER SPONGE	Torn	142.20 FL	*142.20 FL
5	1	*FRONT BUMPER REINFORCEMENT	Serviceable	526.10 FL	*- FL
6	1	*FRONT BUMPER CENTRE GRILLE	Deformed	178.60 FL	*178.60 FL
7	2	*FRONT BUMPER BRACKET TOP (LH/RH)	Distorted	44.80 FL	*44.80 FL
8	2	*FRONT BUMPER BRACKET (LH/RH)	Distorted	49.20 FL	*49.20 FL
9	1	*HEADLAMP SUPPORT TOP COVER	Serviceable	398.00 FL	*- FL
10	1	*HEADLAMP SUPPORT PANEL ASSY	Serviceable	1,067.50 FL	*- FL
11	2	*HEADLAMP (LH/RH)	Cracked	2,776.00 FL	*2,776.00 FL
12	1	*RADIATOR	Serviceable	850.20 FL	*- FL
13	1	*RADIATOR FAN BLADE,COWLING,MOTOR ASSY	Serviceable	792.95 FL	*- FL
14	2	*RADIATOR BRACKET (RH/LH)	Distorted	13.00 FL	*13.00 FL
15	2	*RADIATOR GUARD	Serviceable	70.00 FL	*- FL
16	2	*HORN UNIT (LH/RH)	Serviceable	173.50 FL	*- FL
17	1	*AIR DUCT	Serviceable	206.05 FL	*- FL
18	1	*AIRCON CONDENSER	Serviceable	1,137.35 FL	*- FL
19	1	*INTER COOLER	Serviceable	921.90 FL	*- FL
20	1	*INTER COOLER MOUNTING (2 PCS)	Serviceable	25.90 FL	*- FL
21	1	*FRONT NO PLATE TRIM COVER }	Distorted	30.00 FS	*40.00 FS
22	1	*FRONT NUMBER PLATE }	Distorted	25.00 FS	*- FS

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

Sub Total (\$\$)	10,398.55	4,214.10
- List Item Discount on L Items 20.00/20.00% (\$\$)	2,068.71	834.82
Total Parts (\$\$)	8,329.84	3,379.28

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
Labour Items				
1	PANEL BEATING	New	1,000.00	500.00
2	SPRAY PAINTING CHARGE	New	200.00	200.00
3	WIRING CHARGE	New	50.00	30.00
4	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00	-
Gross Labour Cost (\$\$)			1,400.00	730.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >