

INS. CASE OWNER:

NORSIAM

cc3, M61800 4406, K1403

LKK:

IDAC:

Survivor:

ANK

DOI:

ASSIGNMENT

6/3/18

Date / Time:

6/3/18

Registered in Merimen:

7/2/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDD 2112D

Name of Insured:

Tony Tan Kua Mary

Insured Tel No.:

HP: 8728 2112

Excess Sec II :SS

D.O.A: 5/3/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(VL: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLV 1229T

SDD 2112D

SHA 7672P



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP: LOWE

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

14/2

2018

15052018

5-16pm

SHA 7672P - X

SDD 2112D - X

Spoke to OI (Mr Tony) confirmed accident details and involved in a 3 veh. L, OTO 2nd vehicle. OI will send any additional photo via email. Informed that TP claim, aware of NED issues and agree to provide. Send letter to OI.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

9/17032018

After call ltr to OI:

Documentation Check List:

Handler

Typist

Notification ltr (if non-pickup):

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

S\$

(

days) Reduction:

%

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

Repair Cost: (631457)

S\$

1963.00

Loss of Rental (LOR):

S\$

230.00

(

2 days)

x \$115.00

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

100.00

(\$50.00 x

2 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search:

S\$

7.49

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost:

S\$

-

(e.g. Tow/Independent)

Total:

S\$

1300.49

Global Sum S\$: 1,300.00

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

1,300.00

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

Email

Call

If NO or B 28, Ass. Lia:

(3 veh. OTO 2nd vehicle)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey for:

S220T/20

COPY SENT 16/04/18

RECEIVED 16 APR 2018

REF:

Sumat Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate #/lost: _____

OD / T / S / TP RES / OD RES / EVA / INV / MV

To Imp #/Vehicle No: _____

at Work #/Stop ms _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Clarify 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 Report: _____ Consistent? : Yes or No

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

Est. Repair: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA7 672P Yr Regn: 5 Mar 2015

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

Truck / Trailer or

Make: Hyundai 2400 cc 168r

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

Sp. Reading: 468384 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MFA66745

Gen. Cond: Good / 6 / Poor / Burnt

Steering: In order / 6 / Jammed / Leaked / Burnt or

Brake: In order / 6 / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / 6 / Rim or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / PS / LIZA / MJC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 5/5/6 D.O.I: 6/5/6

Survey held at: CDHE (Loxang)

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

Rear

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

Date / Time	Action / Instruction
<u>7/3/15</u>	<u>whl up \$900 / 2 lgs</u>
	<u>(red: \$1,361 SE / 63%)</u>

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + PS \$ _____



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				
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC3/AIG18004406/K1ka3		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 07-03-2018		
Code : AIG				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SDD 2112D	Veh. Inspected	SHA 7672P	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	07/03/2018	
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	05/03/2018	Inspection Date	06/03/2018	
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.				

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305122610

CUSTOMER AS TOMER NO RESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO	SHA7672P	MILEAGE
		MAKE	HYUNDAI	FUEL
		MODEL	I-40	DATE/TIME IN
		YR OF MANU	05.03.2015	TARGET DATE
		CHASSIS CODE	KMHLE41UMFU064745	COMPLETION DATE/TIME

QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 05.03.2018
Signature: 3P 05.03.2018

TO	LABOR CODE	DESCRIPTION
	ALG	- taxi Rear damage
	LKK/Kelmi	-

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Knowledge Slip

Vehicle No: SHA7672P
LARRY
Signature/Date

Exit Pass

Vehicle No: SHA7672P

Name of Service Advisor

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

06/03/2018

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 7672P

MAKE :

MODEL : HYUNDAI i40

DATE 6/3/2018 10:02

Doc: 05-03-18

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper —			\$ 603.60	
	Rear Bumper Reinforcement ?			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket ?			\$ 49.00	
	Rear Bumper Clips —			\$ 22.00	
	Rear Bumper Sponge ?			\$ 143.40	
	Rear Bumper Under Cover —			\$ 225.00	
	SUB TOTAL			\$ 1,907.35	
	LESS 20%			\$ 381.47	
	DISCOUNTED TOTAL			\$ 1,525.88	
	Rear Bumper Reverse Sensor X			\$ 135.70	Nett
	Rear Bumper Rubber Mat —			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 380.00 200	
	Spray Painting Charge			\$ 200.00 180	
	Wiring Charge			\$ 50.00 X	
	R/Refix Reverse Sensor			\$ 120.00 20	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,461.58	
<p>10.1/16/16/14</p> <p>6/3/18 1415 hrs</p> <p>2 Pys</p> <p>4/5</p> <p>After Repair ph</p>					
<p>Larry Ng</p>					
<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:</p> <p>Signature:</p> <p>Date:</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>					

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **I 40 SHA7672P , SDD2112D , SLV1229T** **ON 05-Mar-18 17:20**
ALONG **AYE(CITY) NEAR ALEXANDRA EXIT**

1 / We **LIEW TIAN SANG** (Hirer) NRIC No.: **S1108265C**

and/or **TAN YI WEI** (Relief) NRIC No.: **S1229675D**

Taxi Number **SHA7672P**

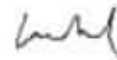
hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf,
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date **06-Mar-2018**

Name of Hirer **LIEW TIAN SANG**
Hirer NRIC **S1108265C**

Signature :



Address **532 JURONG WEST STREET 52 #17-...
640532**

Contact No. **97809849**

Name of Relief **TAN YI WEI**
Relief NRIC **S1229675D**

Signature :



Address **457 JURONG WEST STREET 41 10-762
640457**

Contact No. **81257675**

RELEASE VOUCHER
(AIG Asia Pacific - Express Third Party Claim)

"We/I, COMFORTDELGRO ENGINEERING PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for S\$1,300.00 (Global Sum) for vehicle no. SHA 7672P that was damaged pursuant to the accident which occurred on 05/03/2018 (date) along AYE (location) involving vehicle no/s SDD 2112D.

This is pursuant to the inspection conducted on 06/03/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner COMFORT TRANSPORTATION PTE LTD ("the third party claimant") of vehicle no. SHA 7672P make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SHA 7672P (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 16 (day) of 04 (month) 20 18 (year)



Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Signed by "the workshop" (with chop)

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

Our Ref: CT18030157

Date: 09 March 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	05/03/2018 @ 17:20 hrs
ALONG	AYE(CITY) NEAR ALEXANDRA EXIT
INVOLVING	SDD2112D, SLV1229T

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA7672P** (the "Taxi"). The Taxi was hired to **LIEW TIAN SANG IC NO S1108265C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

SHA-7672P

DATE	NAME OF DRIVER	MILEAGE READING						MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		4	6	7	0	4	8		FROM	TO
2/3/18	T.	4	6	7	0	4	8	335	1647	0337
3/3/18	L	4	6	7	0	4	4	195	0830	1610
3/3/18	T.	4	6	7	1	7	4	230	1645	0215
4/3/18	TELU	4	6	7	8	5	6	382	10-10	0032
5/5/18	L	4	6	8	1	1	8	261	0930	1613
5/29/18	T.	4	6	8	3	5	0	232	1648	0221
6/2/18	L	4	6	8	3	8	4	34	0958	0845
06-03-18	ACCIDENT							14	0855	-
07-03-18	REPAIR							007	1700	-

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SDD2112D	05 Mar 2018 / 17:20:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)[OK](#)

SHA 7672P

...CLAIM SUBFOLDER...(Pending for Survey Report)

Express

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	07 Mar 2018 Edit Reg		06 Mar 2018 00:00 Edit Adj Rpt	\$4900.00 Edit Estimates	\$4900.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	Tan Kia Meng Tony, ID: S1827360H								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHA7672P	Date of Loss:	05/03/2018 17:00 - :59 [36 Months From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 9244287123SG	Policy/Cover Note No.:	2100396502						
Vehicle Reg. No. (Insured):	SDD2112D	Policy No. (Claimant):	MCOM0015						
		Excess:							
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by MdNoor, Norsiah] Norsiah.MdNoor@aig.com								
Claimant's Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 16/03/2018]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> AIG_SG (08/03/2018): Request for TP GIA Report 									
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.									

Claim Documents

***SHA7672P (9244287123SG)**
[SDD2112D]
TP
COMFORT TRANSPORTATION PTE LTD
Mar 5 2018 5:00PM
[Tan Kia Meng Tony]
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View			View in Browser			Print		
Letters/Correspondences															1 per page			<input checked="" type="checkbox"/>					
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)													Thumbnail			Print					
1	(Draft)	Third Party Express Settlement – Payment Breakdown																Edit					
Assessment Reports															1 per page			<input checked="" type="checkbox"/>					
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)													Thumbnail			Print					
1	08/03/18 14:14	Accident Statement From: SC - Reg. No: SDD2112D, Claimant: TONY TAN KIA MENG																Load HTM					
Photos/Images															3 per page			<input checked="" type="checkbox"/>					
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)													Thumbnail			Print					
1	07/03/18 17:20	General View																Load JPG					
2	07/03/18 17:20	General View																Load JPG					
3	07/03/18 17:20	General View																Load JPG					
4	07/03/18 17:20	General View																Load JPG					
5	07/03/18 17:20	General View																Load JPG					
6	07/03/18 17:20	General View																Load JPG					
7	07/03/18 17:20	General View																Load JPG					
8	07/03/18 17:20	General View																Load JPG					
9	07/03/18 17:20	General View																Load JPG					
10	07/03/18 17:20	General View																Load JPG					
11	07/03/18 17:20	General View																Load JPG					
12	07/03/18 17:20	General View																Load JPG					
13	07/03/18 17:20	General View																Load JPG					
14	07/03/18 17:20	General View																Load JPG					
15	07/03/18 17:20	General View																Load JPG					
16	07/03/18 17:20	General View																Load JPG					
17	07/03/18 17:20	General View																Load JPG					
18	09/03/18 08:40	Reinspection Photo																Load JPG					
19	09/03/18 08:40	Reinspection Photo																Load JPG					
20	09/03/18 08:40	Reinspection Photo																Load JPG					
Documentation															1 per page			<input checked="" type="checkbox"/>					
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)													Thumbnail			Print					
1	09/03/18 09:22	TP ESTIMATE - MARKED																Load PDF					
2	09/03/18 09:22	TP GIA REPORT																Load PDF					
3	17/04/18 14:51	WORKSHOP INVOICE																Load PDF					
4	17/04/18 14:51	AUTHORISATION TO ACT FORM																Load PDF					
5	17/04/18 14:51	Release Voucher																Load PDF					
6	17/04/18 14:51	RENTAL RECEIPT																Load PDF					
7	17/04/18 14:51	LTA SEARCH																Load PDF					
8	17/04/18 14:51	LETTER TO OI																Load PDF					

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer			
<small>Note: Remarks are private unless you show it to other parties.</small>			

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SDD2112D (Insd veh)	Model:	HYUNDAI I40 1.7 L CRDI AT
	SHA7672P (TP veh)		ABS AIRBAG 4DR (A)
Date of Accident:	05/03/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> [X] Yes	<input type="checkbox"/> [] No	
Repair Estimate	:	\$		2,633.89
Final Repair Cost	:	\$		1,300.00
Loss of Use	:	\$		2.00 days at \$50.00 per day
Rental (if any)	:	\$		2 days
LTA / GIA Search Fee	:	\$		
Others:	:	\$		
	:	\$		
Final Settlement Sum (Global Sum)	:	\$		1,300.00
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> [X] YES <input type="checkbox"/> [] NO (Kindly indicate below)				
A) For <u>Non GIA Registered Workshop</u> : Agreed Liability _____ (%)				
B) For <u>GIA Registered Workshop</u> : BOLA Applicable: Yes/ No BOLA Scenario No: _____				
BOLA Liability: _____ 100 _____ (%) Assessed Liability (*): _____ 0 _____ (%)				
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.				
Remarks _____				

Payment Instruction: Payee's Breakdown				
1)	ComfortDelGro Engineering Pte Ltd	:	\$	1,300.00
2)		:	\$	
3)		:	\$	
4)		:	\$	
5)		:	\$	

JOANNE LEE KHANG MIN

17 Apr
2018

LKK Auto Consultants Pte Ltd

Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

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: CC3/AIG18004406/K1UA3Q2

Date: 17/04/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100396502
 Claimant Vehicle No: SHA7672P Insured Vehicle No: SDD2112D
 Date of Loss: 05/03/2018 Nature of Claim: TP Claim No: 9244287123SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA7672P
 Make & Model: HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A) Engine No: D4FDEU475053
 Reg. Date: 05/03/2015 (Man. Year: 2014) Chassis No: KMHLB41UMFU064745
 Colour: Blue Odometer: 468384 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:

CONDITION OF TYRES

Front Tyre Size: 205/60 R16 Rear Tyre Size: 205/60 R16
 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	1,711.58	730.48	981.10	57.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	750.00	400.00	350.00	46.67
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,461.58	1,130.48	1,331.10	54.08
Approved Total (Overridden) (S\$)		900.00		
(S\$)	2,461.58	900.00	1,561.58	63.44
+ GST 7.00/7.00% (S\$)	172.31	63.00	109.31	63.44
Nett Amount (S\$)	2,633.89	963.00	1,670.89	63.44
+ Loss of Use (2.0 x S\$50.00/day) (S\$)		100.00		
+ Car Rental (2.0 x S\$115.00/day) (S\$)		230.00		
+ Doc/Search Fee (S\$)		7.49		
Nett Liability (S\$)		1,300.49		
Global Sum Settlement (S\$)		1,300.00		

INSPECTION

Date of Assignment: 06/03/2018

Date Inspected: 06/03/2018 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: THIN THIN HLAING

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

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	360.00 FL	*- FL
4	1		*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
5	1		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1		*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
8	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
9	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS

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

Sub Total (\$\$)	2,093.05	900.60
- List Item Discount on L Items 20.00/20.00% (\$\$)	381.47	170.12
Total Parts (\$\$)	1,711.58	730.48

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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	380.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	R/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			750.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >