

ASS. REC. BY:

REF:

CS/SMD18004458/Klvb

Special Instruction:

Surveior:

Kalvin

## ASSIGNMENT (Office)

From (Person):

Melvin Ye

of

SMD

Date/Time:

08181018 957am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 7355M

Insured:

GY 5331Y

at Workshop m/s

Comfort Delgro

Tel:

of

51 Loyang Drive

Policy No:

Claim No:

CMTD1801025 /NSW

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

07032018

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time:

08032018 10:25am

Person Contacted:

Jumani

Vehicle IN/OUT

Date/Time	Action/Instruction ( ✓ ) Estimate
	SH 7355M - CS / III 14028679 / KJ13dl
	GY 5331Y - x
9/3/18	Email preli revised to melvin



## Survey Department Check List (Case Handler)

Reference No. : CS | SMD 1800 4458 | Kmb  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

**Surveyor (** ): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form					
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)					
C	Damaged Vehicle Photographs Uploaded	✓			

(3) Workshop Estimate/Assignment Form					
N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)					
C	Resurvey photo Uploaded				

Check By: VERON 12/3/18  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2018



# 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				
SOMPO INSURANCE SINGAPORE PL			Ref : CS/SMO18004458/K1vb	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERS SINGAPORE 048623			Date : 08-03-2018	
			Code : SMO	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GY 5331Y	Veh. Inspected	SH 7355M	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1801029/NSW	Excess (\$)	0.00	
Assign From	MELVIN YE	Assign Date	08/03/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	07/03/2018	Inspection Date	08/03/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: CMTD1801029/NSW  
Our ref: CS/SMO18004458/K1vb

Date :9/3/2018

The Motor Claims Department  
M/s SOMPO INSURANCE SINGAPORE PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO. SH 7355M**

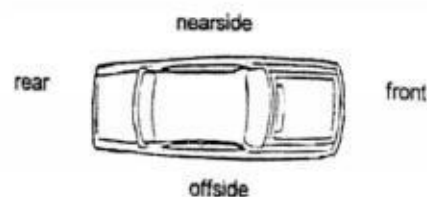
We thank you for your instruction on 8/3/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 8/3/2018 at the premises of M/s ComfortDelgro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$2,461.58
Revised Estimate Amount	: S\$280.00
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the rear portion



**Comments/Present Status:**

Damages Consistent

Yours faithfully,

**Kalvin Ang**  
**Automotive Assessor**

## Veron Chen (LKKAuto)

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Friday, 9 March 2018 10:44 AM  
**To:** 'melvin.ye@sompo.com.sg'  
**Cc:** SUR; Ngo, Sau Wei Shawn (Shawn.Ngo@sompo.com.sg); 'Henry, Irene James'  
**Subject:** RE: CMTD1801029/NSW - SH 7355M(TP) DOA: 07.03.2018  
**Attachments:** SH 7355M PRELI ADVISED.pdf

Dear Melvin,

Enclosed preliminary revised of vehicle SH 7355M  
Date of survey: 8/3/2018  
Number of days: 2 days

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]  
**Sent:** Thursday, 8 March, 2018 9:59 AM  
**To:** 'Ye, Yong Kang Melvin' <melvin.ye@sompo.com.sg>; assignments@lkkauto.com  
**Cc:** 'Ngo, Sau Wei Shawn' <Shawn.Ngo@sompo.com.sg>; 'Henry, Irene James' <irene.henry@sompo.com.sg>; 'SUR' <sur@lkkauto.com>  
**Subject:** RE: CMTD1801029/NSW - SH 7355M(TP) DOA: 07.03.2018

Dear Melvin,

Thank you for the assignment.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Ye, Yong Kang Melvin [mailto:melvin.ye@sompo.com.sg]  
**Sent:** Thursday, 8 March, 2018 9:57 AM  
**To:** assignments@lkkauto.com; admin-d@lkkauto.com  
**Cc:** Ngo, Sau Wei Shawn <Shawn.Ngo@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>  
**Subject:** CMTD1801029/NSW - SH 7355M(TP) DOA: 07.03.2018

Our Claim Reference : CMTD1801029/NSW

Dear LKK Auto,

Please make arrangement to conduct the survey for SH 7355M.

Please be informed that Mr Ngo Sau Wei Shawn is the handler of this case.

Best Regards

**Melvin Ye**

Claims Division

D: 6322 4667 | T: 6461 6555 | F: 6221 3302



Innovation for Wellbeing

**SOMPO**

**A Century of Trust**

**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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## Catherine Chong (LKK Auto)

---

**From:** Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>  
**Sent:** Thursday, 8 March, 2018 9:57 AM  
**To:** assignments@lkkauto.com; admin-d@lkkauto.com  
**Cc:** Ngo, Sau Wei Shawn; Henry, Irene James  
**Subject:** CMTD1801029/NSW - SH 7355M(TP) DOA: 07.03.2018  
**Attachments:** SH7355M Estimate and SAS Report.pdf

Our Claim Reference : CMTD1801029/NSW

Dear LKK Auto,

Please make arrangement to conduct the survey for SH 7355M.

Please be informed that Mr Ngo Sau Wei Shawn is the handler of this case.

Best Regards

**Melvin Ye**

Claims Division

D: 6322 4667 | T: 6461 6555 | F: 6221 3302



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**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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## 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	07/03/2018 15:44
Date Of Accident	07/03/2018 14:25
Exact Location Of Accident	SERANGOON NTH AVE 5 TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7355M
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	ONG THIAM CHAY
NRIC No	S1574187B
Date Of Birth	10/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1984
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	26 SERANGOON GARDEN RISE
Postcode	554372
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 - HEAD TO REAR
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)	1

### 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	GY5331Y
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ILHAM
NRIC/Passport Number	S7615807Z
Contact Number	83530413
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

**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.

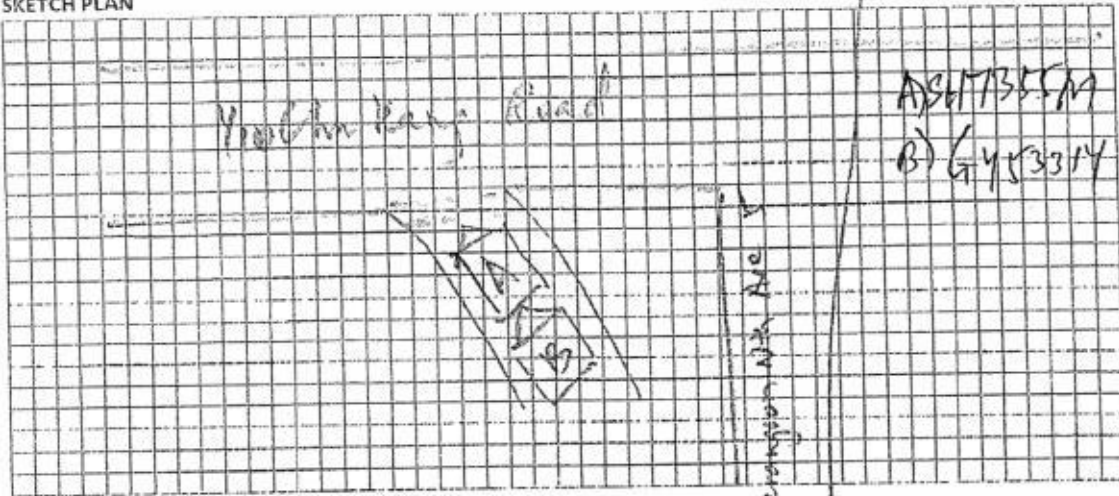
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/3/18 at about 1425m while I Veh A  
 stopped at the give-way mark along the Ship  
 road, Veh B collided on the rear of my  
 stationary vehicle.

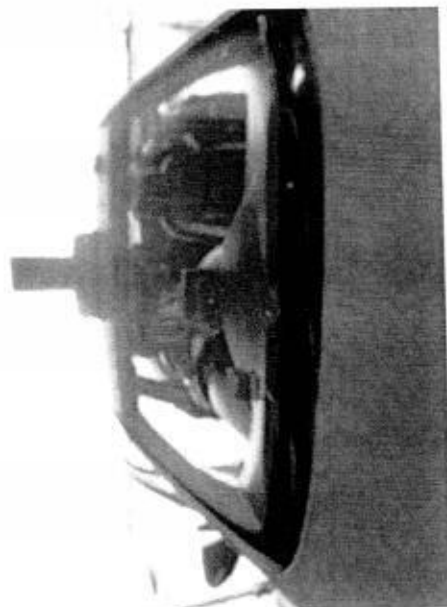
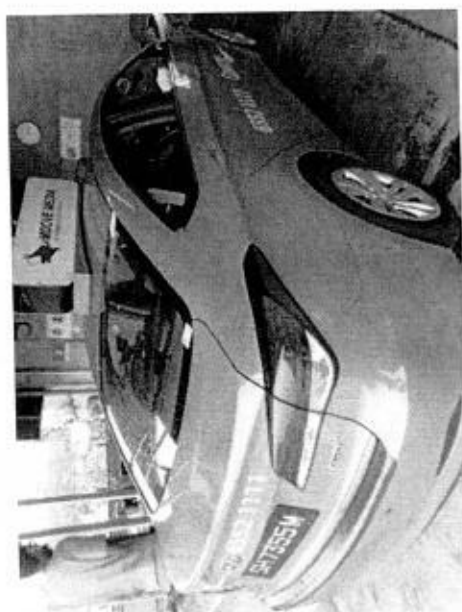
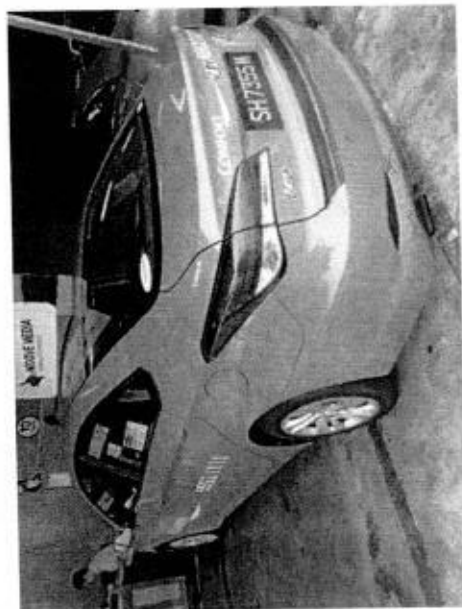
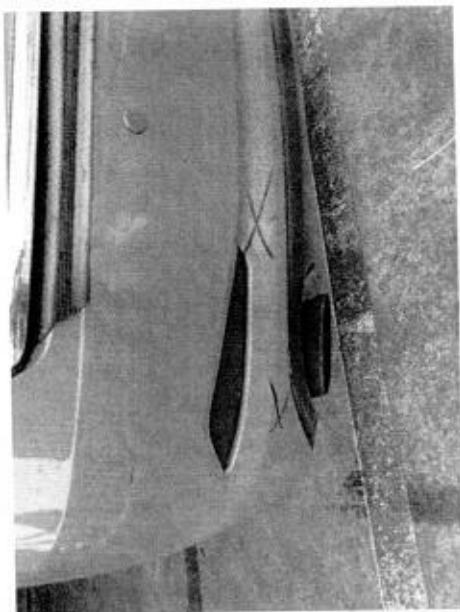
DECLARATION

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.:



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305122974

FOMER

COMFORT TRANSPORTATION PTE LTD

AS 7010045

FOMER NO 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

OUNT CARD NO.

REGN NO SH 7355M

MILEAGE

MAKE HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

07.03.2018 15:10

YR OF MANU 17.04.2014

TARGET DATE

CHASSIS CODE KMHLB41UMEU052663

COMPLETION DATE/TIME:

ccident Date: 07.03.2018  
ATURE: 3P 07.03.18

## JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION

ED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

SH 7355M

JU SOMPO

Vehicle No.:

SH 7355M

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 7355M

DATE 7/3/2018 15:48

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X su</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X su</i>			\$ 49.00
	Rear Bumper Clips <i>X su</i>			\$ 22.00
	Rear Bumper Sponge <i>X su</i>			\$ 143.40
	Rear Bumper Under Cover <i>X su</i>			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor <i>X su</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>X su</i>			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>380.00</del> <i>100</i>
	Spray Painting Charge			\$ <del>200.00</del> <i>180</i>
	Wiring Charge			\$ <del>50.00</del> <i>X 11</i>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>X 11</i>
	<b>TOTAL LABOUR</b>			<b>\$ 750.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,461.58</b>
<p><i>Ka/hu 11/11/11</i></p> <p><i>8/3/18 1020 hrs</i></p> <p><i>2 Days</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p> <div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No legal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature _____</p> <p>Date: _____</p> </div>				
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.				

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305122974

Date : 10/03/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7355M

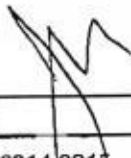
Date of Accident : 07/03/18

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

1. The repair job shall bill to: SOMPO --- GY 5331Y  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges	###	\$280.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$280.00</b>
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
<b>Final Lumpsum Repair cost</b>		
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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : K. Kalvin

Date : 12/3/18

### 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	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:




# 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				
SOMPO INSURANCE SINGAPORE PL			Ref : CS/SMO18004458/K1vbn2	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623			Date : 12-03-2018  Code : SMO	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GY 5331Y	Veh. Inspected	SH 7355M	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1801029/NSW	Excess (\$)	0.00	
Assign From	MELVIN YE	Assign Date	08/03/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU052663	Colour	BLUE	
Odometer	503852	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	07/03/2018	Inspection Date	08/03/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



# 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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7355M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-381.47	-
	LESS 25% DISCOUNT		-	-
			1,525.88	-
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			185.70	-
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		380.00	100.00
	SPRAY PAINTING CHARGE.		200.00	180.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			750.00	280.00
<b>GRAND TOTAL</b>			<b>2,461.58</b>	<b>280.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>280.00</b>

Report Ref No. CS/SMO18004458/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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