

ASS. REC. BY:

REF:

CG/MSG18004463/Klvb<sup>n2</sup> Special Instruction:

Surveyor:

Kalin

ASSIGNMENT (Office)

Merimen

From (Person):

Muhi Ashik

of

MSLH

Date/Time: 07032018 509pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 2978R

Insured:

SLR 9539S

at Workshop m/s

Comfort Delgro

Tel:

6214 8314

of

59 Luyang Drive

Policy No:

29016121AVW

Claim No:

5515814

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

06032018

CA / REV / REP. / REV 24 HRS 'WPI'

08032018

H.O.D. Endorsement:

Date/Time:

07032018 534pm

Person Contacted:

Chiang

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 2978R - x
	SLR 9539S - x
9/3/18	Send preli revised by merimen

K9/2h

MSIG

ASSIGNMENT

Ref: Date 8/31/8

Estimated Cost:

OD (TP) WS/TP RES/OD RES/EVA/INV/MV

To Inspect/Vehicle No. SHA 2978R

at Workshop/ins Comfort Delgro

of 59 Loyang Drive

Insured

Policy No

Claims No

Sum Insured

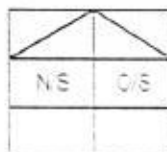
Excess

Clients Record

Make of Van

(Policy Condition)

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



Bell or Market Value

IDAC Accident Report 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 (wup)

Date Person Contacted

Vehicle IN / OUT

Date Time Action Instruction

8/31/8 CH 4s \$1050/2dr (Red 1487-18, 5990)

4s

SHA 2978R

22 Jan 2018

Type M Car M Cycle Bus Van Lorry T6 Prime Motor

Truck Trailer

Make

Hyundai Ix0

1685

Colour

Blk

0 Std N/A

So Reading

495031

T-Read Ins Std N/A

Eng No

Ch No

KM HLB4MM04043526

Gear Carb Good 6 Poor Burnt

Steering Incl Jammed Leaked Burnt

Brake Incl Jammed Leaked Burnt

Mod Nil S Rim STD Rim

Tyre Size F

205/60R16

R

BS/DUN/EXNOVA/GY/PS/LIZA/MIC/OHTSU/PR/SUM

TOYO/YOKO

Wet/He

Front

Rear

R.Ba

7

R.Ba

7

L.Ba

7

L.Ba

7

D.O.A

6/3/8

D.O.A

8/3/8

Surveyed at

(OHE (Loyang))

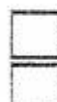
Des of Damages Fr Rear OS NS UO Roched

Rear o/s

The UO / Chassis frame Body Structure affected due to collision

RECEIVED 09-11-2018

Date Time File Pass of



: Prelim. Report



: Final Report

Date Time File Return of

Days Of Repair 2

Resurvey No. of Trip

Surf. Fee

Contingency

Lump Sum

Total

Total

Total

Total

200  
10

210

9/3- typist

Add Fee:

Site Fee \$

Night Fee \$

Test Fee \$

Fuel Fee \$

Report Format

merimen

Lump Sum Fee

LS \$1050/2

# Survey Department Check List (Case Handler)

Reference No.: CS/MSG 1800 4463/K/vb  
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	✓			
---	--------------------------------------	---	--	--	--

## (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

21/05/2018



# 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				
MSIG INSURANCE (SINGAPORE) PTE LTD			Ref : CS/MSG18004463/K1vb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 08-03-2018	
			Code : MSG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLR 9539S	Veh. Inspected	SHA 2978R	
Policy No.	29016121AVW	Coverage (\$)	0.00	
Claim No.	551584	Excess (\$)	0.00	
Assign From	MERIMEN (MUHD ASHIK)	Assign Date	07/03/2018	
<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	06/03/2018	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.				

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Mar 2018		07 Mar 2018 17:07 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:

LIM GEOK LUANG, ID: S1241422F

Main Claimant:

COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R

Vehicle Reg. No.:

SHA2978R

Date of Loss:

06/03/2018 18:00 - :59

Claim Type:

TP / 551584

Policy/Cover Note No.:

29016121AVW (Comprehensive)  
Coverage: 31/08/2017 - 30/08/2018

Vehicle Reg. No. (Insured):

SLR9539S

Policy No. (Claimant):

Excess:

S\$3,500.00

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 Muhd Ashik B Madi - 6594 2548]

Adjuster:

LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 08/03/2018]

Driver/Custodian (Insured):

SOH HUI LING SHARON (), NRIC: S9323039F

View All

Compose Case Mail

ASSOCIATED MAIL RECEIVED

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: Muhd Ashik B Madi

Date: 09 Mar 2018

**Preliminary Advice**

Insured Vehicle No	: SLR9539S	Accident Date	: 06/03/2018
TP Vehicle No	: SHA2978R	Assignment Date	: 08/03/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 08/03/2018		
Inspection At	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

**Point of Impact / General Description of Damages**

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

Repairer's Estimate (Gross)	:S\$	2,537.18
Revised Amount	:S\$	1,316.18
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,316.18

Lump Sum Repair :S\$

**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	07/03/2018 11:36
Date Of Accident	06/03/2018 18:00
Exact Location Of Accident	PIE TWDS JURONG ALONG PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2978R
<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

### 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	FONG CHYE
NRIC No	S2110213Z
Date Of Birth	05/05/1943
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1964
Driving Experience	54 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	FONGCHYE@YAHOO.COM.SG

Address	BLK 62 CIRCUIT ROAD #02-297
Postcode	370062
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)	2
Passenger 1	NAME: : - GENDER: : MALE

### Details of Police Action

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

### Circumstances of Accident

REFER ATTACHED

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR9539S
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH HUI LING, SHARON
NRIC/Passport Number	S9323039F
Contact Number	
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.
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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

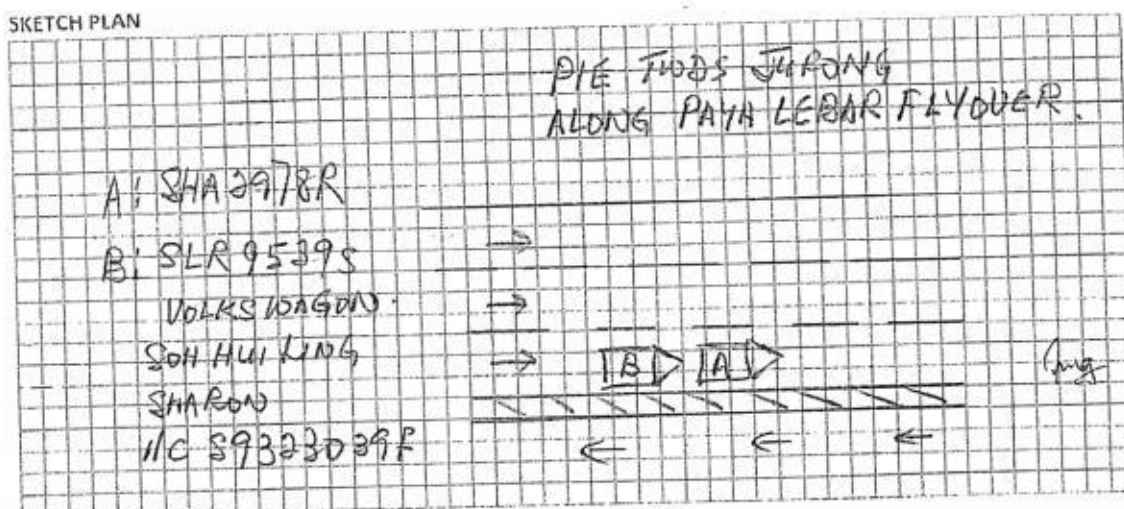
Policyholder's Signature  
Date & Time:

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

As per attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

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

Describe Circumstances of the Incident

On 06 Mar 2018 at about 18:00 hrs I was driving straight on Lane 1 along PIE leading towards the direction of Jurong.

Somewhere along the Paya Lebar Flyover the front car slowed down and stopped. I slowed down and was preparing to stop suddenly a Volkswagon car SLR9539S came from behind collided onto the Rear Portion of my taxi.

01 passenger on board my taxi. No injury at the point of the accident.

Enclosed is a video footage to support my claims.

## Declaration

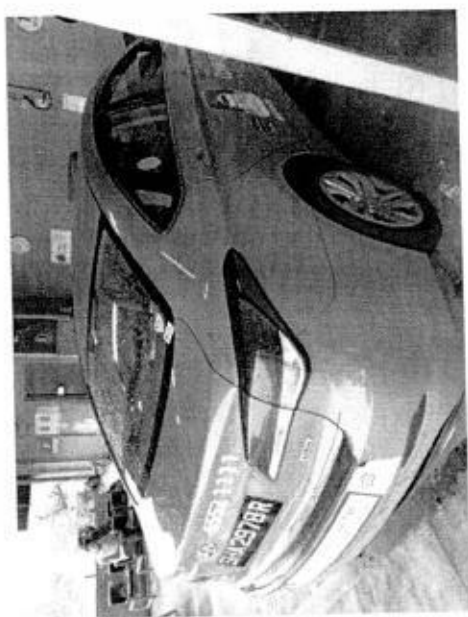
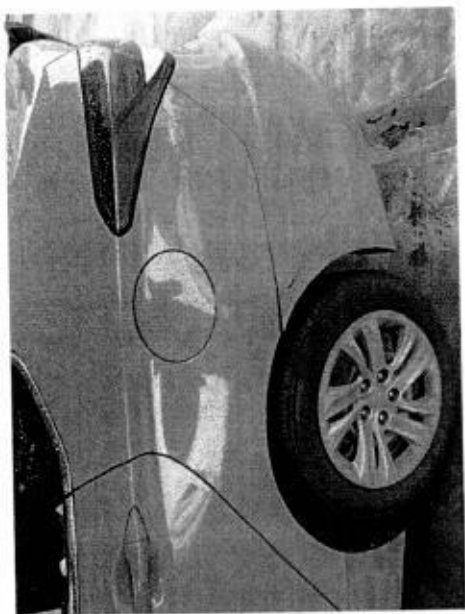
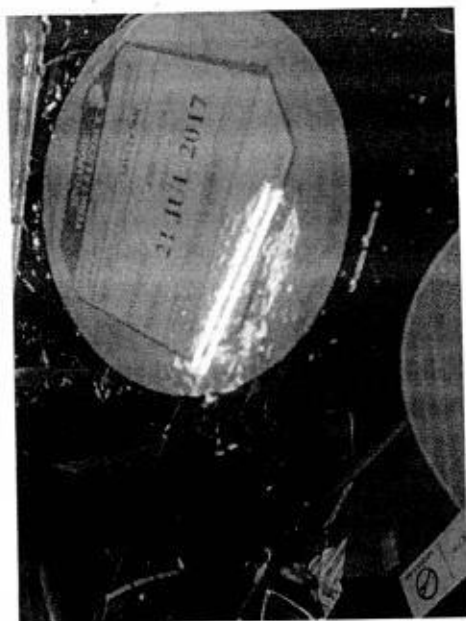
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO. 305122924

CUSTOMER  COMFORT TRANSPORTATION PTE LTD IR/MS 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 EL. (R) (P) (O)  DISCOUNT CARD NO.	REGN NO. SHA2978R	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 07.03.2018 10:45
	YR OF MANU. 22.01.2014	TARGET DATE
	CHASSIS CODE RMHLB41UMDU043526	COMPLETION DATE/TIME:

Accident Date: 06.03.2018  
NATURE: 3P 06.03.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

3: 0: 1le No.: SHA2978R CHIANG @

Vehicle No.: SHA2978R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 2978R

DATE 7/3/2018 12:01

MAKE :

MODEL : HYUNDAI i40

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	
	Rear Bumper Reflector Lamp (RH)			\$ 32.00	
	<b>SUB TOTAL</b>			<b>\$ 1,939.35</b>	
	<b>LESS 20%</b>			<b>\$ 387.87</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,551.48</b>	
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
				<b>\$ 235.70</b>	
	<b>Labour Charge</b>			<b>200</b>	
	Panel Beating			\$ 380.00	
	Spray Painting Charge			\$ 200.00	136
	Wiring Charge			\$ 50.00	X 11
	R/Refix Reverse Sensor			\$ 120.00	20
	<b>TOTAL LABOUR</b>			<b>\$ 750.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,537.18</b>	

Kelvin LKK  
 8/3/18 rough  
 207.  
 45  
 After Repair plz

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts for the resurvey
- Parts should be submitted to the resurvey
- Third party should be notified on the "Medicine" basis
- Repairing should be done on the resurveyed and
- Should be at the relevant Insurance Company

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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/MSG18004463/K1VBN2

Date: 12/03/2018

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29016121AVW
Claimant Vehicle No :	SHA2978R	Insured Vehicle No :	SLR9539S
Date of Loss:	06/03/2018	Nature of Claim:	TP
		Claim No:	551584

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHA2978R	Engine No:	D4FDDU377431
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMDU043526
Reg. Date:	22/01/2014 (Man. Year: 2013)	Odometer:	495031 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	1,787.18	916.18	871.00	48.74
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	
<b>Calculated Gross Total (S\$)</b>	<b>2,537.18</b>	<b>1,316.18</b>	<b>1,221.00</b>	<b>48.12</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,050.00</b>		
<b>(S\$)</b>	<b>2,537.18</b>	<b>1,050.00</b>	<b>1,487.18</b>	<b>58.62</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>177.60</b>	<b>73.50</b>	<b>104.10</b>	<b>58.61</b>
<b>Nett Amount (S\$)</b>	<b>2,714.78</b>	<b>1,123.50</b>	<b>1,591.28</b>	<b>58.62</b>

## INSPECTION

Date of Assignment:	08/03/2018	
Date Inspected:	08/03/2018 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 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**

**Labour:** Repairer's      **(Price-denominated Standard List)**

**Print Code:** (Unsubmitted, no print-code for SHA2978R)

**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	*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	10	*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 REFLECTOR LAMP (RH)	Serviceable	32.00 FL	*- FL
9	1	*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
10	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
11	1	*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS

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

<b>Sub Total (\$\$)</b>	<b>2,175.05</b>	<b>1,086.30</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>387.87</b>	<b>170.12</b>
<b>Total Parts (\$\$)</b>	<b>1,787.18</b>	<b>916.18</b>

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
<b>Labour Items</b>				
1	PANEL BEATING	New	380.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	-
4	R/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			<b>750.00</b>	<b>400.00</b>

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;