

ASS. REC. BY:

REF: CS/MSG18004464/Klgbnz Special Instruction:

Surveyor:

Calvin

ASSIGNMENT (Office)

From (Person):

Catherine Thia

of

MSLA

Date/Time: 07/03/2018 5:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 7873B

Insured:

SLU 9136K

at Workshop m/s

Comfort Delgro

Tel:

6214 8314

of

Si Luyang Dai

Policy No:

28795104mcx

Claim No:

551538

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06/03/2018

(Client's Regrd)

08/03/2018

CA / REX / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

07/03/2018 5:34pm

Person Contacted:

Chiang

Vehicle:

DIL/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 7873B - NA / INC 14102778 / F3
	SLU 9136K - x
09/3/18 @ 7:59pm	revised to Catherine Thia via Meehan.

Kalin

REF

MSIG

Form

Date

8/3/18

Estimated Cost

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

To inspect Vehicle No

SHA 7873 B

at Workshop this

Comfort Delgro

at

59 Loyung Drive

Insured

Policy No

Claims No

Sum Insured

Excess

Client's Record

Make of Ver

(Policy Condition)

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

NS	OS

Sal or Market Value

DAD Accident Report

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs

✓

days

Fee

Yes or No

Lum Sum

to

3 Yr

Yes or No

CA / REV

REP

24 HRS

wup

Date

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

9/3/18

Call P/P 8353 616 / 2 hrs.

PIP

SHA 7873B

9 July 2015

Form

Type Motor Vehicle Bus Van Long 6 Prime Mover

Truck Trailer

Make

Hyundai Ix0

1685

Colour

Blue

Sp Reading

445579

Facilities 0

Eng No

Ch No

KM HLB41UMH4075210

Gen Cond Good Poor Burnt

Steering Jammed Locked Burnt or

Brake Jammed Locked Burnt or

Mod M1 S R M STD A B

Tyre Size

P

205/60R16

R

BS / DUN / EXNOVA / GY / FS / LIZA / M1 / OHTSU / PR / SUM
TOYO / YOKO

Han Kank

Right

Left

R.Ba

7

L.Ba

7

L.Ba

7

D.D.A

6/3/18

D.D.

8/3/18

Survey report

(DHE (Loyang))

Des of Damages Frt Rear OS NS L/O Roofed or

Front w/s

The U/O Chassis frame Body Structural affected due to collision

RECEIVED 12 MAR 2018

Date Time File Pass of

12/3 12:00

☐ Prel. Report
☐ Final Report

Prel. Report

Final Report

Days Of Repair

2

Resurvey No. of Trip

1

Date Time File Return of

1

Add Fee

☐ Steer
☐ Brk
☐ Tyre
☐ Wheel

Steer

Brk

Tyre

Wheel

Record Format

MER 1P

Lum Sum

3536.16

Sum Ret

200

10

210



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/MSG18004464/K1qb

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 08-03-2018



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 9036K	Veh. Inspected	SHA 7873B
Policy No.	28795104MCX	Coverage (\$)	0.00
Claim No.	551538	Excess (\$)	0.00
Assign From	MERIMEN (CATHERINE THIA)	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

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5. General Information

Accident Date	06/03/2018	Inspection Date	08/03/2018
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.
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Note: This document has not been finalised.

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: Catherine Thia Shi Yi

Date: 09 Mar 2018

Preliminary Advice

Insured Vehicle No	: SLU9036K	Accident Date	: 06/03/2018
TP Vehicle No	: SHA7873B	Assignment Date	: 07/03/2018
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 front n/s portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	5,187.44
Revised Amount	:S\$	3,536.16
Check Items (Estimated)	:S\$	572.24
Total	:S\$	4,108.40

Lump Sum Repair	:S\$
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Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

Survey Department Check List (Case Handler)

Reference No. : *CJ/MSA1504464/Kab*
Policy Type: OD / TP / TP RES / TL / EVA

SHA 78738

Case Handler

Typist

Admin (*Cath*): 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.	<i>✓</i>			
C Customer Code	<i>✓</i>			
N Assign From	<i>✓</i>			
C Assign Date	<i>✓</i>			
C Veh No (Inspected)	<i>✓</i>			
C Veh No (Insured)	<i>✓</i>			
C D.O.A	<i>✓</i>			
C Policy No	<i>✓</i>			
C Claim No	<i>✓</i>			
C Insurance Authorisation (CA /REV/REP)	<i>✓</i>			
C Report Type	<i>✓</i>			
C Weekend Charges	<i>✓</i>			
N Survey held at/Repairer	<i>✓</i>			
C Excess				

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

(1) Assignment Form

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

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	<i>✓</i>		
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(3) Workshop Estimate/Assignment Form

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

(4) System - (Views/Merimen)

C Resurvey photo Uploaded	<i>✓</i>		
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Check By: *Cath* *17/5/18*
Case Handler Date

...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 17:05 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	SKYWAY MOTOR PTE LTD, Co. Reg. No.: 199904194N		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA7873B	Date of Loss:	06/03/2018 11:00 - :59
Claim Type:	TP / 551538	Policy/Cover Note No.:	28795104MCX Coverage: 08/08/2017 - 07/08/2018
Vehicle Reg. No. (Insured):	SLU9036K	Policy No. (Claimant):	
		Excess:	
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 Catherine Thia Shi Yi - 6594 2545]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 08/03/2018]		

ASSOCIATED MAIL RECEIVED

View All Compose Case Mail

There are no mail for this case.

ALL ASSOCIATED TASKS

View All Search Tasks Create New Task Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	06/03/2018 15:25
Date Of Accident	06/03/2018 11:00
Exact Location Of Accident	CLEMENTI WEST ST 2 CAR PARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7873B
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	ZOU CHARLIE
NRIC No	S0147833H
Date Of Birth	12/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1976
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 322 UBI AVENUE 1 #12-605
Postcode	400322
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 * TYPE OF ACCIDENT :- 3P VEHICLE REVERSED

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	SLU9036K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA HEE SIAH
NRIC/Passport Number	S1561191Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
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.

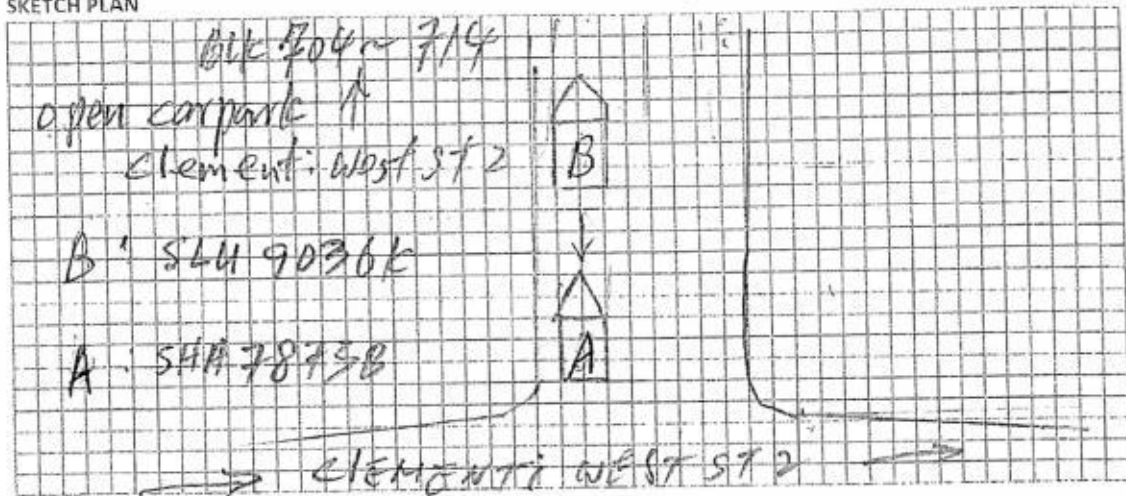
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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 06/23/18. Both A & B entered HDB open carpark. Car B suddenly reversed and hit A

DECLARATION

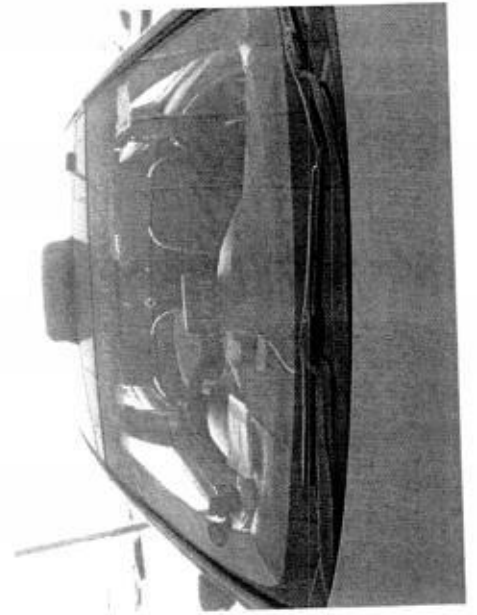
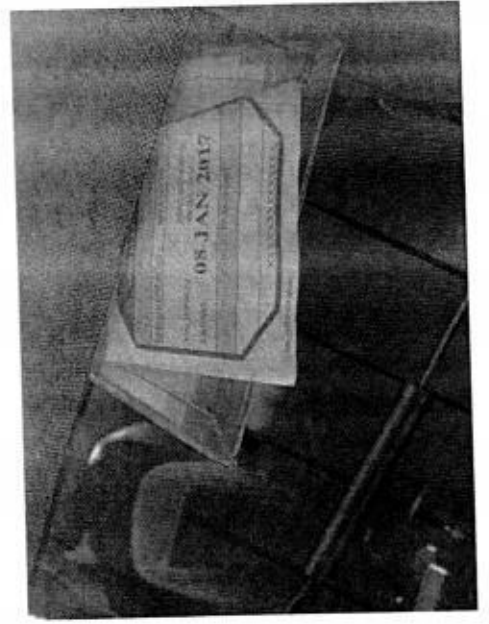
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

[Signature] 6/23/18
S R Moorthy
CSO



SHANGHAI MOTOR COMPANY
KML641UM3U75210
STUR

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO. 305122666

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

VMS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65508755

L (R) (O)

(P)

SCOUNT CARD NO.

REGN NO. SHA7873B

MILEAGE

MAKE HYUNDAI

FUEL

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

MODEL I-40

06.03.2018 13:35

DATE/TIME IN

YR OF MANU 09.07.2015

TARGET DATE

CHASSIS CODE RMHLB41UMGU075210

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.03.2018

NATURE: 3P 06.03.2018

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

e:
Io.: SHA7873B CHIANG @
cle No.:

Exit Pass

Vehicle No.: SHA7873B

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHA 7873B

DATE 7/3/2018 10:31

MAKE :

MODEL : HYUNDAI i40

MS1C

Chiong

PP

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille / <i>cr</i>			\$ 1,480.00
	Radiator Grille H Emblem <i>x sm</i>			\$ 290.80
	Radiator Grille Chrome Moulding <i>x sm</i>			\$ 395.50
	Front Bumper Cover / <i>del</i>			\$ 1,052.20
	Front Bumper Sponge <i>2x</i>			\$ 142.20
	Front Bumper Reinforcement <i>2x</i>			\$ 526.10
	Front Bumper Bracket Top (LH) <i>2x</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>2x</i>			\$ 24.60
	Headlamp (LH) / <i>cr</i>			\$ 1,388.00
	SUB TOTAL			\$ 5,321.80
	LESS 20%			\$ 1,064.36
	DISCOUNTED TOTAL			\$ 4,257.44
	Frt Fender Advertisement Logo (LH) <i>x 1</i>			\$ 100.00
				Nett
				\$ 100.00
	Labour Charge			200
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 400.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	TOTAL LABOUR			\$ 830.00
	ESTIMATE TOTAL			\$ 5,187.44
	<i>Kalvin 11/11/16</i>			
	<i>8/3/18 1015hrs.</i>			
	<i>2 Pys</i>			
	<i>P/P</i>			
	<i>Before P/P</i>			
	<i>12/3/18</i>			
	<i>Before P/P</i>			
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To reserve a belt later spray painting To display damaged parts for reserve Parts prices are subject to confirmation Third party survey is on a "without prejudice" basis Third party survey must be approved and Third party survey must be approved and 			
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305122666
REGN NO : SHA7873B
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 09.07.2015
DATE/TIME IN : 06.03.2018 13:35
ACCIDENT DATE : 06.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0002 04-01-0103-2164-G	I40V3 GRILLE ASSY-RADIATO	1	1,480.00	20.00	1,184.00
0003 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40

SUB-TOTAL : 3,136.16

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 17-01	CHECK ALL LIGHTING	20.00

SUB-TOTAL : 400.00

TOTAL : 3,536.16

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305122666
Date : 07/03/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHA7873B

Fax :

06/03/18

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


1. The repair job shall bill to: MSIG SLU9036K
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$3,136.16
 - (b) Labour Charges \$400.00
 - Total for Part-By-Part Repair Cost \$3,536.16**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____


3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
Date : 9/3/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG18004464/K1QBN2
Date: 13/03/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	28795104MCX
Claimant Vehicle No :	SHA7873B	Insured Vehicle No :	SLU9036K
Date of Loss:	06/03/2018	Nature of Claim:	TP
		Claim No:	551538

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA7873B	Engine No:	D4DFDU528775
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMGU075210
Reg. Date:	09/07/2015 (Man. Year: 2015)	Odometer:	445539 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:	205/60 R16	Rear Tyre Size:	205/60 R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,357.44	3,136.16	1,221.28	28.03
Miscellaneous Items	0.00	0.00	0.00	
Labour	830.00	400.00	430.00	51.81
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	5,187.44	3,536.16	1,651.28	31.83
+ GST 7.00/7.00% (S\$)	363.12	247.53	115.59	31.83
Nett Amount (S\$)	5,550.56	3,783.69	1,766.87	31.83

INSPECTION

Date of Assignment:	07/03/2018	
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: SHIAU CHAN

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: 13 Mar 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA7873B)	
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	Cracked	1,480.00 FL	*1,480.00 FL
2	1		*RADIATOR GRILLE H EMBLEM	Serviceable	290.80 FL	*- FL
3	1		*RADIATOR GRILLE CHROME MOULDING	Serviceable	395.50 FL	*- FL
4	1		*FRONT BUMPER COVER	Deformed	1,052.20 FL	*1,052.20 FL
5	1		*FRONT BUMPER SPONGE	Serviceable	142.20 FL	*- FL
6	1		*FRONT BUMPER REINFORCEMENT	Serviceable	526.10 FL	*- FL
7	1		*FRONT BUMPER BRACKET TOP (LH)	Serviceable	22.40 FL	*- FL
8	1		*FRONT BUMPER BRACKET (LH)	Serviceable	24.60 FL	*- FL
9	1		*HEADLAMP (LH)	Cracked	1,388.00 FL	*1,388.00 FL
10	1		*FRT FENDER ADVERTISEMENT LOGO (LH)	Not Necessary	100.00 FS	*- FS

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

Sub Total (\$\$)	5,421.80	3,920.20
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,064.36	784.04
Total Parts (\$\$)	4,357.44	3,136.16

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	380.00	200.00
2	SPRAY PAINTING CHARGE	New	400.00	180.00
3	WIRING CHARGE	New	50.00	20.00
Gross Labour Cost (\$\$)			830.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >