1.6	- DAILED I	EF: CS TCS 1800 4660 Klad3 n H Special Lastruction:  ASSIGNMENT (Office)
	From (Person): Unice Goh	of <u>FCICS</u> Date/Time: 12/3/180 3:26pm
	Estimated Cost:	- Dill to:
	OD TP WS/TP RES/OD RES/ To Inspect Vehicle No:	- A C - N
		SHD 4062D Insured: SGR 5965E
	of 60	Mfrt Delgno Tel: 6214 8300.
	Policy No:	laying brive
	Sum Insured:	Claim No:
	Make of Veh:	Excess:
	(Client's Record)	D.O.A. 10/3/2018
	CA / REV / REP. / REV 24 HRS	(LAD)
132	Date/Time: 330m@ 2/3/18	Person Contacted: Vehicle IN OUT
	Date/Time Action/Instruction (	T Estimate
10 5	SHD 4062N	)-MS/INC16024288/H/ah384 DOA: 18/12/16
	- SGR S965 B	K-3
	Certific Formali	ised fraul fith \$ 560; 2 days.
	· CRENT 5 TO	0.17, 50%)
	Ino lumy gur	m·

*	0.0			1	
(mis) (	REF:				
uneyli Kalvin					
		ASSIGNMI	ENT	201	
rom:	Date:	Veh No.	SHD 40 620	Yr Regn: 2 Feb	20 /2
stima <b>t</b> elCost		Type: M	.Car / M.Cycle / Bus / Van /	Lorry / Toxi / Prime Mover	1
DITP NS / TP RES / OD RES	J EVA / INV / MV	T	ruck / Trailer or		
o Insp et/ehicle No:		Make:	Hand.	55-04 0.0	
Workship m/s		Colour	Bhe	A/C: Inst <b>Ged / Sto</b>	
10.		Sp.Rea	ding 6/8343	T/Radio: Insured / Sto	d/NI/NA
sured:		Eng/No			
olicy No.		C/No:	KMHE	TYIVMCASZ	./203
tains No.		Gen. C	ond: Good / F 6 Poor / Bur		
umin stred:	Excess:	Steerin	g; Inor <b>da</b> r / Jammed / Leake	d/Burnt or	
(Clent's Record)		Brake:	Inor of / Jammed / Leake	d / Burnt or	
(Clartonecolo)		Modi:	Nil / S/Rim / STD A im		
		Tyre S	ize; F:	215/60 RIG	
(Policy Condition)			R:	4	
emark: The veh had commen	ced its	US OS BSID	UN / EXNOVA / GY / FS / LIZ	A/MIC/OHTSU/PIR/S	UMI/
repair at the time of it	-	TOY	O/YOKO or	Maxxis	
al. or Market Value:		Front	2	Rear	
DAC A ocklent Rport:	Consistent? : Yes or N		d mm	R/Bal.	mm
GIA / PR Seen:	Consistent? : Yes or N	o L/Bal,	# mm	L/Bal. +	mm
- 67	lays Res.: Yes or	No D.O.A	10/3/18	D.O.I. 12/3/	.8
	% 3 Val.: Yes or !	No Surve	y held at (	DGE (Loyan	1)
			of Damages : Frt / Rear / O	IS I NIS I UIC I Roofton	or or
CA / REV / REP. / 24 I	HRS Veh	icle: IN / OUT		Rea of	
Date:Person	Contacted:	Th	e U/C / Chassis frame / B	ody Structure affected du	e to collision
Date / Time   Action / Instr	ruction			DCZ.	11
				41	
				91	
DE/	SEIVED 15 M	AR 2018			
KEL	PER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Data Car Data Car	1	Deve	Of Repair:		
DateTime, File Pass to?	: Preli. Report	Villa 1-71076	rvey No. of Trip:	Survey Fee:	-
1)   S   MAN   DataTime, File Return to?	: Final Report	Kesu	ivey ivo. or risp.	Transportation:	
		Add Fee:	: Site Insp (\$	)S÷RS,SI	
2)		-	: Interview (\$	) Photos	
Paper Ferman	TP		Tech Invs (8	Cohen	
	560		The state of the s		Constitution and
· newstantistary	260	5,313		1000	250



# 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

EC	ICS LTD		Ref : CS/ICS18004	MENUTE IN COME		
				oountiquo		
	EMASEK BOULEV					
	0-01 SUNTEC TOW		Date: 12-03-2018			
OII	IGAPORE 0389878	knosp, andsp,	0.4. 100			
1.	and the second	Policy Por	Code : ICS ticulars :- THIRD PARTY CLA			
***	Insured Veh.	SGR 5965E	Veh. Inspected	SHD 4062D		
	Policy No.	00110002		0.00		
	Claim No.		Coverage (\$)	272 mm		
-	Assign From	JANICE GOH	Excess (\$)	0.00		
2.	Assign From		Assign Date	12/03/2018		
۷.		Vehic	cle 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	How has the wall		
		Size	Make	Balance		
	R/H Front Tyre			mm		
	L/H Front Tyre			mm		
	R/H Rear Tyre			mm		
	L/H Rear Tyre			mm		
4.		De De	escription of Damages	ALCOHOLD STATE		
5.	2 Pauling 2/2 / 200	ALTERNATION OF THE PARTY OF THE	General Information			
-	Accident Date	10/03/2018	Inspection Date	12/03/2018		
	Survey held at	COMFORTDELGRO EN		15/00/2010		
		59 LOYANG DRIVE SINGAPORE 508969				
a.			Remarks	A CONTRACTOR OF THE SECOND		
	A)THE INSPECTIO	N WAS CONDUCTED O	N A"WITHOUT PREJUDICE" BAS	IS		

Policy Type: OD / TP / TP RES / TL / EVA Typist Case Handler Withha ): Case handler to make sure all Information created by the assignment team are ACCURATE. Admin ( Y-Date N-Date Y-Date N-Date (1) Office Assign Form Reference No. C 0 Customer Code C Assign From Assign Date C Veh No (Inspected) C C Veh No (Insured) D.O.A C C Policy No C Claim No Insurance Authorisation (CA /REV/REP) C C Report Type C Weekend Charges Survey held at/Repairer C Excess ): Case handler to make sure the surveryor completed all required information. Surveyor ( Calvin (1) Assignment Form Vehicle No C C Regn Month/Year Ν. Vehicle Type Make & Model Engine Capacity. (C.C) C Colour N Odometer. (Sp.Reading) C Chassis No. General Condition Steering Ν Brake Modification (Modi) N C Tyre Size Tyre Make N Tyre Balance C C Date of Inspection N Survey held Des.of Damages N (2) System - (Views/Merimen) Damaged Vehicle Photographs Uploaded (3) Workshop Estimate/Assignment Form ALL Parts condition N Market Value for OD cases Estimate Repair Cost for PRI (RSI, TMI, MSIG) C Days of repair C C Finalised Amount Re-inspection Cases to Finalize within 5 Days (4) System - (Views/Merimen) Resurvey photo Uploaded Check By:

Survey Department Check List (Case Handler)

Reference No.: C3 1 C9 (800 46 60 Keg 43

40 406YD

Case Handler

## Catherine Chong (LKK Auto)

From: motorsurvey < motorsurvey@ecics.com.sg>

Sent: Wednesday, 14 March, 2018 2:32 PM

To: Shiau Chan (LKKAuto); motorsurvey; assignments

Cc: SUI

Subject: RE: doa.10.03.18 SHD4062D with your insured SGR5965E

Dear Shiau Chan

Our Claim no. DMPC1800092H/ JG.

Thank you.

Regards, Janice Goh Claims Division DID: +65 6303 0182 FAX: +65 6338 9267

#### **ECICS Limited**

7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

\*\*Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.\*\*

From: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]

Sent: Wednesday, 14 March, 2018 2:21 PM

To: motorsurvey; assignments

Cc: SUR

Subject: RE: doa.10.03.18 SHD4062D with your insured SGR5965E

Dear Janice.

Kindly provide us the claim number of above mentioned.

Best Regards,

Shiau Chan (Ms) | Case Handler LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Monday, 12 March 2018 5:47 PM

To: 'motorsurvey' < motorsurvey@ecics.com.sg>; assignments < assignments@lkkauto.com>

Cc: SUR <sur@lkkauto.com>

Subject: RE: doa.10.03.18 SHD4062D with your insured SGR5965E

Dear Janice,

Thank you for the assignment.

## Nivitha (LKK Auto)

From:

motorsurvey < motorsurvey@ecics.com.sg>

Sent:

Monday, 12 March 2018 3:26 PM

To:

Jumani Bin Masudin; assignments@lkkauto.com

Cc:

motorsurvey

Subject:

RE: doa.10.03.18 SHD4062D with your insured SGR5965E

Attachments:

img-312140514-0001.pdf

Without Prejudice

Dear Jumani

Thank you for your email. We will appoint LKK for the survey.

Aside to LKK

Please assist to arrange TP PRI.

Thakn you.

Regards, Janice Goh Claims Division DID: +65 6303 0182 FAX: +65 6338 9267

## **ECICS Limited**

7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sq directly.

\*\*Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.\*\*

From: Jumani Bin Masudin [mailto:jumanibm@cdge.com.sg]

Sent: Monday, 12 March, 2018 2:09 PM

To: motorsurvey

Subject: Fw: doa.10.03.18 SHD4062D with your insured SGR5965E

TO

Officer in charge

see attached

Best Regards
Jumani Masudin
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Tel. 6214-8315 / Fax. 6546-8156

---- Forwarded by Jumani Bin Masudin/cdge/delgronotes on 12/03/2018 02:07 PM -----

From:

"ApeosPort-IV C5570 " <sbs-singnalling@sbstransit.com.sg>

To: jumanibm@cdge.com.sg

Number of Images: 9
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570

Device Location:

Date:

Subject:

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

		e Ltd [Registration No. 1995060	
Minus 1	×	×	
	-	1000	

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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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	12/03/2018 11:39	
Date Of Accident	10/03/2018 21:45	
Exact Location Of Accident	CTE TWDS SLE BEFORE ANG MO KIO AVE 5 EXIT	
Country/State of Loss	SINGAPORE	

Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD4062D	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	

Name Of Registered Owner 199303821R Co Reg No FLEETSAFETY@CDGTAXI.COM.SG

Email Address Mobile Phone No

OFFICE-65508768 Alternative Phone No. Vehicle Particulars

HYUNDAI Manufacturer SONATA Model

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy NO for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken

TAXI Vehicle Category

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

MCOM0015 Policy Number

Cover Note Number

Driver

MOHAMED YUSOFF BIN HANAN Name of Driver

S0254981F NRIC No 25/04/1946 Date Of Birth OUTDOOR Occupation 27/06/1972 Date Of Driving Pass

45 YEARS AND 8 MONTHS **Driving Experience** 

MALE Gender

Mobile Number Fax Number Contact Number

SUMBARSI@GMAIL.COM EMail Address

Address

117 (4)

BLK 124 TAMPINES STREET 11 #12-416

Postcode

521124

Vehicle

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME: GENDER:

: FEMALE

**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

PLS REFER TO 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

SGR5965E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

ECICS LIMITED

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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:
  - 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")
- 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:
  - 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)

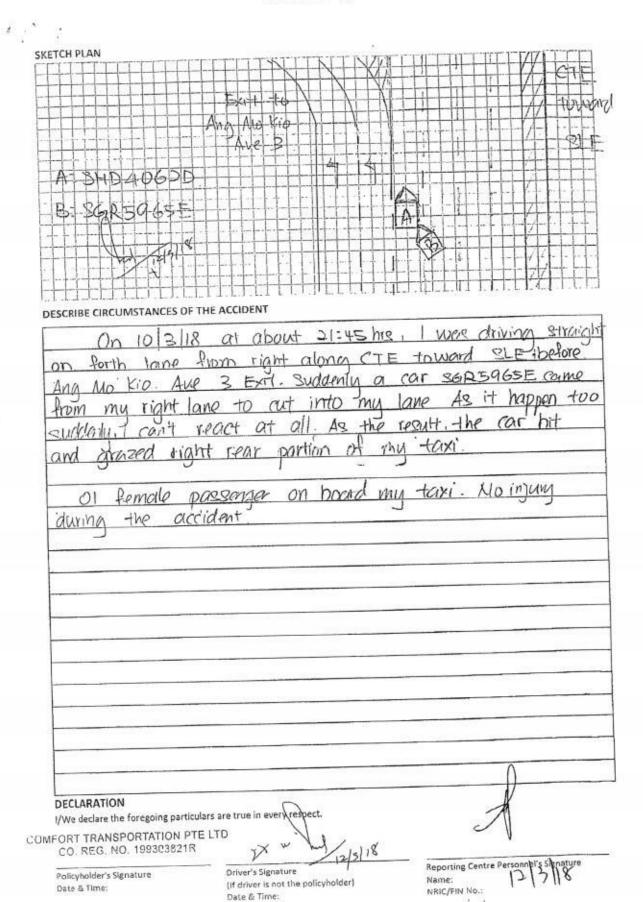
Date & Time:

Reporting Centre Rersonnel's Signato

NRIC/FIN No.:

Page 4 of 16

### Sketch Plan Pg. 2



nts in softs

Page 5 of 16

sturned to Service Reception upon collection

Date/Time: 12.03.2018 12:44

Page : 1

n: ARC Repair TP(CLSO)1 JO	B CARD Sales Order:	<sub>JC NO.</sub> 305124073
ER .	REGN NHD4062D	MILEAGE
COMFORT TRANSPORTATION PTE LTD 7010045	MAKE HYUNDAI	FUELF
S Singapore SINGAPORE 575717	MODELSONATA 12	.03.2018 09:55
65508755 (O)	YR OF 82N-02.2012	TARGET DATE
NT CARD NO.	CHASSIS COPE 41VMCA821203	COMPLETION DATE/TIME:
	B DESCRIPTION	
O LABOR CODE	DESCRIPTION	
	*	
(ED & PASSED OUT BY:		
SERVICE ADVISOR	CUSTOMER	S SIGNATURE
edgement Slip	Exit Pass	
SHD4062D JU ECICS	Vehicle No.: SHD4062D	
if Service Advisor Signature/Date	Name of Service Advisor Date	
turned to Service Reception upon collection	To be kept by Security Guard	

# COMFORTDELGRO ENGINEERING PTE LTD

ECICS

REPAIR ESTIMATE\*

VEHICLE NO: SHD 4062D

DATE 12/3/2018 14:52

- Jumani

MAKE

Qty	Parts Description/ Labour	Type	Unit Price	Aı	mount
	Rear Bumper × reg ch			S	578.40
	Rear Rumper Clin X NA			\$	22.00
	Rear Bumper Protector (RH) X			\$	38.00
	Real Bumper Protector (RT)			1	20.00
	Rear Bumper Protector (RH) X report  Rear Frader (FH) X report  SUB TOTAL			s	638.40
	SCDIOINE			1.57	
	LESS 20%			S	127.68 <b>510.72</b>
	DISCOUNTED TOTAL			2	510.72
	Labour Charge Panel Beating Spray Painting Charge			\$	250.00
	Remove/Refix Reverse Sensor			\$	120.00
	TOTAL LABOUR			S	620.0
	ESTIMATE TOTAL			S	1,130.7
	Kalvi (UKK)  12/3/8 (537h).  2 Pop  4s  After Report pl	LKK the F To r To r Pan Thir No Sup is su	Auto Consultants hence Repairer of the following esurvey before/after spray plisplay damaged part(s) durits prices are subject to confind party survey is on a "Without legal modification(s) is allow plementary item(s) must be at ject to final approval from its wiledged by Repairer	g: ainting ng resurvey mation out Prejudice wed resurveyed a	basis
		Signa Date:			20,000,000
	This is an initial estimate based on a visual inspection of t	he above v	chicle. The final repo	air quantı	ım will

# COMFORTDELGRO ENGINEERING PTE LTD

ECICS

- REPAIR ESTIMATE\*

VEHICLE NO: SHD 4062D

DATE 12/3/2018 14:52

Jumani

EL	: HYUNDAI SONATA  Parts Description/ Labour	Type	Unit Price	An	nount
Qty	Rear Bumper × reg «N			S	578.40
	D D Clin V An			S	22.00
	Rear Bumper Clip X 47			\$	38.00
	Rear Bumper Protector (KH)				
	Rear Bumper Protector (RH) X report  SUB TOTAL			s	638.40
	1			s	127.68
	LESS 20%			S	510.72
	DISCOUNTED TOTAL			,	310.72
	Labour Charge				200
	Panel Beating		V	\$	250.0
	Spray Painting Charge			Seso	
	Remove/Refix Reverse Sensor			S	120.0
	Remove/Renx Reverse Sensor				-
	TOTAL LABOUR	,		\$	620.0
	TOTAL EABOUR				
	ESTIMATE TOTAL			S	1,130.7
	ESTIMATE TOTAL				
	Kalvi (UK/K) 12/3/18 (535hs 2 Pots				
	Kalva 1012/9		1		
	11 1/0/535/1				
	1/1 12/3/4				
	0.13				
	2 Pots After Repeat			- 1	
		1			
	Us	110 11	V 4 1 0 11 1 1		
	n. No per P	A T Ik	K Auto Consultants h Repairer of the follo	ence notify	
	A Ltw 1001	e To	resurvey before/after spr	ay painting	
	A & Co	e To	display damaged part(s)	during resurve	ву
	20 12	• P2	arts prices are subject to o hird party survey is on a "V		ino" hasis
		• No	o illegal modification(s) is	allowed	iud udsis
		• St	upplementary item(s) must	be resurveye	d and
		15	subject to final approval fr	om insurance	Company
		Ack	nowledged by Repairer		72 000
	This is an initial estimate based on a visual inspection of be prepared after the vehicle is surveyed by a motor Su	of the above	Whicle. The final	repair qua	ntum will

## COMFORTDELGRO ENGINEERING

Our J	lob Re	1 No : 3051	24070			Comfo	dDelCon Francisco Die I	
Date		: 13/03	3/2018			59 Loy	rtDelGro Engineering Pte L rang Drive Singapore 5089 546 8156	
FINA	LIZAT	ION FORM				1 32.0	5.0 5.05	
То	:	L	KK			Fax:		
Attn	:	K	ALVIN					
Vehic	de Reg	No. : SHD40	62D .		Date	of Accident :	10/03/18	
Thes	turvev	and estimates of the	e renairs of the	ahove-men	tioned	vehicle are as	follows:-	
					101160	Volliele ale da		
1.	The	repair job shall bill to	o:	ECICS		***	SGR5965E	
2.	The	finalized amount sha	all be:					
	(a) Spare Parts after List discount						\$0.00	
	(b)	(b) Labour Charges			###		\$560.00	
		Total for Part-By	-Part Repair C	ost			\$560.00	
	(c.)	Lumpsum Repair Total for Lumpsur		ter Less:	20%			
		Final Lumpsum						
3.	Estin	nated normal period	for repairs:	2 .	wo	rking days		
			2.52				is no reply from you	
	We s		2.52				is no reply from you	
4.	We s	shall treat the abov	e amount as C		Confi	rmed if there i		
4.	We s	shall treat the abov in 7 working days	e amount as C		Confi	rmed if there i		
4.	We s	shall treat the abov in 7 working days	e amount as C		Confi	rmed if there i		
4.	We s with Thar	shall treat the abov in 7 working days nk you for your assis	e amount as C		Confi We fins	rmed If there is confirm the ea alized amount		
4.	We s with Than	shall treat the abovin 7 working days onk you for your assis	e amount as C		Conft We fine	rmed If there is confirm the easilized amount		
4.	We s with Than Sign Nam	shall treat the above in 7 working days onk you for your assistance:	stance.		Confl We fine Sig Na	confirm the estimated amount	stimates and	
4.	We s with Than Sign Nam	shall treat the above in 7 working days onk you for your assistance:  ature:	stance.		Conft We fine	confirm the estimated amount	stimates and	
4.	We swith Than Sign Nam Tel Fax	shall treat the above in 7 working days onk you for your assistance:  ature:	stance.		Confl We fine Sig Na	confirm the estimated amount	stimates and	
3. 4. 5.	We swith Than Sign Nam Tel Fax	shall treat the above in 7 working days onk you for your assistance:  ature:	stance.		Confl We fine Sig Na	confirm the estimated amount	stimates and	
4.	We swith Than Sign Nam Tel Fax	shall treat the above in 7 working days onk you for your assistance:  ature:	stance.		Confi We fine Sig Na Dat	confirm the estimated amount	stimates and	
4. 5.	We swith Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days onk you for your assistature:    JUMANI	214 83 5 5468156	Docur Attac	Confi We fine Sig Na Da	confirm the established amount anature: me : Confirm By	Kal-A	
4. 5.	We swith Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days onk you for your assistature:    State	214 83 5 5468156	Docur Attac Yes o	Confi We fins Sig Na Dar	confirm the established amount anature: me : Confirm By	Kal-A	
4. 5. 1. R 2. Lc	We swith Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days onk you for your assist ature:  ie: JUMANI ie: 66  I Use Only  Item  Rate P/Day Income Paid	214 83 5 5468156	Docur Attac Yes o	Confi We fins Sig Na Dar	confirm the established amount anature: me : Confirm By	Kal-A	
1. R 2. L 3. S 4. L	We swith Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days like you for your assistance:    ature :     6/2     item     6/2     I Use Only       Item         Rate P/Day       Income Paid       Fees       arch Fee	214 83 5 5468156	Docur Attac Yes o	Confi We fins Sig Na Dar	confirm the established amount anature: me : Confirm By	Kal-A	
1. R 2. L 3. S 4. L	We swith Than Sign Nam Tel Fax Officia Cental Foss of	shall treat the above in 7 working days  or working days  or your assis  ature:  ie: JUMANI  i: 67  item  Rate P/Day  Income Paid  Fees	214 8315 5468156  Amount	Docur Attac Yes o	Confi We fins Sig Na Dar	confirm the established amount anature: me : Confirm By	Kal-A	

2



# 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 De	s Experts En	Automobile
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ECICS LTD

Ref : CS/ICS18004660/K1qd3n2

TEMASEK BOULEVA 10-01 SUNTEC TOW SINGAPORE 038987		Date: 16-03-2018  Code: ICS	
	Policy Particula	rs :- THIRD PARTY CLA	IM
Insured Veh.	SGR 5965E	Veh. Inspected	SHD 4062D
Policy No.		Coverage (\$)	0.00
Claim No.	DMPC1800092H/ JG	Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	12/03/2018
	Vehicle Pa	articulars & Condition	
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA821203	Colour	BLUE
Odometer	618343	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
	Con	ditions of Tyres	
	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm
1.		iption of Damages	
THE VEHICLE SU	ISTAINED DAMAGES AT THE	REAR O/S PORTION.	
DAMAGES SEE D	DETAILS.		
5.	Gen	eral Information	
Accident Date	10/03/2018	Inspection Date	12/03/2018
Survey held at	COMFORTDELGRO ENGIN	EERING PTE LTD	
7	59 LOYANG DRIVE SINGAPORE 508969		
5a.		Remarks	
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A ICE TO YOUR INSTRUCTION	S, WE HAVE NOT AUTHOR	ISIS. ISED REPAIRS.
5b.	Estim	nate Days of Repair	
ESTIMATED NO	RMAL PERIOD FOR REPAIR:	2 Working Da	ays



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# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4062D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	578.40	
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	38.00	
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR		
	LESS 20% DISCOUNT		-127.68	-
	por to de trapporator de la chimical suide en casa auto-referencia.		510.72	-
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER, REAR BUMPER PROTECTOR (RH) AND REAR FENDER (RH).		250.00	200.00
	SPRAY PAINTING CHARGE.		400.00	360.00
	REMOVE/REFIX REVESE SENSOR.	NOT NECESSARY	120.00	-
			770.00	560.00
	GRAND TOTAL		1,280.72	560.00
0				560.00

RECOMMENDED COST OF REPAIRS	560.00
KEGOMMENDED GGG, G. HELPMAN	

Report Ref No. CS/ICS18004660/K1qd3n2

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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