

ASS. REC. BY:

REF:

cs/GAI/8005198/R/rds

02

Special Instruction:

Surveyor:

Rdsul

ASSIGNMENT (Office)

From (Person):

Rachel Tan

of

GAI

Date/Time:

20/3/18 @ 12:09pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 9254H

Insured:

GBD 6498M

at Workshop no/s

Comfort Delgro

Tel:

6214 8300

of

59 Layang Drive

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

20/03/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

1 wpr

H.O.D. Endorsement:

Date/Time:

12:10pm @ 20/3/18

Person Contacted:

chiang

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SH 9254H - x

GBD 6498M - x

sent preli thru email.

Revised

REF:

38212

VEHICLE INFORMATION

Date: _____
 (Insured's Code)
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No.
 at Workshop No.
 (Insured)
 Insured
 Policy No.
 Claims No.
 Sum Insured. Excess:
 (Client's Record)
 Make of Veh.

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Est. of Market Value:
 IDAC Accident Report Consistent? Yes or No
 GIA / PR Seen Consistent? Yes or No
 Est. Repairs days Rep: Yes or No
 Lum Sum % 3 Val: Yes or No

CA / REV / REP. / 24 HRS
 Date Person Contacted: Vehicle IN / OUT

SH9254H 2016 May
 Type: M, Car / H Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer /
 Make: Hyundai I 40 1688
 Colour: Blue
 Sp. Rckling: 307072
 T/Radio: Insured / Std / NI / NA
 Eng No: KMHLB41UMG 4089693
 C/No:
 Gen: Good / Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Mod: N / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R:
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front Rear
 R/Bal: 5 mm R/Bal: 5 mm
 L/Bal: 5 mm L/Bal: 5 mm
 D.O.A: 20/03/18 D.O.A: 20/03/18
 Survey held at Comfort Hotel
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 6/5 Rear
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Confirm \$870, 3 days
 Red: \$210, 19/.

[Signature]
 9/4/18

RECEIVED 09 APR 2018

Underline File Pass to:
☐ : Prel Report
☒ : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: 1

Add Fee:
☐ Date long 15
☐ Ignition 15
☐ 1000 15
☐ 2000 15

Repeat Formal: TP
 Lump Sum: 870

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

Affiliated to Federation Internationale Des Experts En Automobile			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18005198/R1rd3	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 20-03-2018	
		Code : GAI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBD 6498M	Veh. Inspected	SH 9254H
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	20/03/2018
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	20/03/2018	Inspection Date	20/03/2018
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.			



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Our Ref: CS/GAI18005198/R1rd3

The Motor Claims Department
GREAT AMERICAN INSURANCE COMPANY

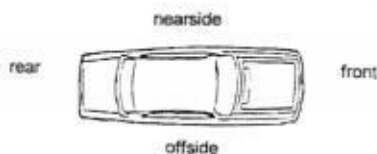
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF SH 9254H .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 20/03/2018 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>1,080.00</u> .
Revised Estimate Amount	: S\$ <u>870.00</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:
The vehicle sustained damages
at the o/s rear portion..



Yours faithfully

RASUL
Automotive Assessor

Nivitha (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Tuesday, 20 March 2018 12:09 PM
To: Chiang Liat Choon
Cc: Ngian, Kelvyna; LKK Assignments
Subject: RE: Fw:SH9254H v GBD6498M (GA) on 200318
Attachments: img-320114727-0001.pdf

Without Prejudice

Hi Chiang

Our insured has not reported. We will arrange for PRI on a without Prejudice Basis.

Hi LKK

Please accept assignment. TP PRI request attached.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Chiang Liat Choon [mailto:chianglc@cdge.com.sg]
Sent: Tuesday, March 20, 2018 12:02 PM
To: General Claims <GeneralClaims@sg.gaig.com>
Cc: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; Tan, Rachel <Rachel.Tan@sg.gaig.com>
Subject: Fw:SH9254H THIRD PARTY CLAIMS

Dear Sir,

Attached herewith repair estimate.

Best Regards

Chiang Liat Choon

Taxi Crash Repair ComfortDelGro Engineering Pte Ltd

Off: 62148314 Fax: 65468156

----- Forwarded by Chiang Liat Choon/cdge/delgronotes on 20/03/2018 11:51 AM -----

From: "ApeosPort-IV C5570" <sbs-singnalling@sbstransit.com.sg>
To: chianglc@cdge.com.sg,
Date: 20/03/2018 11:48 AM
Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 10

Attachment File Type: PDF

Device Name: ApeosPort-IV C5570

Device Location:

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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.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Friday, March 23, 2018 11:56 AM
To: 'Tan, Rachel'
Cc: 'Ngian, Kelvyna'; SUR
Subject: RE: Fw:SH9254H v GBD6498M (GA) on 200318
Attachments: SH 9254H .pdf

Dear Rachel,

Enclosed preliminary revised for **SH 9254H**.
Kindly advice the claim reference.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Wednesday, March 21, 2018 9:26 AM
To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: 'Ngian, Kelvyna' <Kelvyna.Ngian@sg.gaig.com>; SUR <sur@lkkauto.com>
Subject: RE: Fw:SH9254H v GBD6498M (GA) on 200318

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Tan, Rachel [<mailto:Rachel.Tan@sg.gaig.com>]
Sent: Tuesday, 20 March 2018 12:09 PM
To: Chiang Liat Choon <chianglc@cdge.com.sg>
Cc: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; LKK Assignments <assignments@lkkauto.com>
Subject: RE: Fw:SH9254H v GBD6498M (GA) on 200318

Without Prejudice

Hi Chiang

Our insured has not reported. We will arrange for PRI 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	20/03/2018 10:18
Date Of Accident	20/03/2018 00:10
Exact Location Of Accident	GUILLEMARD RD X MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9254H
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	MOHD GAOUS MARICAN
NRIC No	S0603825E
Date Of Birth	26/07/1946
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1965
Driving Experience	52 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 270 TAMPINES STREET 21 #04-153
Postcode	520270
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	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 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

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	GBD6498M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	ONG MENG TIAM
NRIC/Passport Number	F7989799W
Contact Number	
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	LEFT FRT
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

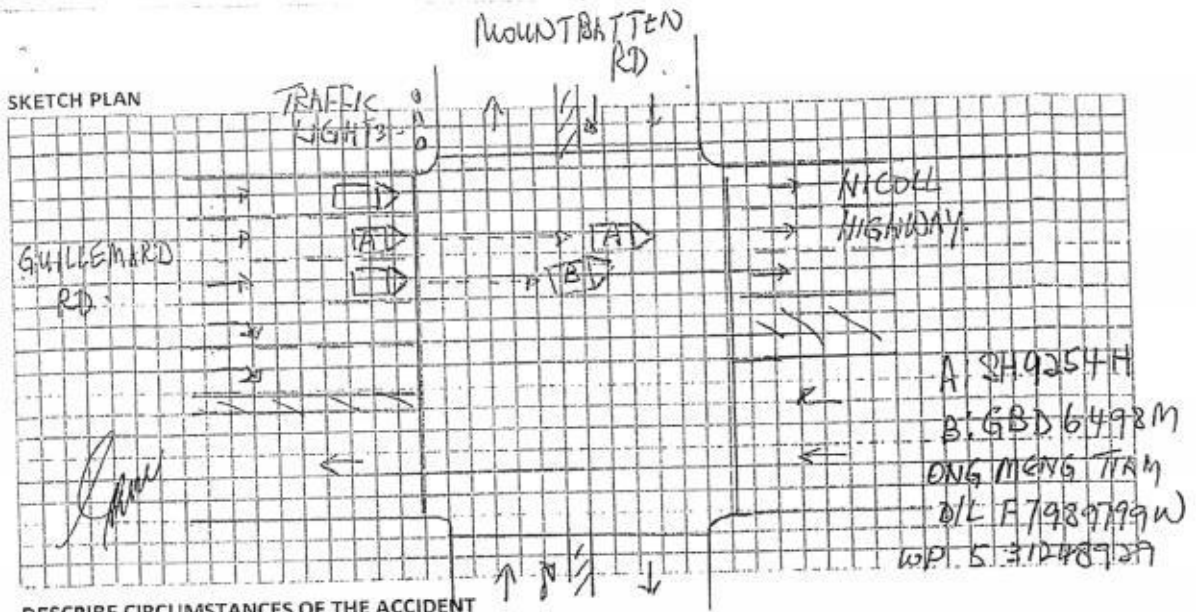
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

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 Person's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 20 mar 2018 at about 00:10 hrs I stopped my taxi on the second lane from the left at the traffic junction of Guillemard Rd(twds Nicoll Highway) and Mountbatten Rd waiting for the traffic lights to turn green.

Shortly after the traffic lights turned to green hence I slowly proceeded to drive straight across the junction leading towards Nicoll Highway at the same time maintained my taxi within my lane.

Suddenly I felt an impact coming from the right hand side rear of my taxi followed b a jerk.

After the collision I slowed down and stopped my taxi and stepped out to check. Found that a Certis Cisco vehicle GBD6498M had come from my right cut into my lane and caused this accident to happen. In the process, the left hand side front of the vehicle hit and grazed the right hand side rear door towards the right hand side rear of my taxi.

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

Enclosed is a video footage to support my claims.

Declaration

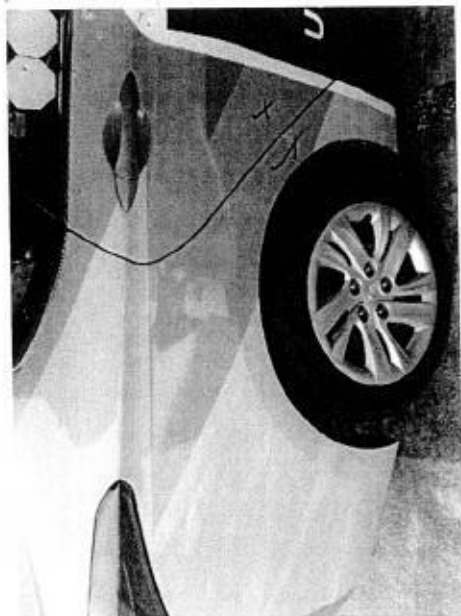
I/We declare the foregoing particulars are true in every respect.

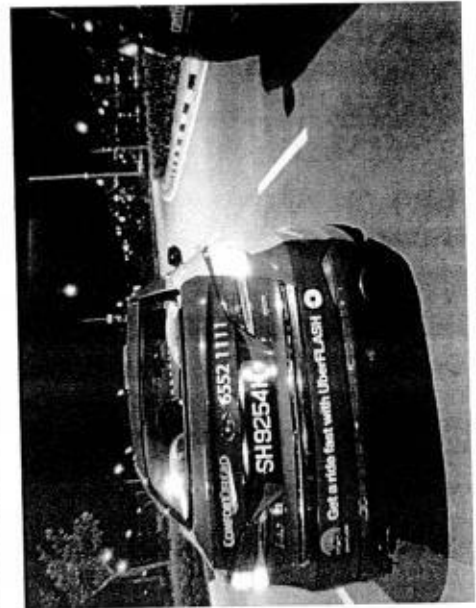
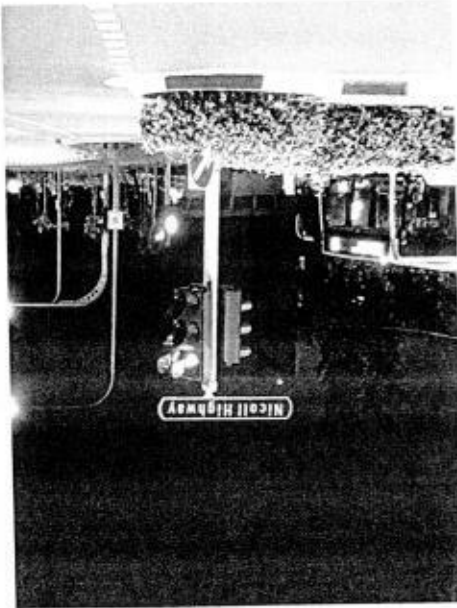
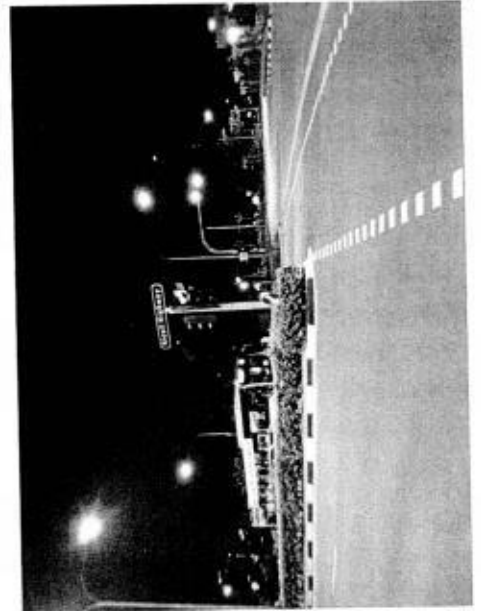
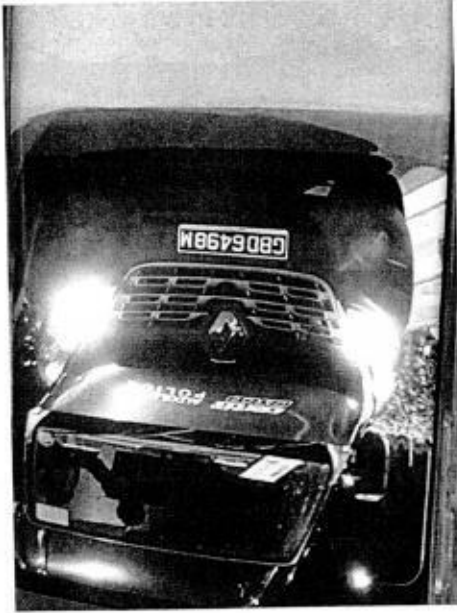
COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

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(CLS0)1

JOB CARD Sales Order:

JC NO. 305126831

STOMER

COMFORT TRANSPORTATION PTE LTD
/MS 7010045

STOMER NO. 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

COUNT CARD NO.

REGN NO. SH 9254H

MILEAGE

MAKE HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 20.03.2018 08:45

YR OF MANU 19.05.2016

TARGET DATE

CHASSIS CODE RMHLB41UMGU089693

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.03.2018

NATURE: 3P 20.03.2018

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

1.

2.

3. Vehicle No.:

SH 9254H

CHIANG @

Exit Pass

Vehicle No.:

SH 9254H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SH 9254H

VEHICLE NO : SH 9254H

DATE 20/3/2018 10:34

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Fender Advertisement Logo (RH)			\$ 100.00
	Rear Door Advertisement Logo (RH)			\$ 100.00
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00
			280/-	\$ 280.00
	Labour Charge			
	Panel Beating-Repair Fender			\$ 250.00
	Spray Painting Charge - Door/Fender			\$ 500.00
	Tuff Kote			\$ 50.00
			590/-	\$ 800.00
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 1,080.00
				870/-
			P/P 20/03/18 @ 1440 Resy after refu	23/3/18 [Signature]
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer: Signature: Date:</p>			

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

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

JOB NO : 305126831
REGN NO : SH 9254H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 19.05.2016
DATE/TIME IN : 20.03.2018 08:45
ACCIDENT DATE : 20.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 28-01-0103-2013-A I40V3 APP LOGO REAR DOOR 1 80.00 0.00 80.00

SUB-TOTAL : 80.00

JOB NATURE

0000 20-05 REAR FENDER ADVERTISEMENT 100.00

0001 20-05 REAR FENDER ADVERTISEMENT 100.00

0002 L PANEL BEATING 200.00

0003 23-502 SPRAYPAINT ON AFFECTED AREA 360.00

0004 20-00 TUFF COAT ON AFFECTED PARTS. 30.00

SUB-TOTAL : 790.00

TOTAL : 870.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305126831

Date : 20/03/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RASUL

Vehicle Reg No. : SH9254H

20/03/2018

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

1. The repair job shall bill to: GREAT AMERICAN GBD6498M

2. The finalized amount shall be:

(a) Spare Parts after List discount \$80.00

(b) Labour Charges \$790.00

Total for Part-By-Part Repair Cost \$870.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 3 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 : 

Signature : _____

Name : CHIANG

Name : _____

Tel : 62148314

Date : _____

Fax : 65468156

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			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18005198/R1rd3n2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 12-04-2018	
Code : GAI			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBD 6498M	Veh. Inspected	SH 9254H
Policy No.		Coverage (\$)	0.00
Claim No.	GBD6498M	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	20/03/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU089693	Colour	BLUE
Odometer	307072	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	5 mm
L/H Front Tyre	205/60 R16	HANKOOK	5 mm
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/03/2018	Inspection Date	20/03/2018
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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9254H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
			280.00	280.00
	<u>LABOUR</u>			
	PANEL BEATING-REPAIR FENDER.		250.00	200.00
	SPRAY PAINTING CHARGE-DOOR/FENDER.		500.00	360.00
	TUFF KOTE.		50.00	30.00
			800.00	590.00
	GRAND TOTAL		1,080.00	870.00
RECOMMENDED COST OF REPAIRS				870.00

Report Ref No. CS/GAI18005198/R1rd3n2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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