

Surveyor: _____ ASSIGNMENT (Office)

From (Person): Rachel Tan of GAR Date/Time: 21/03/2018 10:49am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHA 7758B Insured: GBB 3374R

at Workshop m/s ComfortDelgro Tel: _____

of 59 Loyang Drive

Policy No: _____ Claim No: CLMOMVC 00 000 2859

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02.03.2018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP' H.O.D. Endorsement: _____

Date/Time: 21/03/2018 Person Contacted: Zurnan Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 7758B - RS/FQ/15010877 /R/bn2 GBB 3374R
23/3/18	Email preli revised to Rachel
18/4/18	Resul confirmed LS \$ 900 (Red 475.12, 34B)

Signature: *P. P. P.*

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 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.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 7758B Yr Regn: 2015 / APR
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI I40 c.c. 1685
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 458920 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41UMFU067867
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: NIP / 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 WESTLAK
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 02/03/18 D.O.I. 22/03/18
 Survey held at COMFORT DELERO
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S FR
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
RECEIVED 19 APR 2018	

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) 19/4 - typist
 Report Format : TP
 Lump Sum / I.B.I: (\$ 900)

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

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee:	
Transportation:	
_____ S + RS _____ SI	
Photos	
Others	
TOTAL	<u>250</u>



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/GAI18005291/R1vb	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 21-03-2018	
Code : GAI			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBB 3874R	Veh. Inspected	SHA 7758B
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	21/03/2018
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	02/03/2018	Inspection Date	21/03/2018
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

Company Registration No. 199607198R

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

Your ref: PLEASE ADVISED
Our ref: CS/GAI18005291/R1vb

Date: 23/3/2018

The Motor Claims Department
M/s GREAT AMERICAN INSURANCE COMPANY

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO. SHA 7758B

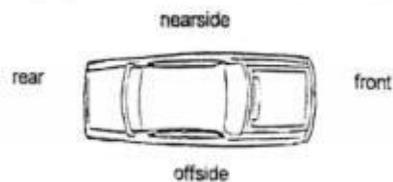
We thank you for your instruction on 21/3/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 22/3/2018 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$1,375.12
Revised Estimate Amount	: S\$1,155.12
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the o/s front portion.



Comments/Present Status:
Damages Consistent

Yours faithfully,

MOHAMMED RASUL
Automotive Assessor

Veron Chen (LKKAuto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Friday, 23 March 2018 2:04 PM
To: Veron Chen (LKKAuto)
Subject: RE: SHA7758B - TP CLAIMS > GBB3874R - GREAT AMERICAN

CLMOMVC000002859

From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Friday, March 23, 2018 1:58 PM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>; SUR <sur@lkkauto.com>
Subject: RE: SHA7758B - TP CLAIMS > GBB3874R - GREAT AMERICAN

Dear Rachel,

Please provides us the claim number.

Enclosed preliminary revised of vehicle SHA 7758B
Date of survey: 22/3/2018
Number of days:3 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Wednesday, 21 March 2018 11:23 AM
To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>; SUR <sur@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: SHA7758B - TP CLAIMS > GBB3874R - GREAT AMERICAN

Dear Rachel,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

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

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

From: Tan, Rachel [mailto:Rachel.Tan@sg.gaig.com]
Sent: Wednesday, 21 March, 2018 10:49 AM
To: fauzy@sparkcarcare.com

Cc: LKK Assignments <assignments@lkkauto.com>
Subject: FW: SHA7758B - TP CLAIMS > GBB3874R - GREAT AMERICAN

Without Prejudice

Dear Fauzy
Noted on your PRI request attached, we will arrange for LKK.

Dear LKK
Please accept assignment. Attached document for reference.

Regards
Rachel Tan
Executive, Motor Claims, Great American Insurance Company
Tel: 6804 7846

From: Fauzy Bin Mokhtar [mailto:fauzy@sparkcarcare.com]
Sent: Tuesday, March 20, 2018 5:49 PM
To: General Claims <GeneralClaims@sg.gaig.com>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Cc: Jumani Bin Masudin <jumanibm@cdge.com.sg>
Subject: SHA7758B - TP CLAIMS > GBB3874R - GREAT AMERICAN

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was grounded at our workshop on 20.03.2018.

With Regards

Fauzy Bin Mokhtar
ComfortDelGro Engineering Pte Ltd
Taxi Crash Repair Department
DID : 6214- 8319
FAX:: 6546-8156

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

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Attachments: SHA 7758B PRELI REVISED.pdf

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Enclosed preliminary revised of vehicle SHA 7758B
Date of survey: 22/3/2018
Number of days:3 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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Cc: assignments <assignments@lkkauto.com>; assignments <assignments@lkkauto.com>
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Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Tan, Rachel [<mailto:Rachel.Tan@sg.gaig.com>]
Sent: Wednesday, 21 March, 2018 10:49 AM
To: fauzy@sparkcarcare.com
Cc: LKK Assignments <assignments@lkkauto.com>
Subject: FW: SHA7758B - TP CLAIMS > GBB3874R - GREAT AMERICAN

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Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Fauzy Bin Mokhtar [<mailto:fauzy@sparkcarcare.com>]

Sent: Tuesday, March 20, 2018 5:49 PM

To: General Claims <GeneralClaims@sg.gaig.com>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>

Cc: Jumanibin Masudin <jumanibm@cdge.com.sg>

Subject: SHA7758B - TP CLAIMS > GBB3874R - GREAT AMERICAN

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was grounded at our workshop on 20.03.2018.

With Regards

Fauzy Bin Mokhtar
ComfortDelGro Engineering Pte Ltd
Taxi Crash Repair Department
DID : 6214- 8319
FAX:: 6546-8156

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Catherine Chong (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Wednesday, 21 March, 2018 10:49 AM
To: fauzy@sparkcarcare.com
Cc: LKK Assignments
Subject: FW: SHA7758B - TP CLAIMS > GBB3874R - GREAT AMERICAN
Attachments: SHA7758B.pdf

Without Prejudice

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Please accept assignment. Attached document for reference.

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Executive, Motor Claims, Great American Insurance Company
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/03/2018 17:00
Date Of Accident	02/03/2018 12:50
Exact Location Of Accident	ENTRANCE TO BLK 258 SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7758B
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	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	LOH CHENG CHYE
NRIC No	S0171315I
Date Of Birth	07/10/1951
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1972
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address * BLK 52 KENT ROAD #02-15
 Postcode 210052
 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) 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

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 GBB3874R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name GREAT AMERICAN INSURANCE COMPANY
 Nature Of Damage LEFT REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

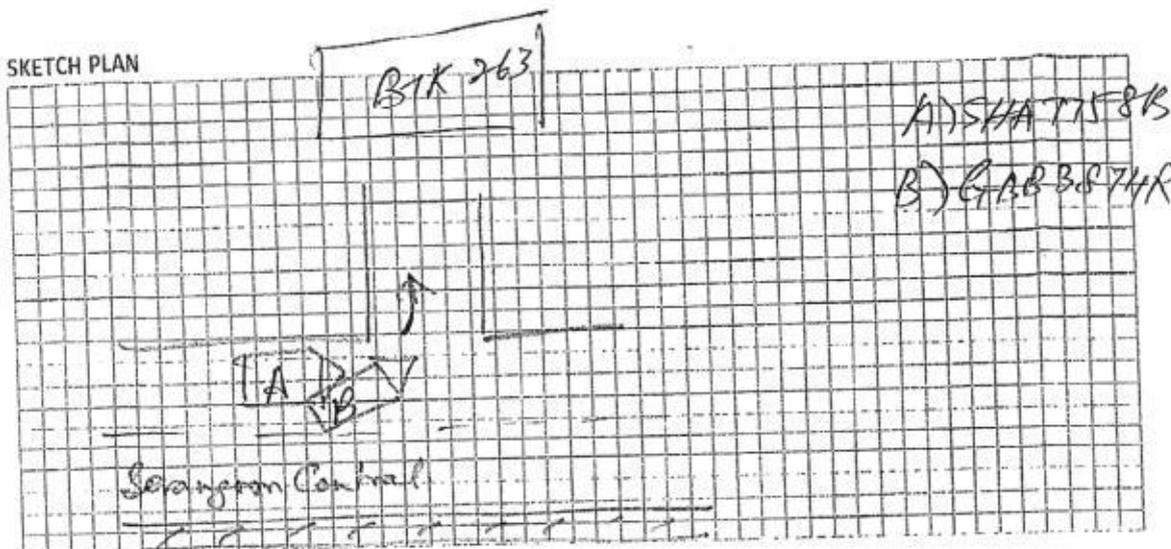

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

u s
b. 6

6- 6
6- 6

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/3/18 at about 1250 h while I Veh A was stationary before the carpark entrance and when my passenger was alighting, Veh B entered the carpark and grazed the front right portion of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO 199303821R

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]
R. Moorthy
CSO
2/3/18

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





A member of COMFORTDELGRO

Date/Time: 20.03.2018 09:55 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 3811896

JC NO: 305126761

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 L (R) (P) (O)	REGN NO.	SHA7758B	MILEAGE
	MAKE	HYUNDAI	FUEL E.....1/2.....F
	MODEL	I-40	DATE/TIME IN 20.03.2018 09:20
	YR OF MANU	02.04.2015	TARGET DATE
	CHASSIS CODE	KMHLB41UMFU067867	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.03.2018
 NATURE: 3P 02.03.18/B

FRONT RIGHT *GA*
DESCRIPTION *GABB 3874R*

S/NO LABOR CODE



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA7758B** **FZ GAIG**

Vehicle No.: **SHA7758B**

Fz

Name 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 7758B

Great American / LKK Fz
 DATE 20/3/2018 10:29
FRONT RIGHT
 PP Fauzy

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 562.30
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Retainer Mounting			\$ 9.20
	SUB TOTAL			\$ 593.90
	LESS 20%			\$ 118.78
	DISCOUNTED TOTAL			\$ 475.12
	Front Fender Advertisement Logo (RH)			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating		580	\$ 250.00 200
	Spray Painting Charge-Bumper/Fender			\$ 500.00 360
	Tuff Kote			\$ 50.00 20
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 1,375.12

475.12
 100.00
 580.00

 1155.12

20%
 924.09
 43.900

Resul
 Hp 90010068
 3 days
 43
 22/03/18
 @ 1020
 Resurvey after repair
 23/3/18

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer
 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.



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/GAI18005291/R1vbn2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 24-04-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 3874R	Veh. Inspected	SHA 7758B
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000002859	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	21/03/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067867	Colour	BLUE
Odometer	458920	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	02/03/2018	Inspection Date	22/03/2018
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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LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7758B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	SCRATCHED	562.30	562.30
1	FRONT BUMPER BRACKET TOP (RH)	NECESSARY	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING	NECESSARY	9.20	9.20
	LESS 20% DISCOUNT		-118.78	-118.78
			475.12	475.12
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		250.00	200.00
	SPRAY PAINTING CHARGE-BUMPER/FENDER.		500.00	360.00
	TUFF KOTE.		50.00	20.00
			800.00	580.00
GRAND TOTAL			1,375.12	1,155.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				900.00

Report Ref No. CS/GAI18005291/R1vbn2

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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