Surveyor -			ASSIG	NMENT (Office)		
Monnen From (Person)	Lionel	Tan	of	msih	Date/Tim	10: 36035018 10:47
Estimated Cos				Bill to:		
OD /FP/WS	TP RES /	OD RES /	EVA/INV/M	IV / CS		
To Inspect Vel	nicle No:	S	AC 1256L		Insured: S	6901CD
at Workshop n	ı/s	(om	fort Delgno		Tel:	
of		59	Loyana Da	VL		
Policy No:	2887519	5SMP	17	Claim No:	553366	
Sum Insured:				Excess:		
Make of Veh:					D.O.A.	23032018
(Client's Record				18/132018		
CA / REV					200	Emborsement:
Date/Time:	26032018	10.47 GM	Person Conta	cted: Junani	Vehicle (	NYOUT
Date/Fime	Action/Ins	truction (	V) Esti	mate.		
	SHC 13	56L - 7	<u> </u>		1)	
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29191186						

is/ting) REF:				
Livie Mir. Kalvin	COLONIAGENTE			
₹	ASSIGNMENT	1	Yr Regn: 29 Mc	111
Point Date:				
stima felCost	Type: M.Car / M.Cycle		ry / Tag / Prime Move	er/
DITP WS/TP RES / OD RES / EVA / INV / MV	Truck / Trailer			,/==
InspetVehicle No:	Make:	lyundai 2	40 0.0	(645
Workstop m/s	Colour	Blue	A/C: Ing/Gred / St	d/NI/NA
	Sp.Reading /	The state of the s	T/Radio: Insured / S	td 🕅 / NA
sured:	Eng/No:	127069		
olicy Na	C/No:	KMHLBY	rum Haogi	773/
aims No.	Gen, Cond: Good	Poor / Burnt		
ım in swed: Excess:	Steering: Inord Ja	mmed / Leaked /	Burnt or	
(Client's Record)	Brake: Inorder Ma		Burnt or	
ake of Veh;	Modi: Nil / S/Rim			
	Tyre Size; F:	205	160R16	
(Policy Condition)	R:			
emark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA	/ GY / FS / LIZA /	MIC JOHTSU / PIR / S	SUMI/
repair at the time of inspection.	TOYO / YOKO or	NS	No	
al. or Market Value:	Front		Rear	80
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 7	mm	R/Bal.	7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal.	mm	L/Bal.	7 mm
ist Repairs: A days Res.: Yes or No	D.O.A. 13/18	123	D.O.I. 28/3/	8
um Sum: % 3 Val.: Yes or No	Survey held at		DhE (Loyons)	)
	Consider September 1995	rt / Rear / O/S /	N/S / U/C / Roofto	p or
CA / REV / REP. / 24 HRS  Vehicle: IN		,	Ms Red.	×0.0 = 1.0°.
Date: Person Contacted:		sis frame / Body	Structure affected di	ue to collision.
Date / Time   Action / Instruction	- 10 0 10	111 1 1 1	A	17/
14.8 CM P/1 \$ 1441.76/26	B. (Red \$182.	67, (1%)		24
3			^ )	1
	100		m	often
			1 (2)	4/2018
RECEIVED	1 ADD ones			1, 1
KEGEIVED U	4 57 10 20 10			E3710378-00 E371-2022-03
	D 04 D!	, .		
DeterTime, File Pass to? : Preli. Report	Days Of Repair:	<u> 2</u>	Supray Foot	
: Final Report	Resurvey No. of	rip:	Survey Fee: Transportation:	300
Date/Time, File Return to?	dd Fee: Site Insp	(S	)S+RS,SI	10
e)	dd Fee: : Site Insp		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
hite to			) Photos	
Report Format: MtR-TP	: Tech invs		Others	
_ump 3/m / LE.I: (# 1441.76	:VVeskend	100	-1	Destruction 100
			TOTAL	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 Internation	onale Des Experts En Autom	obile
MSIC	INSURANCE (SI	NGAPORE) PTE LTD	Ref : CS/MSG18005	551/K1qb
16 R #24-	AFFLES QUAY 01 HONG LEONG	BLDG SINGAPORE 048581	Date: 26-03-2018 Code: MSG	
1.		Policy Particulars	:- THIRD PARTY CLAI	M
	Insured Veh.	S 6901CD	Veh. Inspected	SHC 1256L
	Policy No.	28875195SMP	Coverage (\$)	0.00
	Claim No.	553366	Excess (\$)	0.00
	Assign From	MERIMEN (LIONEL TAN)	Assign Date	26/03/2018
2.	- 1 / T - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Vehicle Parti	culars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer		Steering	
	Brakes		Modification	
	General			
3.		Condit	ions 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.		Descript	ion of Damages	
-		Conor	al Information	
5.	Assident Data	23/03/2018	Inspection Date	26/03/2018
	Accident Date	COMFORTDELGRO ENGINEE		
	Survey held at	59 LOYANG DRIVE SINGAPORE 508969	annor it tib	
5a.	PULL STATE OF		Remarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, I	ITHOUT PREJUDICE" BA	SIS. SED REPAIRS.

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:

Lionel Tan Tian Pei

Date:

29 Mar 2018

## **Preliminary Advice**

Insured Vehicle No : S6901CD

TP Vehicle No : SHC1256L

Accident Date

:S\$

: 23/03/2018

Make

: HYUNDAI 140

Assignment Date

: 26/03/2018

Date of Inspection : 28/03/2018

Est. Duration of Repair

: 2.00

Inspection At

: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

59 LOYANG DRIVE SINGAPORE 508969

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	1,624.40
Revised Amount	:S\$	1,441.76
Check Items (Estimated)	:S\$	37.60
Total	:S\$	1,479.36

Lump Sum Repair

#### **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.

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	26 Mar 2018		26 Mar 2018 10:44 Assign				New Assi Cancel C	1000
	Main	Re	ference		Claim Details	Docum	ents	Show All
CLAIM S	UBFOLDER DET	TAILS				[Created I	by insurer]	
Insured: Main Cla		The second secon	SSION OF THE R		FRWANDA, Co. Re Co. Reg. No.: 19930		1	
	Reg. No.:	SHC1256L	and distribution		Date of Loss:		11:00 - :59	
Claim Ty	otoria	TP / 553366			Policy/Cover Note		MP (Compre 03/01/2018	hensive) - 02/01/2019
Vehicle i	Reg. No.	S6901CD			Policy No. (Claimar	nt):		
Seller tree					Excess:	5\$700.00		
Repairer	:				ang) 59 Loyang Drive			
Handling	Insurer:	1307]	W WEST	100	<b>IQ)</b> - Tel: +65 6827			
Adjuster					: 6256-3561 [ <b>Imr</b>			
Adj Asg.	Remarks:	CAR - IN THE V	WORKSHOP Please	contact MR	JUMANI @ 6214 831	5 or 9635 5305 to a	rrange for su	rvey .
ASSOCI	ATED MAIL REC	CEIVED				View	All Cor	mpose Case Mail
There are	no mail for this o	case.						
E ALL ASS	SOCIATED TASK	(S		7/01	View All Se	earch Tasks C	reate New Ta	sk Complete
Due Da		Type Task (	Group Subjec	t Handl	er Assigned By	Completed O	n Crea	ted On Done

### 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	
24/03/2018 10:15	
23/03/2018 11:05	

Date Of Report Date Of Accident 23/03/2018 11:05

BAIN ST TWDS NORTH BRIDGE RD Exact Location Of Accident

SINGAPORE Country/State of Loss

## DETAILS OF OWN VEHICLE

SHC1256L Vehicle Registration Number

Insured/Policyholder

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

140 Model

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

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

D-18088936MFSH Policy Number

Cover Note Number

Driver

LIM PUR JIUN CELESTINE Name of Driver

S7811193C NRIC No 21/04/1978 Date Of Birth OUTDOOR Occupation 30/10/2009 Date Of Driving Pass

8 YEARS AND 4 MONTHS Driving Experience

FEMALE Gender

Mobile Number Fax Number Contact Number

DINKY2104@HOTMAIL.COM EMail Address

Address

BLK 185C RIVERVALE CRESCENT #13-139

Postcode

543185

Was driver an employee of the Insured's Company

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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)

**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 / Type Of Accident : HEAD TO SIDE

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

S6901CD

Vehicle Make/Model/Colour

**Details Of Properties** 

GOVERNMENT

Vehicle Category

N HARIDASS

Name of Driver NRIC/Passport Number

S1617327D

Contact Number

91078063

Address

Postcode

Insurance Company Name

Nature Of Damage

RIGHT 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.
- 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.
- 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 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:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (li) 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:
  - 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 .:

GIARIAC ShetchPlanForm\_V3

1

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## Sketch Plan Pg. 2

SKETCH PLAN		TITTITI	
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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 Personner's Signature

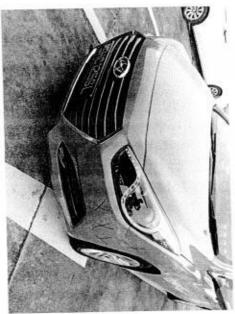
Name:

NRIC/FIN No.:

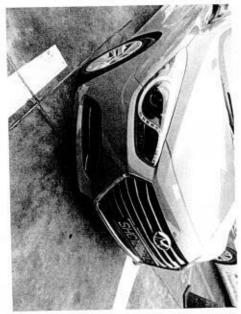
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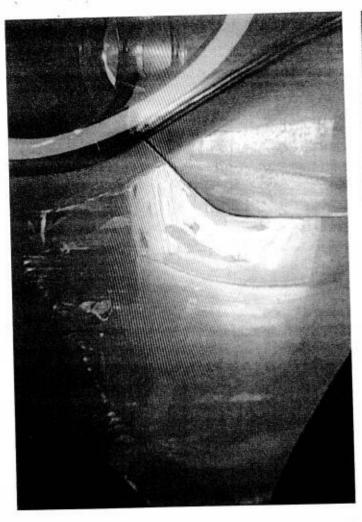




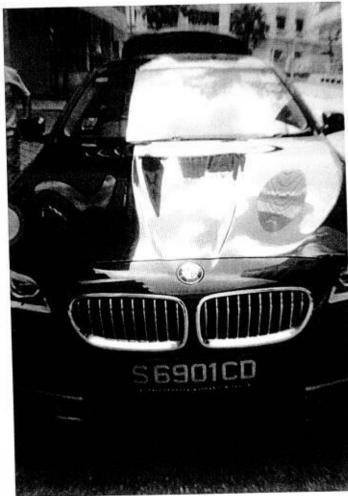
















member of COMFORTDLLCRO

Date/Time: 24.03.2018 10:45

Page : 1

JOB CA	RD Sales Order:	JC NO305128267
am: ARC Repair TP(CLSO)1 JOB CA	REGN NO.:	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE HYUNDAI	FUELF
OMERNOO SIN MING DRIVE	MODEL_1-40 24	.03.2018 08:20
Singapore SINGAPORE 5/5/1/	YR OF MANU 2.2016	TARGET DATE
(R) (P)	CHASSIS CODE KMHLB41UMHU097731	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 23.03.2018

ATURE: 3P 23.03.18

/NO

LABOR CODE

DESCRIPTION

IECKED & PASSED OUT BY:	
ATTIVACE ADVISOR	CUSTOMER'S SIGNATURE
SERVICE ADVISOR	90
nowledgement Slip	Exit Pass
vo.: SHC1256L JU MSIG	Vehicle No.: SHC1256L
ne of Service Advisor  Signature/Date  pereturned to Service Reception upon collection	Name of Service Advisor Date  To be kept by Security Guard

# COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 1256L

EHICLE NO : 3HC 123

MAKE :

TAD

W81 G = 7/P

DATE 3/24/2018 11:42

Jumani

Qty	Parts Description/ Labour	Туре	Unit Price	Amount
	Front Bumper Cover July			\$ 1050.20
	Front Bumper Bracket Top (LH) 🧏 🛰			\$ 22.40
	Front Bumper Retainer Mounting (LH)			\$ 24.60
	()S:(1, S-1, (), S-1,			10
	ford feeder (lef) x mps SUB TOTAL	-		\$ 1099.70
	LESS 20%			\$ 274.80
	DISCOUNTED TOTAL			\$ 824.40
	DISCOUNTED TOTAL			7 62 1
	Labour Charge			200
		1 1		\$ 250.00
	Panel Beating			\$ 500.00
	Spray Painting Charge (Fender/Bumper)			\$ 50,00
	Tuff Kote			\$ 50,00
				\$ 800.00
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 16244
	ESTIMATE TOTAL			10217
				1/20 3/
				1679.36
	28/2/28 1120h			
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	Ine Repai	rer of the foll y pefore/afters	owing:	1
	To display	damaged narri	gray painting of during resurvey	
	Parts price	are subject to	confirmation	
	* Third party	survey is on a	"Without Prejudice" basis	1
	No illegal r	nodification(s) is	sallowed	11
	Supplement is subject to	o final approval	est be resurveyed and from Insurance Company	
	This is an initial estimate based on a visual inspection of		vehicle. The final rena	ir quantum will
	be prepared after the vehicle is surveyed by a histor Su	the above	· · · · · · · · · · · · · · · · · · ·	

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.03.2018

Time: 14:32:52

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305128267

REGN NO

: SHC1256L

MILEAGE : 0000000000 MAKE : HYUNDAI

MODEL

: I-40

DATE OF REGN : 29.12.2016 DATE/TIME IN : 24.03.2018

DATE/TIME IN : 24.03.2018 08:20 ACCIDENT DATE : 23.03.2018

JOB / PARTS DESCRIPTION

OTY 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

SUB-TOTAL : 841.76

JOB NATURE

0000 L

PANEL BEATING- FRT.

200.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

400.00

SUB-TOTAL : 600.00

AUTHORISED: YES/NO

TOTAL : 1,441.76

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

DATE:

## COMFORTDELGRO ENGINEERING

Date		: 29/03	3/2018		Comfort	DelGro Engineering Pte Lt
					59 Loya Fax: 654	ng Drive Singapore 50896 16 8156
FINAL	IZATI	ION FORM				
To	: _	L	KK		Fax:	
Attn	;	K	ALVIN			
Vehic	e Reg	No. : SHC12	56L	Date	of Accident:	23/03/2018
The st	urvey	and estimates of th	e repairs of the al	bove-mentioned	l vehicle are as f	ollows:-
1.	The, r	repair job shall bill t	0:	MSIG		S6901 CD
2.	The f	inalized amount sh	all be:		###	
	(a)	Spare Parts after	List discount	34		\$841.76
	(b)	Labour Charges		###		\$600.00
		Total for Part-By	-Part Repair Cos	st		\$1,441.76
	(c.)	Lumpsum Repair Total for Lumpsur Final Lumpsum	m repair cost after	r Less: _20%		
		55 W S W S		2	rking dave	
3.	Estim	nated normal period	for repairs:	wo	iking days	
i.	We s	174 	7.500			no reply from you
i.	We s withi	hall treat the abov	e amount as Co	rrect and Conf		600 W 400 000 00
i.	We s within	hall treat the abov n 7 working days	e amount as Co	rrect and Conf	Immed if there is	600 W 400 000 00
i.	We s within	hall treat the aboven 7 working days k you for your assistance:	e amount as Co	rrect and Conf We fin	med if there is e confirm the est alized amount	600 W 400 000 00
i.	We s within	hall treat the above in 7 working days k you for your assistanter:	e amount as Co	rrect and Conf We fin	e confirm the est alized amount gnature:	imates and
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Our Job Ref No : \_\_\_

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## I KK 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/MSG18005551/K1QBN2

Date:

06/04/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

28875195SMP

Claimant

Vehicle No:

SHC1256L

Insured Vehicle No:

S6901CD

Date of Loss:

23/03/2018

Nature of Claim:

TP

Claim No: 553366

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SHC1256L

Make & Model:

HYUNDAI 140, 1.7 D CRDI F/L ABS AIRBAG 4DR

Engine No:

D4FDGU700041

127069 km

Reg. Date:

29/12/2016 (Man. Year: 2016)

Chassis No: Odometer:

KMHLB41UMHU097731

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 Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

205/60 R16

Rear Tyre Size:

205/60 R16

Front Left Side:

West Lake 7 mm

Rear Left Side:

West Lake 7 mm

Front Right Side:

West Lake 7 mm

Rear Right Side:

West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts Miscellaneous Items	Repairer's 879.36 0.00	Adjuster's 841.76 0.00	37.60 0.00	Diff % 4.28
Labour Paintwork Labour	800.00 0.00	600.00 0.00	200.00 0.00	25.00
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,679.36	1,441.76	237.60	14.15
+ GST 7.00/7.00% (S\$)	117.56	100.92	16.64	14.15
Nett Amount (S\$)	1,796.92	1,542.68	254.24	14.15

INSPECTION

Date of Assignment:

26/03/2018

Date Inspected:

28/03/2018 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: 06 Apr 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 SHC1256L)

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 \*.

Re	com	mende	ed Parts
No.	Qty	Part No.	Particulars

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER COVER	Deformed	1,052.20 FL	*1,052.20 FL
2	1		*FRONT BUMPER BRACKET TOP (LH)	Serviceable	22.40 FL	*- FL
3	1		*FRONT BUMPER RETAINER MOUNTING (LH)	Serviceable	24.60 FL	*- FL
4	1		*FRONT FENDER (LH)(NPA)	Repair	0.00 FL	*- FL
E=Er	anchise	part. L=ListIte	emDisc.			
0.75						
1.71.10				Sub Total (S\$)	1,099.20	1,052.20
11.10			- List Item Discount on L Items 2	Sub Total (S\$) 0.00/20.00% (S\$)	<b>1,099.20</b> 219.84	<b>1,052.20</b> 210.44

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

### Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING	New	250.00	200.00
2	SPRAY PAINTING CHARGE (FENDER/BUMPER)	New	500.00	400.00
3	TUFF KOTE	New	50.00	
	Gross Labour Cost (S\$)		800.00	600.00
	Report was unsubmitted	during this print-out		

< END OF ESTIMATES >