

22/03/2003

ASS. REC. BY:

REF:

CS/ICS18005861/KHbn2

Special Instruction:

Surveyor

Khalim

ASSIGNMENT (Office)

From (Person):

Janice Goh

of

ICS

Date/Time:

28/3/2018 7:25pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 6440G

Insured:

SJT 3241C

at Workshop m/s

Comfort Delgro

Tel:

6214 8315

of

59 Loyang Ave

Policy No:

Claim No:

Dmpc18001134

Sum Insured:

Excess:

D.O.A.

28/3/2018

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp.

H.O.D. Endorsement:

Date/Time:

29/3/2018 9:59am

Person Contacted:

Jumani

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SH 6440G - CS3 / F115005939 / Agbell-1
	SJT 3241C - x
	Part by Part \$1236.18 (Red: 1095.40; 46%)

DCA: 01/04/2018

108/11/13

Sme: Kalvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Insp ed Vehicle No: \_\_\_\_\_

at Work stop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No \_\_\_\_\_

Claims No \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SH 64406Yr Regn: 20 Dec 2017

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 240C.O. 168Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 3632

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHL0814MH409935X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 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 Mich

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 28/3/18D.O.I. 29/3/18Survey held at CDGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

ECZCS  
PIP

RECEIVED 03 APR 2018

Date/Time, File Pass to?

☐ : Preli. Report☒ : Final Report

1) 314 Typist

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Insp (\$ \_\_\_\_\_)☐ : ( ) (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS: \$ \_\_\_\_\_

Photos

Others

TOTAL

250

10

260

Report Form:

- JAL-2000-12-18

TP

1236-18




# 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				
ECICS LTD		Ref : CS/ICS18005861/K1tb		
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 29-03-2018		
		Code : ICS		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJT 3241C	Veh. Inspected	SH 6440G	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	JANICE GOH	Assign Date	28/03/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	28/03/2018	Inspection Date	29/03/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

**Catherine Chong (LKK Auto)**

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**From:** motorsurvey <motorsurvey@ecics.com.sg>  
**Sent:** Wednesday, 28 March, 2018 7:25 PM  
**To:** Jumani Bin Masudin; assignments@lkkauto.com  
**Cc:** motorsurvey  
**Subject:** RE: DOA.28.03.18 SH6440G with your insured SJT3241C - ECICS  
**Attachments:** img-328180313-0001.pdf

Without Prejudice

Dear Jumani

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

Aside to LKK

Please assist to arrange for TP PRI.

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](mailto: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:** Jumani Bin Masudin [mailto:jumanibm@cdge.com.sg]  
**Sent:** Wednesday, 28 March, 2018 6:06 PM  
**To:** motorsurvey  
**Subject:** Fw: DOA.28.03.18 SH6440G with your insured SJT3241C - ECICS

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 28/03/2018 06:04 PM -----

**From:** "ApeosPort-IV C5570" <[sbs-singnalling@sbstransit.com.sg](mailto:sbs-singnalling@sbstransit.com.sg)>  
**To:** [jumanibm@cdge.com.sg](mailto:jumanibm@cdge.com.sg)

Number of Images: 8  
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570  
Device Location:

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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.

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]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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	28/03/2018 16:23
Date Of Accident	28/03/2018 11:25
Exact Location Of Accident	PIE TWDS CHANGI BEFORE TAMPINES AVE 5 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6440G
<b>Insured/Policyholder</b>	
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	POH KAH HUAT
NRIC No	S1646818E
Date Of Birth	11/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1983
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	POH_KHUAT1106@YAHOO.COM

Address	BLK 98 ALJUNIED CRESCENT #07-427
Postcode	380098
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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

REFER 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	SJT3241C
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	



Contact Number 96367217  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name POH KAH HUAT  
Approximate Age  
Injuries Sustain FELT DIZZY  
Injured person in which vehicle? SH6440G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name UNKNOWN(PAX-1)  
Approximate Age  
Injuries Sustain FELT DIZZY  
Injured person in which vehicle? SH6440G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name UNKNOWN(PAX-2)  
Approximate Age  
Injuries Sustain FELT DIZZY  
Injured person in which vehicle? SH6440G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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:

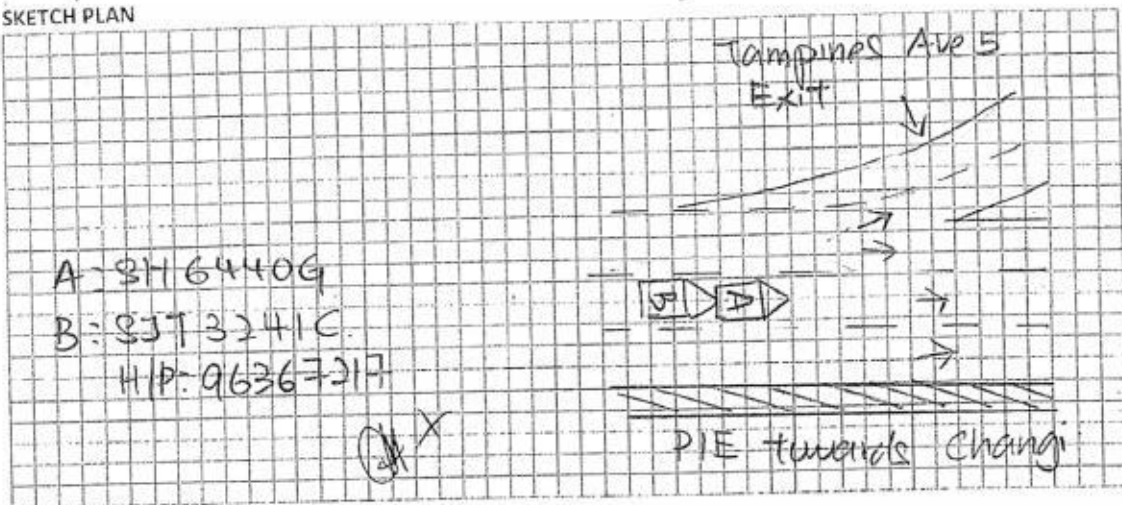
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

5/14/14 MC Sketch Plan Form\_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/3/18 at about 11:25 hrs, I was driving on second lane along PIE towards Changi.

Shortly after the car in front of my taxi broke to stop and I doing so. After a split seconds, I felt an impact come from my behind, there is a car 8JT 3241C collided onto the rear portion of my taxi.

03 passengers on board my taxi. Me and 2 passengers felt dizzy after the accident, will consult doctor individually.

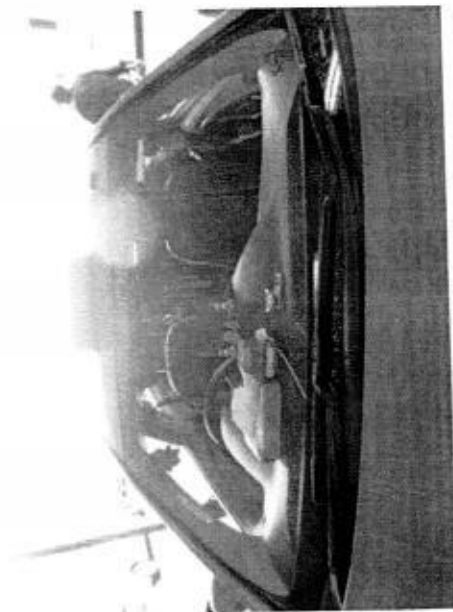
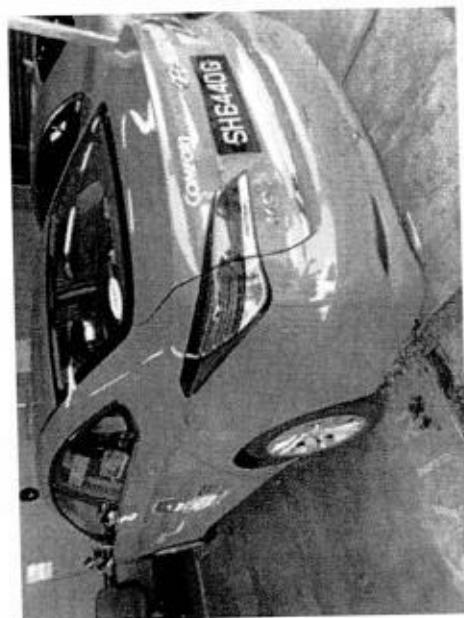
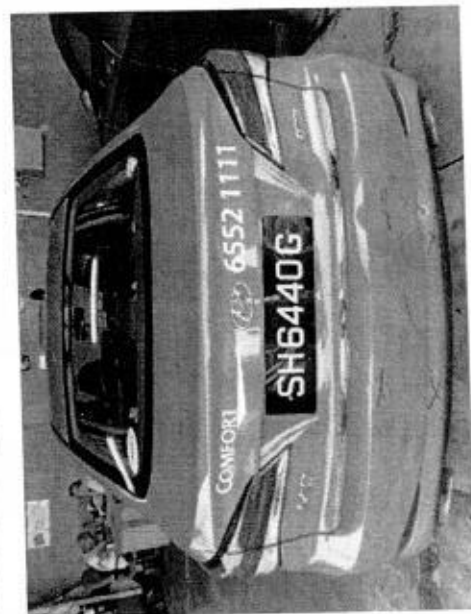
DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 28/3/18



Job: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305136366

Customer Name: COMFORT TRANSPORTATION PTE LTD  
Customer No: 7010045  
Address: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
Phone: 65508755  
Job Card No:

REGN NO: SH 6440G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 28.03.2018 14:35
YR OF MANU: 20.12.2017	TARGET DATE
CHASSIS CODE: KMHLB41UMHU099354	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.03.2018  
Nature: 3P 28.03.18

/NO	LABOR CODE	DESCRIPTION
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Worked & Passed Out By:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SH 6440G JU ECICS LKK

Vehicle No.: SH 6440G

Signature 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 : SH 6440G

DATE 28/3/2018 14:52

MAKE :

Jumani

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — Deformed			\$ 603.60
	Rear Bumper Reinforcement ? X SVC			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)? X SVC		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket ? X SVC			\$ 49.00
	Rear Bumper Clips — nec			\$ 22.00
	Rear Bumper Sponge ? X SVC			\$ 143.40
	Rear Bumper Under Cover — cut			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor — Shorted			\$ 135.70
				<b>\$ 135.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>250.00</del> 200
	Spray Painting Charge			\$ <del>250.00</del> 200
	Wiring Charge			\$ <del>50.00</del> X
	R/Refix Reverse Sensor			\$ <del>120.00</del> 20
	<b>TOTAL LABOUR</b>			<b>\$ 670.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,331.58</b>

K. L. 10/04/18  
 29/3/18 1.20h  
 2 Pp  
 V/P  
 Before Part pld

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.

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 6440G

DATE 28/3/2018 14:52

Jumani

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor			\$ 135.70
				<b>\$ 135.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>250.00</del> 200
	Spray Painting Charge			\$ <del>250.00</del> 200
	Wiring Charge			\$ <del>50.00</del> 0
	R/Refix Reverse Sensor			\$ <del>120.00</del> 20
	<b>TOTAL LABOUR</b>			<b>\$ 670.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,331.58</b>

Koh KKK  
 29/3/18 120h  
 2 Pp  
 P/P  
 Before Part pht

- 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) 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.

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 29.03.2018

Time: 15:10:49

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 : 305136366  
REGN NO : SH 6440G  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 20.12.2017  
DATE/TIME IN : 28.03.2018 14:35  
ACCIDENT DATE : 28.03.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0101-0111-A	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	2.00-	135.70

SUB-TOTAL : 816.18

## JOB NATURE

0000 L	PANEL BEATING- REAR	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 420.00

TOTAL : 1,236.18

MVA NAME & SIGNATURE  
DATE:

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE:



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305136366

Date : 29/03/2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 6440G

Date of Accident : 28/03/2018

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

1. The repair job shall bill to: ECICS -- SJT3241C  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount		\$816.18
(b) Labour Charges	###	\$420.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$1,236.18</b>
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
<b>Final Lumpsum Repair cost</b>		

3. Estimated normal period for repairs: 2 working days

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 2/4/18

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

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

Singapore 408933

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

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/ICS18005861/K1TBN2

Date: 06/04/2018

## REFERENCE

Handling Insurer:	ECICS Limited	Policy No:	
Claimant Vehicle No :	SH6440G	Insured Vehicle No :	SJT3241C
Date of Loss:	28/03/2018	Nature of Claim:	TP
		Claim No:	N/A

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SH6440G	Engine No:	D4FDGU715487
Make & Model:	HYUNDAI I40, 1.7 D (A)	Chassis No:	KMHLB41UMHU099354
Reg. Date:	20/12/2017 (Man. Year: 2016)	Odometer:	36382 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,661.58	816.18	845.40	50.88
Miscellaneous Items	0.00	0.00	0.00	
Labour	670.00	420.00	250.00	37.31
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,331.58</b>	<b>1,236.18</b>	<b>1,095.40</b>	<b>46.98</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>163.21</b>	<b>86.53</b>	<b>76.68</b>	<b>46.98</b>
<b>Nett Amount (S\$)</b>	<b>2,494.79</b>	<b>1,322.71</b>	<b>1,172.08</b>	<b>46.98</b>

## INSPECTION

Date of Assignment:	28/03/2018	
Date Inspected:	29/03/2018 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: DENISE TAY KWEE CHENG

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 05 Apr 2018)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SH6440G)	
<b>Validity:</b>	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
<b>Further Info:</b> Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1	*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2	*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	360.00 FL	*- FL
4	1	*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
5	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1	*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
8	1	*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
F=Franchise part. S=SpcNett. L=ListItemDisc.					
Sub Total (S\$)				2,043.05	986.30
- List Item Discount on L Items 20.00/20.00% (S\$)				381.47	170.12
Total Parts (S\$)				1,661.58	816.18

Report was unsubmitted during this print-out.

**Recommended Miscellaneous Items**

There are no new miscellaneous items selected.

**Recommended Labour**

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	250.00	200.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	-
4	R/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (S\$)			<b>670.00</b>	<b>420.00</b>

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;