

ASS. REC. BY:

REF: CS / GA18006057 / K1rb⁷²

Special Instruction:

Surveyor: Calvin

ASSIGNMENT (Office)

From (Person): Rachel Tan of GAZ Date/Time: 03042018 1:01pm

Estimated Cost: _____ Bill to: _____

OD / ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHB 4314 M Insured: FBL 9540Lat Workshop m/s Comfort Delgro Tel: 6214 8315of 39 Wyang Drive mPolicy No: _____ Claim No: CLM0VM000000197

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 0204 2018
(Client's Record)

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

Date/Time: 03042018 1:20pm Person Contacted: Jumari Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 4314 M - X
	FBL 9540L - X

105/11/23

Surge: Kalvin

REF:

ASSIGNMENT

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

Veh No: SHB 4314M Yr Regn: 26 Mar 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Trailer / Prime Mover /
 Truck / Trailer or
 Make: Hyundai C.C. 168r
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 431478 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB H4AF 9065972
 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: _____

(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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wah
 Front 7 mm Rear 7 mm
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 2/4/8 D.O.I. 3/4/8
 Survey held at (DHE (Logan))
 Des. of Damages: Frt / Rear / O/S / W/S / U/C / Rooftop or
N/S Front
 The U/C / Chassis frame / Body Structure affected due to collision.

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

Date / Time	Action / Instruction
5/4/16	Call 4/5 \$950 / 2 Apr Red: 8/154.32, 55/

Date/Time, File Pass to? ☐ : Preli. Report
☒ : Final Report
 1) typist
 Date/Time, File Return to?
 2) _____

Days Of Repair: 2
 Resurvey No. of Trip: 1

Report Format: TP
 Lump Sum / Fee: 950

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

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	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/GAI18006057/K1rb

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 03-04-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBL 9540L	Veh. Inspected	SHB 4314M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	03/04/2018

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	02/04/2018	Inspection Date	03/04/2018
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/GAI18006057/K1rd3

The Motor Claims Department
GREAT AMERICAN INSURANCE COMPANY

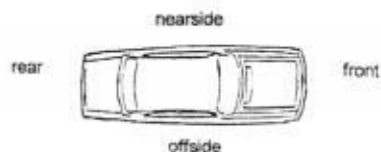
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF SHB 4314M .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 03/04/2018 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 2,104.32 .
Revised Estimate Amount	: S\$ 1,182.08 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages
at the n/s front portion..



Yours faithfully

KALVIN
Automotive Assessor

Catherine Chong (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Tuesday, 3 April, 2018 1:01 PM
To: Jumani Bin Masudin
Cc: LKK Assignments
Subject: RE: Fw: DOA.02.04.18 SHB4314M with your insured FBL9540L
Attachments: img-403124143-0001.pdf

Without Prejudice

Dear Sir

Noted on your PRI request.
Without admission of liability, we will arrange for LKK to conduct PRI.

Dear LKK
Please accept assignment, estimates attached.

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

From: Jumani Bin Masudin [mailto:jumanibm@cdge.com.sg]
Sent: Tuesday, April 3, 2018 12:54 PM
To: General Claims <GeneralClaims@sg.gaig.com>
Cc: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Subject: [External] Fw: DOA.02.04.18 SHB4314M with your insured FBL9540L

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 03/04/2018 12:43 PM -----

From: "ApeosPort-IV C5570" <sbs-singnalling@sbstransit.com.sg>
To: jumanibm@cdge.com.sg
Date: 03/04/2018 12:42 PM
Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 8
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 Engineering Pte Ltd [Registration No. 199506048W]

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Janice Lee (LKKAUTO)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Thursday, April 05, 2018 3:48 PM
To: Janice Lee (LKKAUTO)
Subject: RE: Fw: DOA.02.04.18 SHB4314M with your insured FBL9540L

CLMOMVM000000197

From: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Thursday, April 5, 2018 12:56 PM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Cc: SUR <sur@lkkauto.com>
Subject: [External] RE: Fw: DOA.02.04.18 SHB4314M with your insured FBL9540L

Dear Rachel,

Enclosed preliminary revised for **SHB 4314M**.

Kindly provide us 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: Tuesday, April 03, 2018 1:17 PM
To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>
Cc: assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: Fw: DOA.02.04.18 SHB4314M with your insured FBL9540L

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: Tuesday, 3 April, 2018 1:01 PM

To: Jumani Bin Masudin <jumanibm@cdge.com.sg>
Cc: LKK Assignments <assignments@lkkauto.com>
Subject: RE: Fw: DOA.02.04.18 SHB4314M with your insured FBL9540L

Without Prejudice

Dear Sir

Noted on your PRI request.
Without admission of liability, we will arrange for LKK to conduct PRI.

Dear LKK
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Executive, Motor Claims, Great American Insurance Company
Tel: 6804 7846

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To: General Claims <GeneralClaims@sg.gaig.com>
Cc: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Subject: [External] Fw: DOA.02.04.18 SHB4314M with your insured FBL9540L

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 03/04/2018 12:43 PM -----

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Number of Images: 8
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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	03/04/2018 10:41
Date Of Accident	02/04/2018 20:30
Exact Location Of Accident	TELOK PAKU RD TWDS LOYANG AVE X CHANGI VILLAGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4314M
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	CHAN CHEAN MENG
NRIC No	S2551184J
Date Of Birth	16/06/1952
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1980
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHEANMENG76@GMAIL.COM

Address	519 10-31 PASIR RIS STREET 52
Postcode	510519
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

SEE ATTACH.

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	FBL9540L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ADE ADLI PUTRA AZMAN
NRIC/Passport Number	S9747129J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRT RHT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ADE ADLI PUTRA AZMAN

Approximate Age

Injuries Sustain

LEFT LEG

Injured person in which vehicle?

FBL9540L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

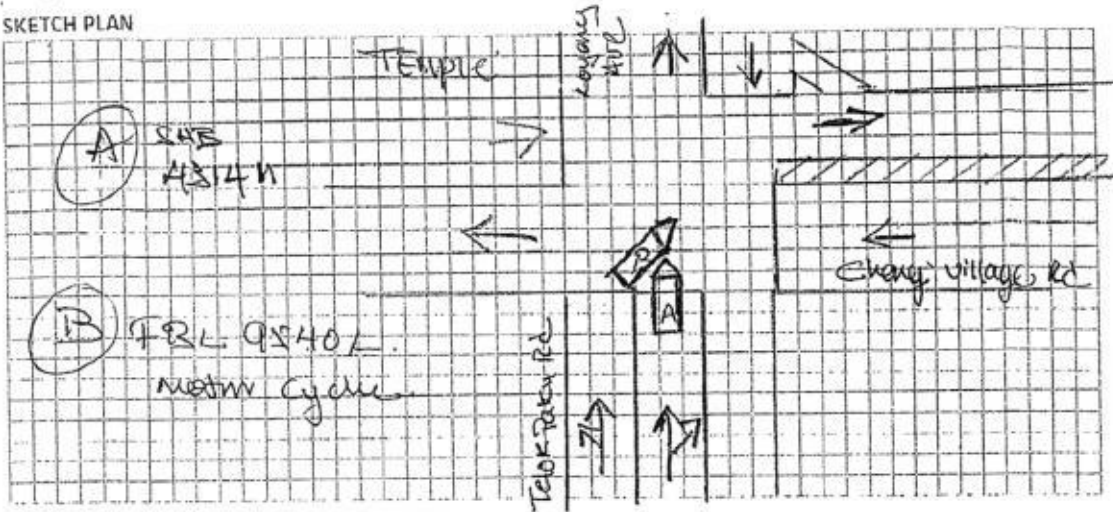
NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 April 2018 20.30 hrs I veh A was driving along Telok Paku Rd towards Koyan Ave near X Junction of Changi Village. I veh A was going straight towards Koyan Ave suddenly veh B from 2nd lane in to first lane and try to make a right turn. veh B hit veh A left front. at the point of accident I veh A carry a male and female passengers both of them ok.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 1903034218

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2

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. 199303821RX

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.:





am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305138034

REGN NO SHB4314M		MILEAGE	
MAKE HYUNDAI		FUEL E.....1/2.....F	
MODEL I-40		DATE/TIME IN 03.04.2018 09:00	
YR OF MANU 26.03.2015		TARGET DATE	
CHASSIS CODE KMHLB41UMFU065972		COMPLETION DATE/TIME:	

JOB DESCRIPTION

Accident Date: 02.04.2018
 ATURE: 3P 02.04.18

NO	LABOR CODE	DESCRIPTION
----	------------	-------------

MAILED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHB4314M

JU GAIG

Vehicle No.:

SHB4314M

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 : SHB 4314M

DATE 3/4/2018 11:57

Jumani

MAKE :

MODEL : HYUNDAI i40

L5

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>— 1 unit</i>			\$ 562.30
	Front Bumper Sponge <i>X 1</i>			\$ 142.20
	Front Bumper Reinforcement <i>X 1</i>			\$ 526.10
	Front Bumper Grille (LH) <i>— 1 unit</i>			\$ 40.30
	Front Bumper Bracket Top (LH) <i>X 1</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X 1</i>			\$ 24.60
	SUB TOTAL			\$ 1,317.90
	LESS 20%			\$ 263.58
	DISCOUNTED TOTAL			\$ 1,054.32
	Labour Charge			
	Panel Beating-Repair Fender			\$ 500.00 <i>300</i>
	Spray Painting Charge-Bumper/Fender			\$ 500.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,050.00
	ESTIMATE TOTAL			\$ 2,104.32
<i>Kelvin</i> <i>3/4/18 1415 hrs</i> <i>2 Pgs</i> <i>4/5</i> <i>After Repair p 4</i>				
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 is allowed • Supplemental form 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.				

REPAIR ESTIMATE*

VEHICLE NO : SHB 4314M

DATE 3/4/2018 11:57

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover ✓			\$ 562.30
	Front Bumper Sponge ?			\$ 142.20
	Front Bumper Reinforcement ?			\$ 526.10
	Front Bumper Grille (LH) ✓			\$ 40.30
	Front Bumper Bracket Top (LH) ?			\$ 22.40
	Front Bumper Bracket (LH) ?			\$ 24.60
	SUB TOTAL			\$ 1,317.90
	LESS 20%			\$ 263.58
	DISCOUNTED TOTAL			\$ 1,054.32
	Labour Charge			
	Panel Beating-Repair Fender			\$ 500.00 300
	Spray Painting Charge-Bumper/Fender			\$ 400.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,050.00
	ESTIMATE TOTAL			\$ 2,104.32
<p><i>K.L. 10/11/18</i> <i>M 3/4/18 1415hrs</i> <i>2 Pgs</i> <i>4/5</i> <i>After Repair p LK</i></p>				
<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 is allowed • Supplemental claim must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged By Repairer Signature: _____ Date: _____</p>				
<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.</p>				

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 04.04.2018

Time: 14:55:18

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 : 305138034
REGN NO : SHB4314M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 26.03.2015
DATE/TIME IN : 03.04.2018 09:00
ACCIDENT DATE : 02.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0578-G I40V2 COVER-FR BUMPER# 1 0.00 0.00 0.00

0002 04-01-0103-0737-G I40V2 COVER-FR FOG LAMP B 1 0.00 0.00 0.00

SUB-TOTAL : 0.00

JOB NATURE

0000 L LUMPSUM REPAIR 950.00

SUB-TOTAL : 950.00

TOTAL : 950.00

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305138034
Date : 04/04/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB4314M

Fax : _____

Date of Accident : 02/04/18

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

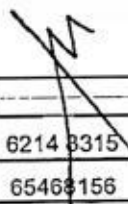
1. The repair job shall bill to: GAIC --- FBL9540L
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges ### _____
 - Total for Part-By-Part Repair Cost _____
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$950.00
Final Lumpsum Repair cost _____

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 : 5/4/18

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

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/GAI18006057/K1rbn2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 09-04-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBL 9540L	Veh. Inspected	SHB 4314M
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVM000000197	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	03/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU065972	Colour	BLUE
Odometer	431478	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	02/04/2018	Inspection Date	03/04/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4314M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (LH)	CUT	40.30	40.30
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-263.58	-120.52
			1,054.32	482.08
	<u>LABOUR</u>			
	PANEL BEATING-REPAIR FENDER.	NOT NECESSARY	500.00	300.00
	SPRAY PAINTING CHARGE-BUMPER/FENDER.		500.00	400.00
	TUFF KOTE.		50.00	-
			1,050.00	700.00
GRAND TOTAL			2,104.32	1,182.08
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				950.00

Report Ref No. CS/GAI18006057/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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