

ASS. REC. BY:

REF:

CS/MSH 18006189 / Klub n2

Special Instruction:

Surveyor:

Kalin.

ASSIGNMENT (Office)

From (Person):

Lionel Tan

of

MSH

Date/Time:

04042018 9am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 3359R

Insured:

9KT 8231S

at Workshop m/s

Comfort Delgro

Tel:

6214 8315

of

39 Layang Way

Policy No:

D2792202M0Y

Claim No:

554218

Sum Insured:

Excess:

Make of Veh:

D.O.A.

02042018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'WPI'

H.O.D. Endorsement:

Date/Time:

04042018 9:30am

Person Contacted:

Jumani

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 3359R - CS/FCU7006575/Kgh3P2
	9KT 8231S - X.
05/04/18	@ 14:09 revised to Lionel Tan Tian Pei via merman.

08/11/30

Name: Kalvin

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: \_\_\_\_\_

(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: SHB3359RYr Regn: 2014

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

Truck / Trailer or

Make: HyundaiC.C. 1685Colour: YellowA/C: Ins Yes / Std / NI / NASp. Reading: 544507T/Radio: Ins Yes / Std / NI / NA

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

C/No: KMHCBX/4AEM061709

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: 205/60R16R: 7

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 7

mm

R/Bal. 7

mm

L/Bal. 7

mm

L/Bal. 7

mm

D.O.A. 2/4/08D.O.I. 4/4/08Survey held at CDGE (Loyang)

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

0/S Frnt

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

Date / Time	Action / Instruction
6/4/08	Carried c/s \$2400/3 days. (Ref 3189.80, 5710) <u>MSA</u> <u>c/s</u>

RECEIVED 09 APR 2010

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

6/4 - typistDays Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

☐

: Transport (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

150

10

160

Report Form:

merimenLS \$2400/2



# 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

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG18006189/K1vb

16 RAFFLES QUAY  
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 04-04-2018



Code : MSG

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKT 8281S	Veh. Inspected	SHB 3359R
Policy No.	D27921202MCY	Coverage (\$)	0.00
Claim No.	554218	Excess (\$)	0.00
Assign From	MERIMEN (LIONEL TAN)	Assign Date	04/04/2018

## 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

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## 5. General Information

Accident Date	02/04/2018	Inspection Date	04/04/2018
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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...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Apr 2018		04 Apr 2018 09:00 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS		[Created by insurer]
Insured:	TOKIO MARINE INSURANCE SINGAPORE LTD, Co. Reg. No.: 192300014M	
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G	
Vehicle Reg. No.:	SHB3359R	Date of Loss: 02/04/2018 07:00 - :59 [41 Months and 3 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 554218	Policy/Cover Note No.: D27921202MCY (Comprehensive) Coverage: 18/06/2017 - 17/06/2018
Vehicle Reg. No. (Insured):	SKT82815	Policy No. (Claimant): Excess: S\$1,000.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300	
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Lionel Tan Tian Pei - 6643 1307]	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 05/04/2018]	
Driver/Custodian (Insured):	SUHAIMI BIN ISMAIL (58 / Male), NRIC: S13647871, Tel: +6597822673	
Adj Asg. Remarks:	Please contact MR JUMANI @ 6214 8315 or 9635 5305 to arrange for survey .	

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
There are no mail for this case.		

ALL ASSOCIATED TASKS							View All	Search Tasks	Create New Task	Complete
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	
No results.										

Kalvin

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: 05 Apr 2018

**Preliminary Advice**

Insured Vehicle No	: SKT8281S	Accident Date	: 02/04/2018
TP Vehicle No	: SHB3359R	Assignment Date	: 04/04/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 3.00
Date of Inspection	: 04/04/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

**Point of Impact / General Description of Damages**

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

Repairer's Estimate (Gross)	:S\$	5,589.80
Revised Amount	:S\$	3,016.00
Check Items (Estimated)	:S\$	205.52
Total	:S\$	3,221.52
Lump Sum Repair	:S\$	

**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.

**LIST ITEMS**

<u>PAY</u>	<u>UNPAID</u>
562.30	24.60
1388.00	169.80
619.00	342.20
150.70	75.10
	715.10
	582.95

**NETT ITEMS**

<u>PAY</u>	<u>UNPAID</u>
	216.00

**LABOUR**

<u>PAY</u>	<u>UNPAID</u>
400.00	100.00
400.00	100.00
20.00	30.00
20.00	30.00
	50.00
	400.00
	120.00

0.00

216.00

2720.00

840.00

1909.75

830.00

4629.75

0.00

1670.00

2720.00

0.00

840.00

1909.75

0.00

830.00

**2720.00**

544.00 (20% DISC )

**2176.00** LIST ITEM AFTER DISC (PAY)

0.00 NETT ITEM (PAY)

840.00 LABOUR (PAY)

3016.0024.60  
169.80**CHECK ITEM****194.40**

38.88 (20% DISC )

**155.52** LIST ITEM AFTER DISC (CHECK ITEM)

50.00 LABOUR (CHECK ITEM)

**205.52**

TOTAL = 3221.52 (PAY ITEM + CHECK ITEM)

## 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	02/04/2018 10:39
Date Of Accident	02/04/2018 07:20
Exact Location Of Accident	THE CLAYMORE CONDO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3359R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	AU WENG KAI
NRIC No	S1820992F
Date Of Birth	20/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1987
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CYTHAMTOM@YAHOO.COM

Address	BLK 126A KIM TIAN ROAD #35-507
Postcode	161126
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER 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	SKT8281S
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUHAIMI BIN ISMAIL
NRIC/Passport Number	S1364787I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	



# **IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

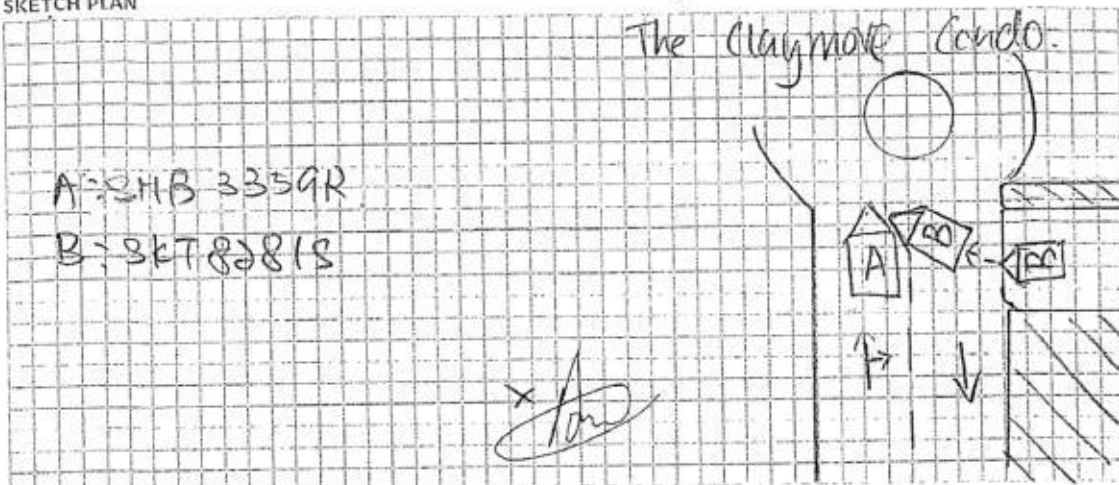
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/4/18 at about 07:20 hrs, I was drive into The Claymore Condo to pick up my passenger.

As I approached a roundabout, a car SKT8281S come out from my right hand side and collided onto the right front portion of my taxi. I stepped out and found that the car was came out from one-way with stop line, he should be give way to the traffic for major road.

No passenger in my taxi, No injury.

DECLARATION

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

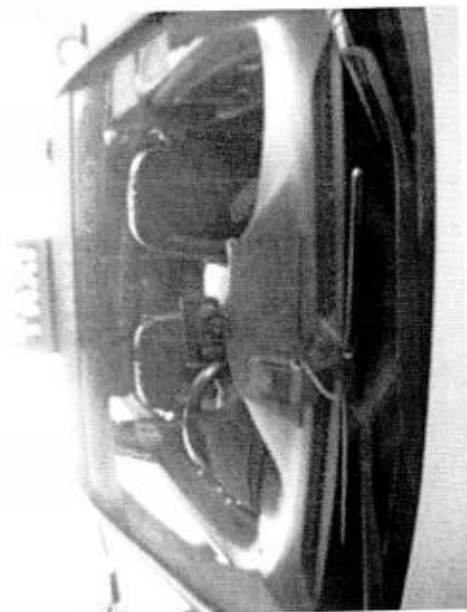
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

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.:

2/4/18



Item: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO305137172

OWNER  
IS CITYCAB PTE LTD  
OWNER NO. 7010070  
LESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

REGN NO: SHB3359R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 02.04.2018 08:20
YR OF MANU. 30.10.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU061709	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.04.2018  
ATURE: 3P 02.04.18

NO	LABOR CODE	DESCRIPTION
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WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHB3359R

JU MSIG

Vehicle No.:

SHB3359R

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 3359R

DATE 2/4/2018 13:57

Jumani

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Deformed</i>			\$ 562.30
	Front Bumper Bracket (RH) <i>X su</i>			\$ 24.60
	Headlamp (RH) — <i>cracked</i>			\$ 1,388.00
	Front Fender (RH) — <i>dent</i>			\$ 619.00
	Front Fender Shield (RH) <i>X su</i>			\$ 169.80
	Front Wheel Hub Cap (RH) — <i>cracked</i>			\$ 150.70
	Front Shock Absorber (Assy) (RH) <i>X su</i>			\$ 342.20
	Front Shock Absorber Mounting (RH) <i>X su</i>			\$ 75.10
	Front Suspension Lower Arm (RH) <i>X su</i>			\$ 715.10
	Knuckle Arm (RH) <i>X su</i>			\$ 582.95

MSIG.

LS

Nett

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305137172

Date : 04/04/18

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

## FINALIZATION FORM

To : LKK

Fax : \_\_\_\_\_

Attn : KALVIN

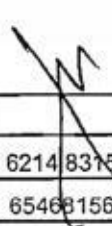
Vehicle Reg No. : SHB3359R


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: MSIG --- SKT8281S  
###
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% \$2,400.00  
Final Lumpsum Repair cost \_\_\_\_\_
3. Estimated normal period for repairs: 3 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and  
finalized amount

Signature :   
Name : JUMANI  
Tel : 6214 8315  
Fax : 6546 8156

Signature :   
Name : Kalvin  
Date : 6/4/18

## 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/MSG18006189/K1VBN2

Date: 09/04/2018

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	D27921202MCY
Claimant Vehicle No :	SHB3359R	Insured Vehicle No :	SKT8281S
Date of Loss:	02/04/2018	Nature of Claim:	TP
		Claim No:	554218

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHB3359R		
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Engine No:	D4DFDU528460
Reg. Date:	30/10/2014 (Man. Year: 2014)	Chassis No:	KMHLB41UMEU061709
Colour:	Yellow	Odometer:	544507 km
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:	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

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,919.80	2,176.00	1,743.80	44.49
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,670.00	840.00	830.00	49.70
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>5,589.80</b>	<b>3,016.00</b>	<b>2,573.80</b>	<b>46.04</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>2,400.00</b>		
<b>(S\$)</b>	<b>5,589.80</b>	<b>2,400.00</b>	<b>3,189.80</b>	<b>57.06</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>391.29</b>	<b>168.00</b>	<b>223.29</b>	<b>57.07</b>
<b>Nett Amount (S\$)</b>	<b>5,981.09</b>	<b>2,568.00</b>	<b>3,413.09</b>	<b>57.06</b>

## INSPECTION

Date of Assignment: 04/04/2018

Date Inspected: 04/04/2018 Inspected At:

ComfortDelGro Engineering Pte Ltd  
(Loyang)  
59 Loyang Drive  
Singapore 508969

Estimated Period of Repair: 3.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

*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: 09 Apr 2018)
<b>Parts:</b>	143	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHB3359R)	
<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		*FRONT BUMPER COVER	Deformed	562.30 FL	*562.30 FL
2	1		*FRONT BUMPER BRACKET (RH)	Serviceable	24.60 FL	*- FL
3	1		*HEADLAMP (RH)	Grazed	1,388.00 FL	*1,388.00 FL
4	1		*FRONT FENDER (RH)	Dented	619.00 FL	*619.00 FL
5	1		*FRONT FENDER SHIELD (RH)	Serviceable	169.80 FL	*- FL
6	1		*FRONT WHEEL HUB CAP (RH)	Grazed	150.70 FL	*150.70 FL
7	1		*FRONT SHOCK ABSORBER (ASSY)(RH)	No Damage	342.20 FL	*- FL
8	1		*FRONT SHOCK ABSORBER MOUNTING (RH)	No Damage	75.10 FL	*- FL
9	1		*FRONT SUSPENSION LOWER ARM (RH)	No Damage	715.10 FL	*- FL
10	1		*KNUCKLE ARM (RH)	No Damage	582.95 FL	*- FL
11	1		*FRT THRE (RH)	Serviceable	216.00 FS	*- FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>4,845.75</b>	<b>2,720.00</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>925.95</b>	<b>544.00</b>
<b>Total Parts (\$\$)</b>	<b>3,919.80</b>	<b>2,176.00</b>

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
<u>Labour Items</u>				
1	PANEL BEATING	New	500.00	400.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	WIRING CHARGE	New	50.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	TOWING FEE	New	50.00	-
6	REMOVE/REFIX UNDERCARRIAGE (FRT)	New	400.00	-
7	FRT WHEEL ALIGNMENT	New	120.00	-
Gross Labour Cost (\$\$)			1,670.00	840.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >