

Surveyor
Merimen

Kalvin

ASSIGNMENT (Office)

From (Person):

Etaine Ngu

of

MSG

Date/Time:

9/4/18 @ 6:35pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 7915P

Insured:

YM 9740Z

at Workshop m/s:

Comfort Delgro

Tel:

6214 8300

of

59 Loyang Drive

Policy No:

29068534MKC

Claim No:

554837

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 06/04/2018

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time:

8:30am @ 10/4/18

Person Contacted:

jumeni

Vehicle ☒ IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 7915P - X

YM 9740Z - X

11/04/18

@ 14:15 pm. revised to Etaine Ngu Sia Mei via merimen.

12/4/18

Simon on leave

REF: MSIG

ASSIGNMENT

From

Date: 10/04/2018

Estimated Cost:

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

To inspect Vehicle No: SHA 7915P

at Workshop m/s Comfort Delgro
of Sg hoyang Drive

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^{wp}

Vehicle: IN / OUT

Date: Person Contacted:

Veh No

SHA 7915P Yr Regn: 19 May 2016

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

Truck / Trailer or

Make:

Hyundai Z40

C.C. 1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

39 785

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB414M4408173X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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

Campion

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

6/4/8

D.O.I.

10/4/8

Survey held at

(OAE (1.7.2018))

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

O/S Front

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

Date / Time Action / Instruction

12/4/8 Latent PIP \$650/2hrs (Red 1586.96, 717)

MSIG
PIP

RECEIVED 12 APR 2018

Date/Time: File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time: File Return to?

2)

12/4 - typist

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

\$ + RE \$

Photos

Others

TOTAL

| |
|-----|
| 150 |
| 10 |
| 160 |

Report Format:

merimen

Lump Sum / I.B.I. (\$

650/p



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/MSG18006556/K1vd3 | |
| 16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581 | | | Date : 10-04-2018 |  |
| | | | Code : MSG | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | YM 9740Z | Veh. Inspected | SHA 7915P | |
| Policy No. | 29068534MKC | Coverage (\$) | 0.00 | |
| Claim No. | 554837 | Excess (\$) | 0.00 | |
| Assign From | MERIMEN (ELAINE NGU) | Assign Date | 10/04/2018 | |
| 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 | 06/04/2018 | Inspection Date | 10/04/2018 | |
| 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. | | | | |

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
|------|-------------|---------------|--|---------|---------------|-------------|--|
| Main | 09 Apr 2018 | | 09 Apr 2018 18:35 Assign | | | | New Assignment Cancel Case |

| | | | | |
|------|-----------|---------------|-----------|--------------------------|
| Main | Reference | Claim Details | Documents | Show All |
|------|-----------|---------------|-----------|--------------------------|

CLAIM SUBFOLDER DETAILS [Created by insurer]

| | | | |
|-----------------------------|---|------------------------|--|
| Insured: | GREEN-TECH EGG INDUSTRIES PTE LTD, Co. Reg. No.: 200107479C | | |
| Main Claimant: | COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R | | |
| Vehicle Reg. No.: | SHA7915P | Date of Loss: | 06/04/2018 11:00 - :59 [22 Months and 18 Days From LTA Reg Date (Man Yr)] |
| Claim Type: | TP / 554837 | Policy/Cover Note No.: | 29068534MKC (Comprehensive) Coverage: 06/02/2018 - 05/02/2019 |
| Vehicle Reg. No. (Insured): | YM9740Z | Policy No. (Claimant): | |
| | | Excess: | S\$600.00 |
| 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 Elaine Ngu Siau Mei - 6594 2540] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 10/04/2018] | | |

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. | | | | | | | | | |

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: Elaine Ngu Siau Mei

Date: 11 Apr 2018

Preliminary Advice

| | | | |
|--------------------|---|-------------------------|--------------|
| Insured Vehicle No | : YM9740Z | Accident Date | : 06/04/2018 |
| TP Vehicle No | : SHA7915P | Assignment Date | : 09/04/2018 |
| Make | : HYUNDAI I40 | Est. Duration of Repair | : 2 days |
| Date of Inspection | : 10/04/2018 | | |
| 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\$ | 2,236.96 |
| Revised Amount | :S\$ | 650.00 |
| Check Items (Estimated) | :S\$ | 0.00 |
| Total | :S\$ | 650.00 |

| | |
|-----------------|------|
| 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.

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 | 09/04/2018 07:49 |
| Date Of Accident | 06/04/2018 11:35 |
| Exact Location Of Accident | PARK CRESENT TOWARDS EU TONG SENG ST |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA7915P |
| 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 | LIM AH MENG |
| NRIC No | S1479919B |
| Date Of Birth | 22/08/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/07/1988 |
| Driving Experience | 29 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| Email Address | SUCRAMIL@AOL.COM |

| | |
|---|------------------------|
| Address | 668 09-24 CHANDER ROAD |
| Postcode | 210668 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - TAXI DRIVER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : - GENDER: : 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)

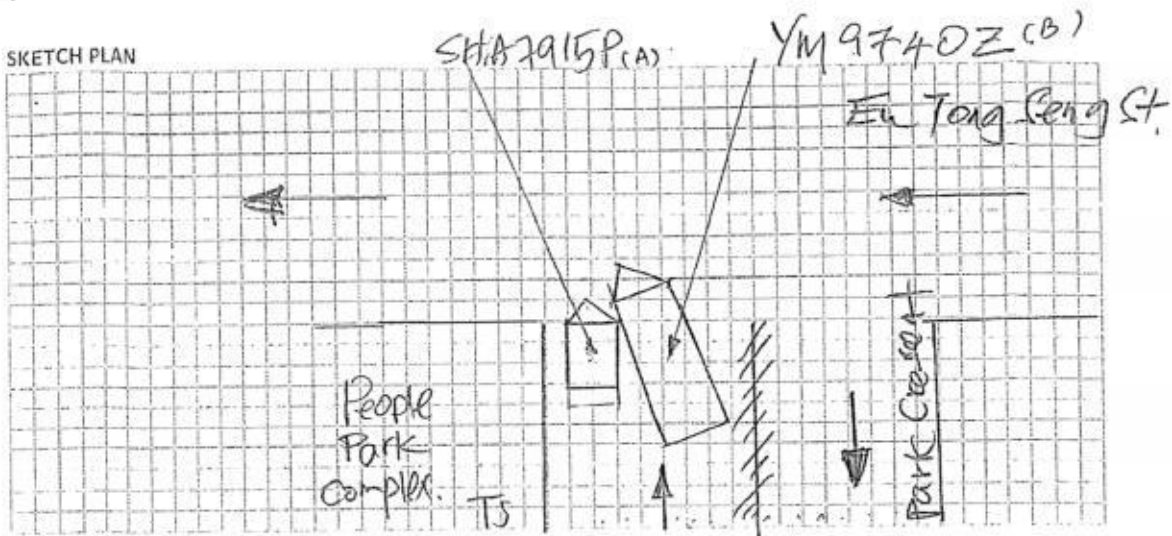
| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | YM9740Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | NOT SURE |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6th April 2018, @ 1135hr, I picked up a passenger Ms Mary (H/p: 90061449) at People Park Complex. As I was waiting at the T-junction between Park Cresc & Eu Tong SenG St. The lorry YM 9740Z cutted into my path whilst turning left to Eu Tong SenG Street. The lorry driver did not check the blind spot at his left before turning, & even with my horking to warn him cut abruptly into my stationary vehicle & scratched my left hand front bumper.

The lorry driver did not apologise & offer any compensation. My passenger Ms. Mary offered to be my witness if required.

I had to report this accident as a record should there be any dispute or unwarranted claim against me.

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)

Fauzy

Reporting Centre Personnel's Signature
Name:

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.

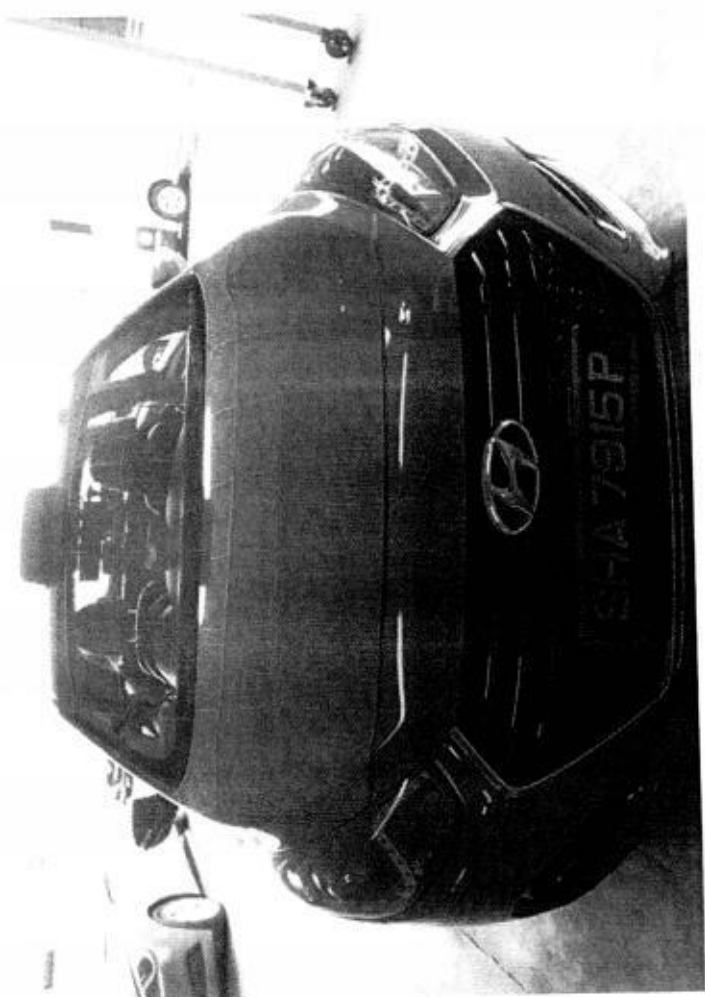
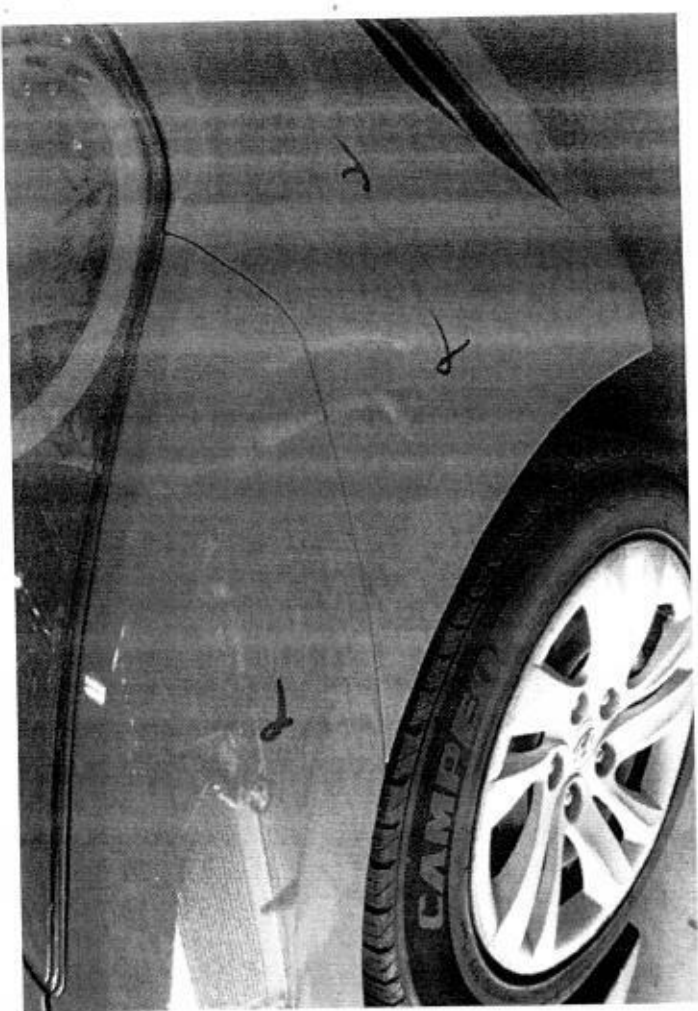
COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

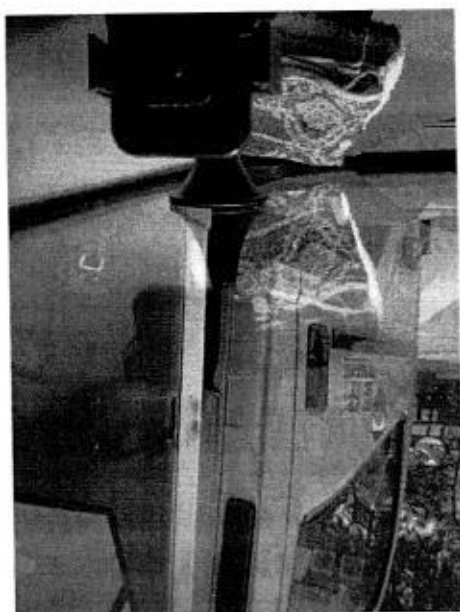
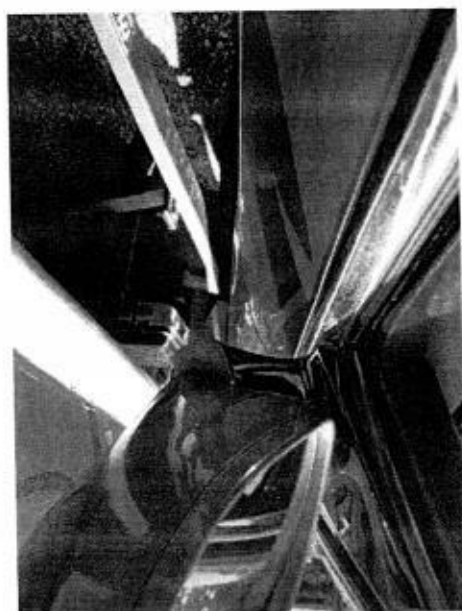
Policyholder's Signature
Date & Time:

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

Fauzy

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





COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Bras Basah Road, Singapore 579701
Mainline + 65 6342 6280, Fax + 65 6280 9755

Workshops

52 Loyang Drive, Singapore 508955

383 Sin Ming Drive, Singapore 575717

45 Pandan Road, Singapore 508086

326 Telok Road, Singapore 100860

24 Serangoon Loop, Singapore 758155

1 Sungei Kadut Way, Singapore 72

5 Defu Avenue 1, Singapore 509527

Date/Time: 09.04.2018 08:37

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305139652

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL. (R) 65508755 (O)
(P)

DISCOUNT CARD NO.

REGN NO.:

SHA7915P

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....

MODEL

I-40

DATE/TIME IN

08.04.2018 09:20

YR OF MANU.

19.05.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU089734

COMPLETION DATE/T

JOB DESCRIPTION

Accident Date: 06.04.2018

NATURE: 3P 06.04.18

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

I/C No.:

Vehicle No.: SHA7915P

JU MSIG

Vehicle No.:

SHA7915P

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305139652
 REGN NO : SHA7915P
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 19.05.2016
 DATE/TIME IN : 08.04.2018 09:20
 ACCIDENT DATE : 06.04.2018

JOB / PARTS DESCRIPTION

QTY 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 | X repair |
| 0002 04-01-0103-0574-G | I40VC PANEL-FENDER LH# | 1 | 619.00 | 20.00 | 495.20 | X repair |
| | | | | | | PH into mirror X repair |
| | | | | | | SUB-TOTAL : 1,336.96 |

JOB NATURE

| | | | | | | |
|-------------|-----------------------------|--|--|--|--|-----------------------|
| 0000 L | PANEL BEATING- FRT. | | | | | 400.00 200 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | | | | | 500.00 450 |
| | | | | | | SUB-TOTAL : 900.00 |
| | | | | | | TOTAL : 2,236.96 |

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

K. L. LKK
 10/4/18 1240L
 2 Box
 PIP
 After Repair p4

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:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305139652
Date : 11/04/18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA7915P

Fax :

Date of Accident : 06/04/18

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

1. The repair job shall bill to: MSIG --- YM 9740Z
###
2. The finalized amount shall be:

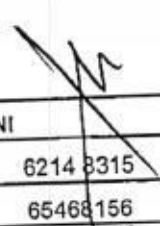
| | | |
|--|-----|-----------------|
| (a) Spare Parts after List discount | | <u>\$0.00</u> |
| (b) Labour Charges | ### | <u>\$650.00</u> |
| Total for Part-By-Part Repair Cost | | <u>\$650.00</u> |
| (c) Lumpsum Repair (if applicable) | | |
| Total for Lumpsum repair cost after Less: <u>20%</u> | | |
| 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 : 65468156

Signature : 
Name : KALVIN
Date : 12/4/8

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/MSG18006556/K1VD3N2

Date: 16/04/2018

REFERENCE

| | | | |
|-----------------------|--------------------------------------|----------------------|-------------|
| Handling Insurer: | MSIG Insurance (Singapore) Pte. Ltd. | Policy No: | 29068534MKC |
| Claimant Vehicle No : | SHA7915P | Insured Vehicle No : | YM9740Z |
| Date of Loss: | 06/04/2018 | Nature of Claim: | TP |
| | | Claim No: | 554837 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|--|-------------|-------------------|
| Reg No: | SHA7915P | | |
| Make & Model: | HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A) | Engine No: | D4FDGU624598 |
| Reg. Date: | 19/05/2016 (Man. Year: 2016) | Chassis No: | KMHLB41UMGU089734 |
| Colour: | Blue | Odometer: | 397815 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: | Campeon 7 mm | Rear Left Side: | Campeon 7 mm |
| Front Right Side: | Campeon 7 mm | Rear Right Side: | Campeon 7 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|-------------------------------|-----------------|---------------|-----------------|--------------|
| Parts | 1,336.96 | 0.00 | 1,336.96 | 100.00 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 900.00 | 650.00 | 250.00 | 27.78 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (S\$) | 2,236.96 | 650.00 | 1,586.96 | 70.94 |
| + GST 7.00/7.00% (S\$) | 156.59 | 45.50 | 111.09 | 70.94 |
| Nett Amount (S\$) | 2,393.55 | 695.50 | 1,698.05 | 70.94 |

INSPECTION

| | | |
|---------------------|--------------------------|--|
| Date of Assignment: | 09/04/2018 | |
| Date Inspected: | 10/04/2018 Inspected At: | ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969 |

Estimated Period of Repair: 2.0 days

Adjuster: MOHD RASUL

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 | | |
| Part Source: | MRM-SG | Version: 1.0 (Last Synchronised: 16 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 SHA7915P) | |
| 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 *. | |

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-----------------------------------|-----|----------|---------------------------|-----------|---|-----------------|
| 1 | 1 | | *I40V3 BUMPER W LIP & FOG | Repair | 1,052.20 FL | *- FL |
| 2 | 1 | | *I40VC PANEL-FENDER LH | Repair | 619.00 FL | *- FL |
| F=Franchise part. L=ListItemDisc. | | | | | | |
| | | | | | Sub Total (S\$) | 1,671.20 |
| | | | | | - List Item Discount on L Items 20.00/20.00% (S\$) | 334.24 |
| | | | | | Total Parts (S\$) | 1,336.96 |

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-FRT | New | 400.00 | 200.00 |
| 2 | SPRAYPAINT ON AFFECTED AREA | New | 500.00 | 450.00 |
| Gross Labour Cost (\$\$) | | | 900.00 | 650.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >