

ASS. REC. BY:

REF: CS/AG118007535/Kltbnz Special Instruction:

Surveyor: Halvin

ASSIGNMENT (Office)

From (Person): Julie of AG1 Date/Time: 24042018 9.13am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHC 8281S Insured: SKV 5685Jat Workshop m/s Comfort Delgo Tel: 6214 8314of 59 Loyang DrivePolicy No: _____ Claim No: C10001546

Sum Insured: _____ Excess: _____

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

CA / REV / REP. / REV 24 HRS Wp1

H.O.D. Endorsement: _____

Date/Time: 24042018 9.50am Person Contacted: Chiang Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 8281S - NBH / msh 17011547 / Y
	SKV 5685J - x

D.O.A: 140617

08/11/13

Surrey Mr: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost

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

To Insp Vehicle No: _____

at Work Stop rate

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 Report: _____ 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: _____

SHC82815

Yr Regn: _____

6 Aug 2015

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

Truck / Trailer or

Make: _____

Hyundai 2.0

C.C.

1685

Colour: _____

Blue

A/C: Insured / Std / NI / NA

Sp. Reading: _____

395675

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KMHLD414494075558

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

Woolly

Front

7

Rear

7

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

22/4/18

D.O.I. _____

24/4/18

Survey held at

(DGE (Loyang))

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

Rear N/S

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

Date / Time Action / Instruction

24/4/18 Vehicle R/P \$1176.00 / 24/4/18 (Red. 220% 150%)

AGZ

R/P

RECEIVED 27 APR 2018

Date/Time, File Pass to?

12/4/14 Typist

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

250

1176.03

Catherine Chong (LKK Auto)

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Tuesday, 24 April, 2018 9:13 AM
To: SUR; 'assignments'
Subject: FW: SHC8281S VS SKV5685J THIRD PARTY CLAIMS | Our ref: C10001546 | Your ref: TBA
Attachments: skx.pdf

Hi Team

Please accept TP's survey and survey on a without prejudice basis.

Thank you,
-Julie

From: Chiang Liat Choon <chianglc@cdge.com.sg>
Sent: Tuesday, 24 April, 2018 8:36 AM
To: Julie Mangubat <julie.m@budgetdirect.com.sg>
Subject: RE: SHC8281S VS SKV5685J THIRD PARTY CLAIMS

Dear Julie,

Sorry for the inconvenience, should be SKX5685J attached herewith LTA search.

Best Regards
Chiang Liat Choon
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd
Off: 62148314 Fax: 65468156

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
To: Chiang Liat Choon <chianglc@cdge.com.sg>, Claims <claims@budgetdirect.com.sg>,
Date: 24/04/2018 08:09 AM
Subject: RE: SHC8281S VS SKV5685J THIRD PARTY CLAIMS

Hi Liat Choon

We are unable to locate the vehicle number provided in the subject heading.
Please clarify if this is our insured.

Thank you,
-Julie

From: Chiang Liat Choon <chianglc@cdge.com.sg>
Sent: Monday, 23 April, 2018 5:00 PM
To: Claims <claims@budgetdirect.com.sg>
Subject: Fw: SHC8281S VS SKV5685J THIRD PARTY CLAIMS

Dear Sir,

Attached herewith repair estimate.

Best Regards

Chiang Liat Choon

Taxi Crash Repair ComfortDelGro Engineering Pte Ltd

Off: 62148314 Fax: 65468156

----- Forwarded by Chiang Liat Choon/cdge/delgnotes on 23/04/2018 04:57 PM -----

From: "ApeosPort-IV C5570" <sbs-signalling@sbstransit.com.sg>

To: chianglc@cdge.com.sg,

Date: 23/04/2018 04:55 PM

Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 8

Attachment File Type: PDF

Device Name: ApeosPort-IV C5570

Device Location:

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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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	23/04/2018 11:01
Date Of Accident	22/04/2018 21:10
Exact Location Of Accident	ALONG ECP TWDS PIE AFTER AIRPORT TERMINAL 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8281S
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	NAI CHOR PENG
NRIC No	S0843282A
Date Of Birth	12/07/1945
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 129 BEDOK NORTH STREET 2 #09-38
Postcode	460129
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)	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

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	SKX5685J
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH

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.
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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

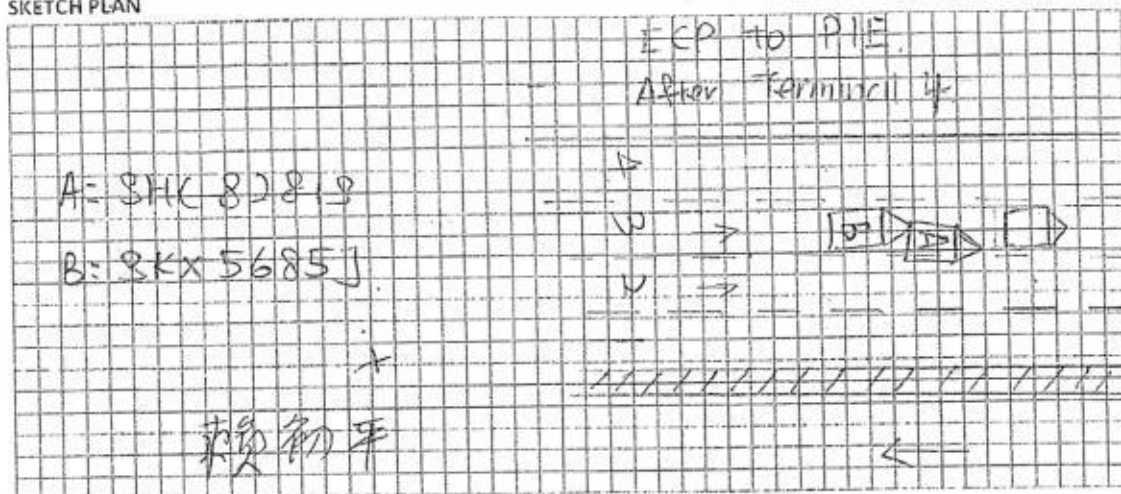
赖初平

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.: 23/4/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/4/18 at about 21:10 hrs, I was driving on third lane along ECP towards PIE after Terminal 4.

Shortly after the taxi in front of my taxi brake to stop, I immediately brake and slightly swerved my taxi to right hand side to avoid collision. Fortunately I able to stop to avoid collision. In the process, I felt an impact from my behind. There is a car SKX 5685J Front right portion collided onto the rear left portion of my taxi.

in my taxi.

01 female passenger. No injury at the point of accident.

DECLARATION

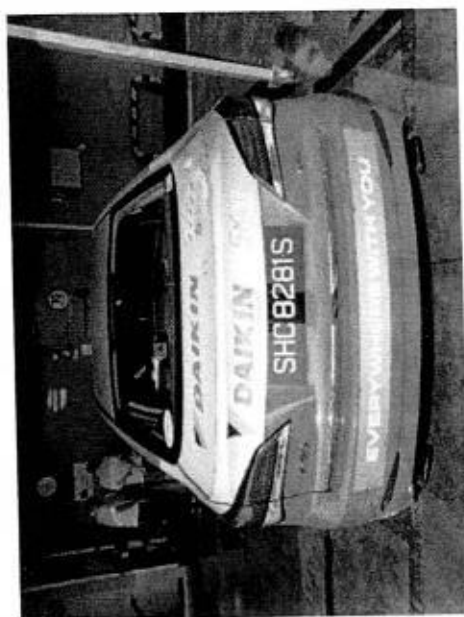
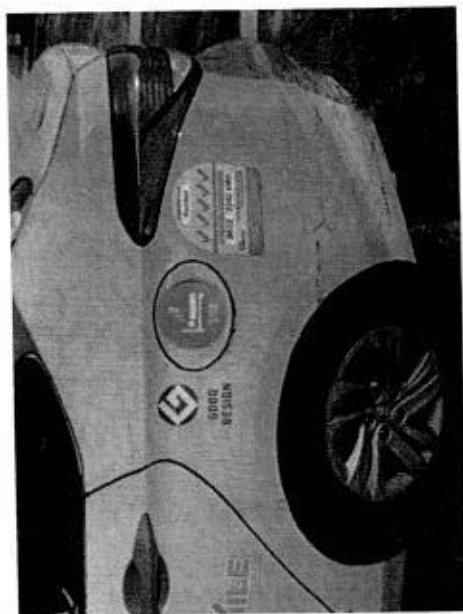
I/We declare the foregoing particulars are true in every respect.

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.:



Date/Time: 23.04.2018 14:08

A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305144792

USTOMER

REGN NO:
SHC8281S

MILEAGE

3/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045

MAKE:
HYUNDAI

FUEL

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

MODEL
T-40

DATE/TIME IN
23.04.2018 08:25

L: (R) 65508755 (O)
(P)

YR OF MANU
06.08.2015

TARGET DATE

CHASSIS CODE
KMHLB41UMGU075554

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.04.2018
NATURE: 3P 22.04.2018

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHC8281S
CHIANG

Vehicle No.: SHC8281S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8281S

DATE 23/4/2018 14:27

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Redone</i>			\$ 603.60
	Rear Bumper Clips <i>new</i>			\$ 22.00
	Rear Bumper Reflector Lamp (LH) <i>new</i>			\$ 32.00
	SUB TOTAL			\$ 657.60
	LESS 20%			\$ 131.52
	DISCOUNTED TOTAL			\$ 526.08
	Rear Bumper Advertisement Logo <i>new</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>new</i>	\$	100.00	\$ 200.00
				\$ 250.00
	Labour Charge			200
	Panel Beating			\$ 250.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 620.00
	ESTIMATE TOTAL			\$ 1,396.08

Nett

Nett

180

X 21

20

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 only valid for 30 days
- No illegal modification is allowed
- Supplementary parts must be surveyed 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.

Info 4 (General)

K. S. M. S.
 24/4/18 1020h,
 2018
 PIP
 Before Part photo

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8281S

DATE 23/4/2018 14:27

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Detached</i>			\$ 603.60	
	Rear Bumper Clips <i>re</i>			\$ 22.00	
	Rear Bumper Reflector Lamp (LH) <i>re</i>			\$ 32.00	
	SUB TOTAL			\$ 657.60	
	LESS 20%			\$ 131.52	
	DISCOUNTED TOTAL			\$ 526.08	
	Rear Bumper Advertisement Logo <i>re</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>re</i>	\$	100.00	\$ 200.00	Nett
				\$ 250.00	
	Labour Charge			200	
	Panel Beating			\$ 250.00	
	Spray Painting Charge			\$ 200.00	180
	Wiring Charge			\$ 50.00	X 7
	R/Refix Reverse Sensor			\$ 120.00	20
	TOTAL LABOUR			\$ 620.00	
	ESTIMATE TOTAL			\$ 1,396.08	
<p><i>K. M. Uday</i></p> <p><i>24/4/18 1020L,</i></p> <p><i>2 PIP</i></p> <p><i>Before Part photo</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(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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.					

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

JOB NO : 305144792
 REGN NO : SHC8281S
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 06.08.2015
 DATE/TIME IN : 23.04.2018 08:25
 ACCIDENT DATE : 22.04.2018

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-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-0851-G	I40VC REFLECTOR/REFLEX AS	1	32.00	20.00	25.60
					SUB-TOTAL : 526.08

JOB NATURE

0000 20-05	REAR BUMPER ADVERTISEMENT	50.00
0001 20-05	REAR FENDER ADVERTISEMENT	200.00
0002 L	PANEL BEATING	200.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	150.00
0004 20-22	REMOVE/REFIX REVERSE SENSOR	20.00
		SUB-TOTAL : 520.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 24.04.2018

Time: 13:29:07

REPAIR ESTIMATE

Page: 2

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

JOB NO : 305144792
REGN NO : SHC8281S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 06.08.2015
DATE/TIME IN : 23.04.2018 08:25
ACCIDENT DATE : 22.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,046.08

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305144792
Date : 24/04/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC8281S

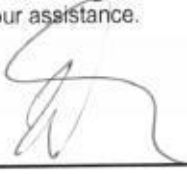
Fax :


22/04/2018

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

1. The repair job shall bill to: AUTO GENERAL SKX5685J
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$526.08
 - (b) Labour Charges \$650.00
 - Total for Part-By-Part Repair Cost** \$1176.08
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
Date : 24/4/18

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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18007535/K1tbn2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 03-05-2018



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKV 5685J	Veh. Inspected	SHC 8281S
Policy No.		Coverage (\$)	0.00
Claim No.	C10001546	Excess (\$)	0.00
Assign From	JULIE	Assign Date	24/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075554	Colour	BLUE
Odometer	395675	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	22/04/2018	Inspection Date	24/04/2018
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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: 2 Working Days



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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8281S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	603.60	603.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR LAMP (LH)	CRACKED	32.00	32.00
	LESS 20% DISCOUNT		-131.52	-131.52
			526.08	526.08
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
<u>LABOUR</u>				
	PANEL BEATING.		250.00	200.00
	SPRAY PAINTING CHARGE.		200.00	180.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.		120.00	20.00
			620.00	400.00
GRAND TOTAL			1,396.08	1,176.08
RECOMMENDED COST OF REPAIRS				1,176.08

Report Ref No. CS/AGI18007535/K1tbn2

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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