

ASS. REC. BY:

REF:

CS/GA118008743/K1b 02

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Rachel Tan

of GA1

Date/Time: 14/5/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHA 8611J

Insured: GZ1712C

at Workshop m/s CDGE

Tel: 62148319. Fauzy

of S9 Loyang Drive.

Policy No:

Claim No:

CLMOMV000003236

Sum Insured:

Excess:

Make of Vch:

D.O.A.

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

14/5

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction () Estimate

SHA 8611J-X

GZ1712C-X

22/5-

Revert preli advise.

28/11/13

Qurec Mr: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate ☒ DocOD / TP ☒ RES / OD RES / EVA / INV / MVTo Insp ☒ Vehicle No: _____at Work ☒ Shop no: _____

of _____

Insured: _____

Policy No: _____

Claims ☒ NoSum Ins ☒ Unit: _____

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: SHA 8611JYr Regn: 21 Apr 2016

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

Truck / Trailer or

Make: Hyundai 2.0c.c. 1600Colour: YellowA/C: ☒ Insured / Std / NI / NASp. Reading: 286351T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLD 414M 410 88806Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: In order / ☒ Jammed / Leaked / Burnt orBrake: In order / ☒ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ D A/Rim orTyre Size: F: 205 / 60 R16

R: _____

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

TOYO / YOKO or Ham Kwh

Front

Rear

R/Bal. 7

mm

R/Bal. 7

mm

L/Bal. 7

mm

L/Bal. 7

mm

D.O.A. 12/5/18D.O.I. 14/5/18Survey held at: CDGE (Loyang)

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

N/S Frnt.

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

Date / Time

Action / Instruction

23/5/18 Libras r/p of 2975-12/3 Rp. Ured: 29 2450.32/45% / Grant America PIP

RECEIVED 24 MAY 2018

Date/Time, File Pass to?



: Preli. Report

1) 24/5 Typast



: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐

: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Ins (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI _____

Photos _____

Other _____

250

TP

2975.12



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

Date: 22/5/2018

Our Ref: CS/GAI18008743/K1tb

The Motor Claims Department
GREAT AMERICAN INSURANCE COMPANY

Dear Sirs/Mdm

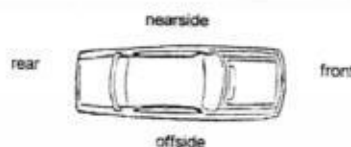
PRELIMINARY ADVICE OF VEHICLE NO. SHA 8611J.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 14/5/2018 at the premises of M/s CDGE Loyang and have the following to report: -

Workshop Estimate Amount	: S\$ <u>5,425.44</u>
Revised Estimate Amount	: S\$ <u>2,955.44</u>
Check" Items Amount	: S\$ <u>1,430.60</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained at the front portion.



Comments/ Present Status:

Damage consistent

Yours faithfully
Kalvin
Motor Surveyor

Catherine Chong (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Monday, 14 May, 2018 1:46 PM
To: Fauzy Bin Mokhtar
Cc: Jumani Bin Masudin; LKK Assignments
Subject: RE: SHA8611J - TP CLAIMS > GZ 1712C - GREAT AMERICAN INS
Attachments: SHA8611J.PDF

Without Prejudice

Dear Fauzy

Our policyholder has not made GIA report, will arrange for PRI on a without prejudice basis.

Dear LKK

Please accept assignment for TP survey. Attached.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Sent: Monday, May 14, 2018 1:38 PM
To: General Claims <GeneralClaims@sg.gaig.com>; Tan, Rachel <Rachel.Tan@sg.gaig.com>
Cc: Jumani Bin Masudin <jumanibm@cdge.com.sg>
Subject: [External] SHA8611J - TP CLAIMS > GZ 1712C - GREAT AMERICAN INS

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.
The taxi was Grounded Loyang workshop on 14.05.18

With Regards

Fauzy Bin Mokhtar
ComfortDelGro Engineering Pte Ltd
Taxi Crash Repair Department
DID : 6214- 8319
FAX:: 6546-8156

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Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 22 May 2018 1:19 PM
To: Admin-D (LKKAuto); 'Tan, Rachel'; 'Fauzy Bin Mokhtar'
Cc: 'Jumani Bin Masudin'; assignments; SUR
Subject: RE: SHA8611J - TP CLAIMS > GZ 1712C - GREAT AMERICAN INS
Attachments: PRELI ADVISED SHA 8611J.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SHA 8611J**

Please provide claim number

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Monday, 14 May 2018 2:06 PM
To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>; 'Fauzy Bin Mokhtar' <fauzy@sparkcarcare.com>
Cc: 'Jumani Bin Masudin' <jumanibm@cdge.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: SHA8611J - TP CLAIMS > GZ 1712C - GREAT AMERICAN INS

Dear Sir/Madam,

Thank you for your assignment

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | 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: Monday, 14 May 2018 1:46 PM
To: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Cc: Jumani Bin Masudin <jumanibm@cdge.com.sg>; LKK Assignments <assignments@lkkauto.com>
Subject: RE: SHA8611J - TP CLAIMS > GZ 1712C - GREAT AMERICAN INS

Without Prejudice

Dear Fauzy

Our policyholder has not made GIA report, will arrange for PRI on a without prejudice basis.

Dear LKK

Please accept assignment for TP survey. Attached.

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 14/05/2018 09:05
Date Of Accident 12/05/2018 13:20
Exact Location Of Accident BARTLEY RD TWDS HOUGANG AVE 3 /UPP PAYA LEBAR RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8611J
Insured/Policyholder
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 NG JOO MONG
NRIC No S1267418Z
Date Of Birth 06/05/1957
Occupation OUTDOOR
Date Of Driving Pass 26/04/1977
Driving Experience 41 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96193857
Fax Number
Contact Number
Email Address NOEMAIL

Address 260B #03-450 SENGKANG EAST WAY
 Postcode 542260
 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) 4
 Passenger 1 NAME: : -
 GENDER: : MALE

Passenger 2 NAME: : -
 GENDER: : FEMALE
 Passenger 3 NAME: : -
 GENDER: : MALE

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 GZ1712C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

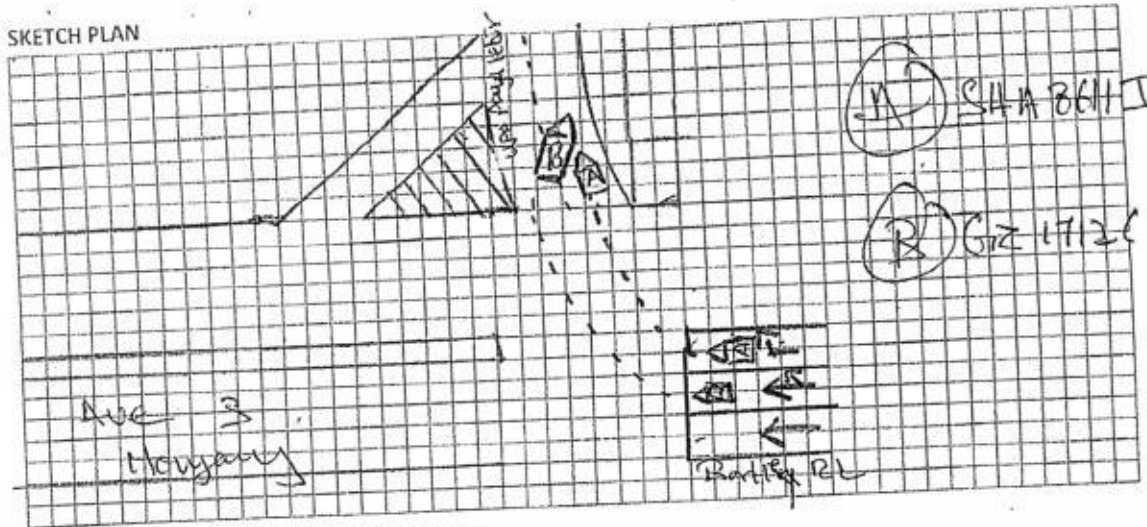
Nature Of Damage

No. Of Passenger (Including Driver)

RHT REAR

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON . 12 May 2018 12:20h I veh A
 was driving along Ratley Rd twice.
 Along Ave 3 I veh A was turning
 at Logut twice up payen leber Rd.
 I veh A and lane 1 Suddenly veh B
 from lane 2 cut a cross to lane 1 and
 hit veh. A left front. at the point
 a accident I veh A ferry 3 passengers.
 No nobody was injured.

DECLARATION

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

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 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.

CITYCAB PTE LTD
REG. NO. 199502839G

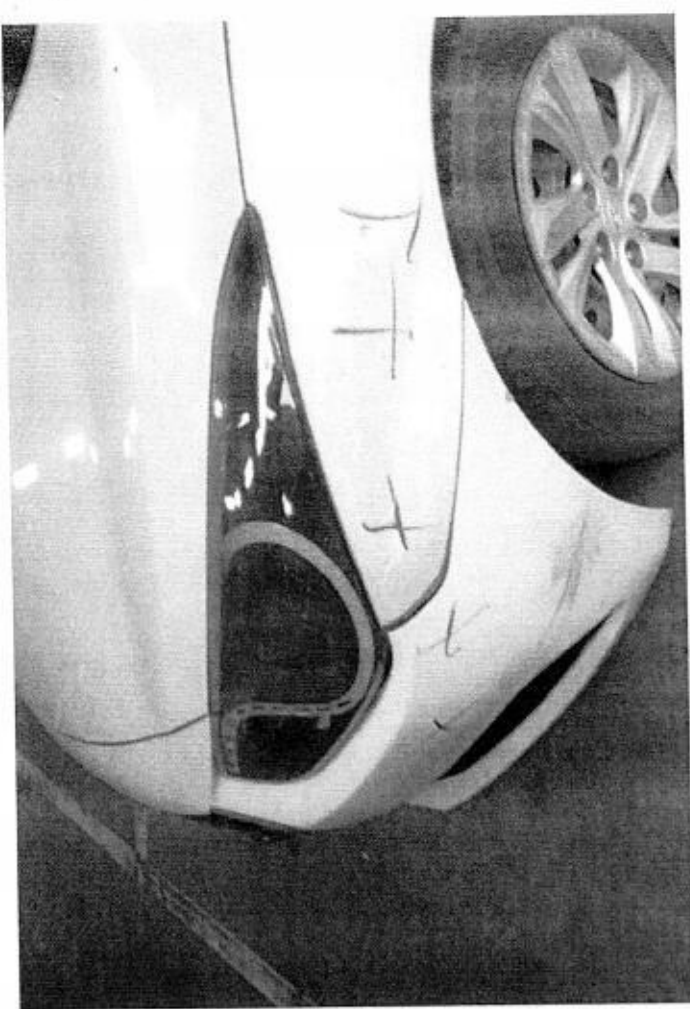
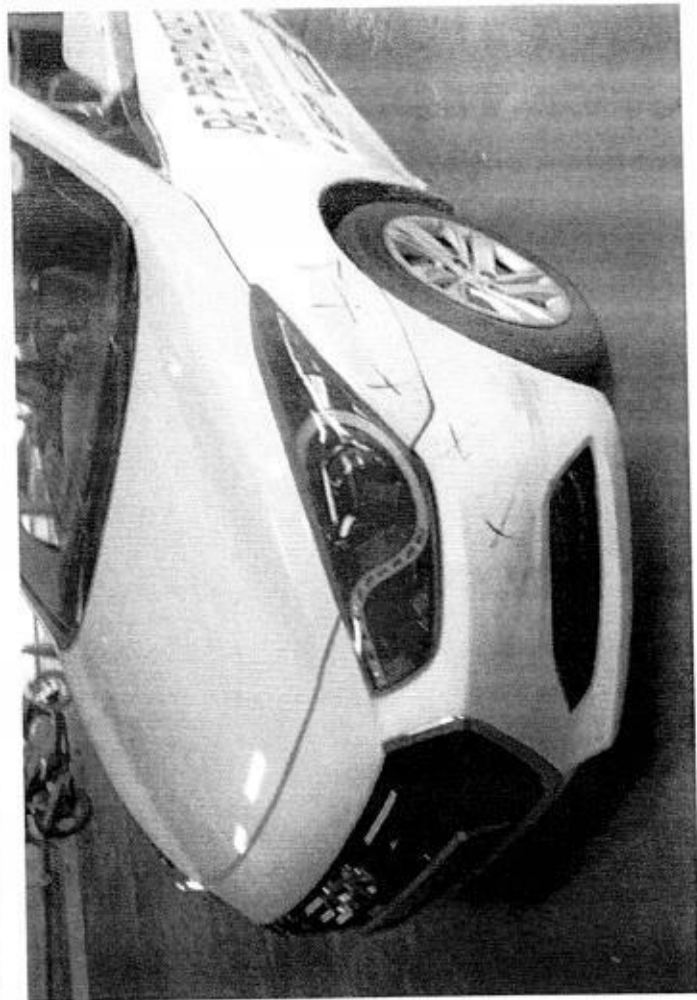
Policyholder's Signature
Date & Time:

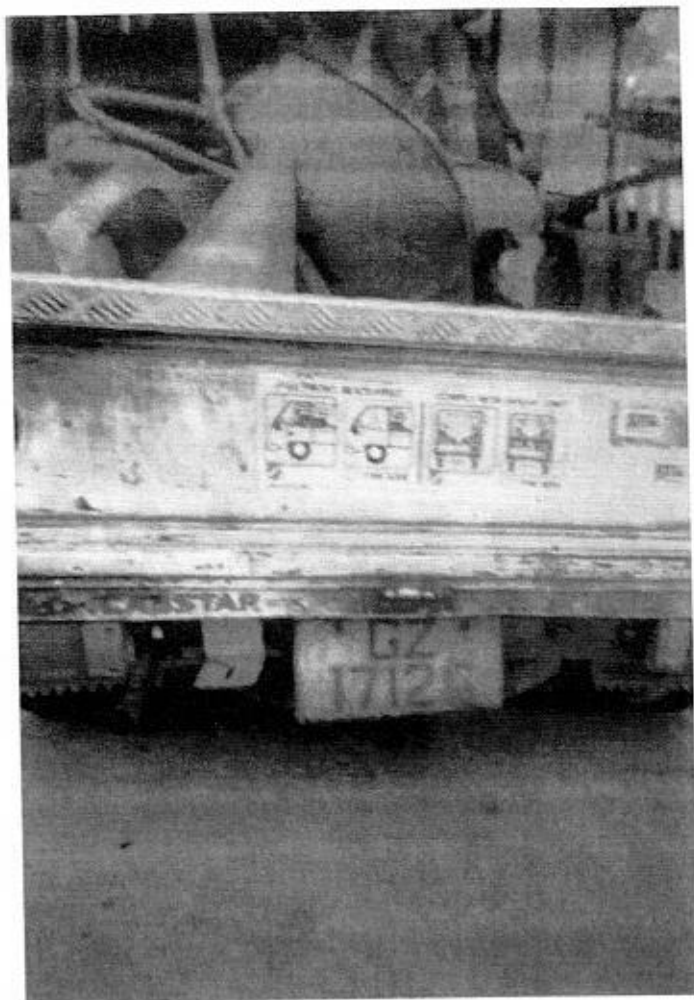
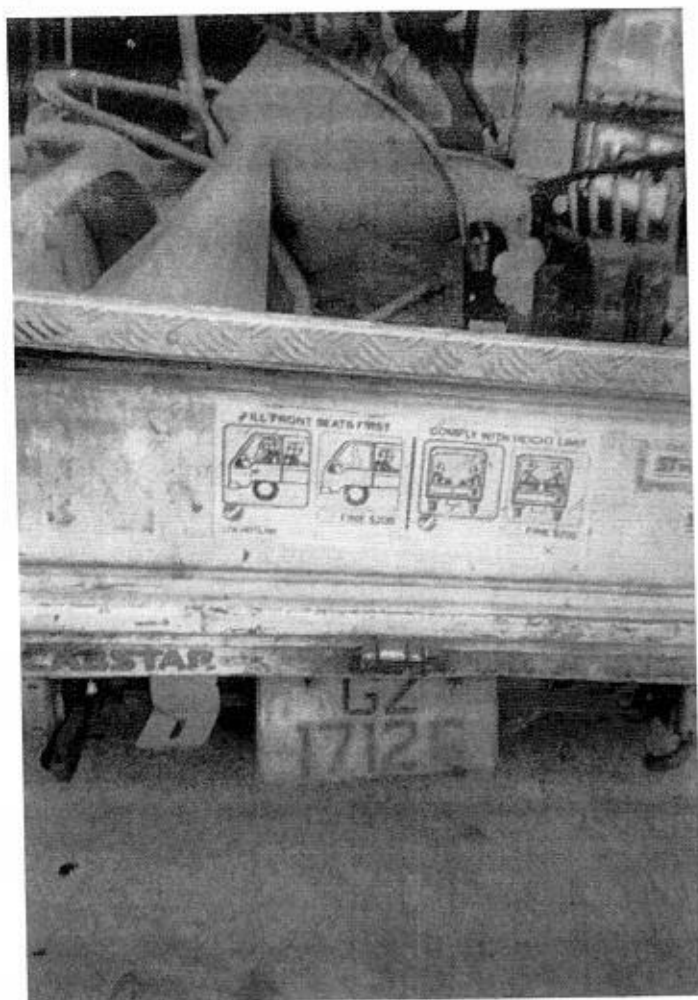
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

GIA/IMC SketchPlanForm_V3









RE: SHA8611J - TP CLAIMS > GZ 1712C - GREAT AMERICAN INS

Tan, Rachel to: Fauzy Bin Mokhtar
Cc: Jumani Bin Masudin, LKK Assignments

14/05/2018 01:48 PM

From: "Tan, Rachel" <Rachel.Tan@sg.gaig.com>
To: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Cc: Jumani Bin Masudin <jumanibm@cdge.com.sg>, LKK Assignments
<assignments@lkkauto.com>

1 attachment



SHA8611J.PDF

Without Prejudice

Dear Fauzy

Our policyholder has not made GIA report, will arrange for PRI on a without prejudice basis.

Dear LKK

Please accept assignment for TP survey. Attached.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>

Sent: Monday, May 14, 2018 1:38 PM

To: General Claims <GeneralClaims@sg.gaig.com>; Tan, Rachel <Rachel.Tan@sg.gaig.com>

Cc: Jumani Bin Masudin <jumanibm@cdge.com.sg>

Subject: [External] SHA8611J - TP CLAIMS > GZ 1712C - GREAT AMERICAN INS

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was Grounded Loyang workshop on 14.05.18

With Regards

Fauzy Bin Mokhtar
ComfortDelGro Engineering Pte Ltd
Taxi Crash Repair Department
DID : 6214- 8319
FAX:: 6546-8156

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COMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6290 9755
Workshops
59 Loyang Drive Singapore 508969 24 Sengkang Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungai Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 8 Defu Avenue 1 Singapore 539537
381 Ulu Road Singapore 100866

Date/Time: 14.05.2018 09:57 Page : 1

nam: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3824045 JC NO:305159741

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO SHA8611J MAKE HYUNDAI MODEL I-40 YR OF MANU 21.04.2016 CHASSIS CODE KMHLB41UMGU088806	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 12.05.2018 14:15 TARGET DATE COMPLETION DATE/TIME:
---	--	--

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 12.05.2018
ATURE: 3P 12.05.18/B-

/NO LABOR CODE DESCRIPTION

OKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip No.: SHA8611J FZ GAIC	Exit Pass Vehicle No.: SHA8611J
Signature/Date	Name of Service Advisor
Signature/Date	Date
Signature/Date	Date

Signature/Date

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 8611J

DATE 14/5/2018 11:41

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Rebuilt</i>			\$ 562.30
	Front Bumper Sponge <i>X su</i>			\$ 142.20
	Front Bumper Reinforcement <i>X su</i>			\$ 526.10
	Front Bumper Bracket Top (LH) <i>X su</i>			\$ 22.40
	Front Bumper Bracket (LH) — <i>on</i>			\$ 24.60
	Headlamp Support Panel Assy <i>X su</i>			\$ 1,067.50
	Headlamp (LH) — <i>horiz</i>			\$ 1,388.00
	Front Fender (LH) — <i>at</i>			\$ 619.00
	Front Fender Shield (LH) <i>X su</i>			\$ 169.80
	Front Fender Retainer <i>X su</i>			\$ 9.20
	Frt Wheel Hub Cap,LH <i>X su</i>			\$ 150.70
	</			

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.05.2018

Time: 18:13:52

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS: CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305159741
REGN NO : SHA8611J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 21.04.2016
DATE/TIME IN : 12.05.2018 14:15
ACCIDENT DATE : 12.05.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	562.30	20.00	449.84
0002 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40
0003 04-01-0103-0574-A	I40VC PANEL-FENDER LH+	1	619.00	20.00	495.20
0004 04-01-0103-0637-G	I40V2 BRKT ASSY-FR BPR UP	1	24.60	20.00	19.68

SUB-TOTAL : 2,075.12

JOB NATURE

0000 20-05	RENEW ADVERTISEMENT REAR FENDER LH				100.00
0001 L	PANEL BEATING		400.00		
0002 L	SPRAY PAINTING CHARGE		360.00		
0003 L	WIRING CHARGE		20.00		
0004 L	TUFF KOTE		20.00		

SUB-TOTAL : 900.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.05.2018

REPAIR ESTIMATE

Time: 18:13:52

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305159741

REGN NO : SHA8611J

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 21.04.2016

DATE/TIME IN : 12.05.2018 14:15

ACCIDENT DATE : 12.05.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,975.12

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305159741

Date : 21.05.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA8611J

Date of Accident : 12.05.2018

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

1. The repair job shall bill to: GREAT AMERICAN -- GZ 1712C
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$2,075.12
 - (b) Labour Charges \$900.00
 - Total for Part-By-Part Repair Cost \$2,975.12
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$0.00
Final Lumpsum Repair cost \$0.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 23/5/18

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/GAI18008743/K1tbn2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 28-05-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GZ 1712C	Veh. Inspected	SHA 8611J
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000003236	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	14/05/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU088806	Colour	YELLOW
Odometer	286351	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	12/05/2018	Inspection Date	14/05/2018
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:	3 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. SHA 8611J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
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 BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,067.50	-
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRT WHEEL HUB CAP, LH	SERVICEABLE	150.70	-
	LESS 20% DISCOUNT		-936.36	-518.78
			3,745.44	2,075.12
SPECIAL NETT ITEMS				
1	FRT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.		850.00	400.00
	SPRAY PAINTING CHARGE.		400.00	360.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,580.00	800.00
GRAND TOTAL			5,425.44	2,975.12
RECOMMENDED COST OF REPAIRS				2,975.12

Report Ref No. CS/GAI18008743/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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