

(08/11/13)

B. Inve: Kalvin

REF:

CC3/TML18009936/Klvb2

ASSIGNMENT

From:

Date:

Estimate Cost:

O/T/TP/RES/OD/RES/EVA/INV/MV

To Inspected Vehicle No:

at Workshop m/s

of

Insured: G86 6693A

Policy No. MU 010360

Claims No. M1802765

Surrounding 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

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 7668C

Yr Regn:

21 May 2015

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Truck / Prime Mover /

Truck / Trailer or

Make:

Hyundai 240

c.c. 1.685...

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading:

342713

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLE4/4444 06912

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:

205/60 R16

R:

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

TOYO / YOKO or

Nestle

Front

Rear

R/Bal.

7

mm

R/Bal.

2

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

26/5/18

D.O.I.

28/5/18

Survey held at

(PGE (Loring))

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

Rear

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

Date / Time	Action / Instruction
30/5/18	Change L/S \$900/2 M/s. (Red 1179.08, 5610) 70/100 SHA 7668C - CB/FCL17012339/Kah3K2 DA: 2106207 4/2 AG67 6693A - X
1/6/18	Email GIA to TML
	RECEIVED 05 JUN 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 4/6 - typist

Report Format: merimen

Lump Sum / I.B.I. (\$) 900/-

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

250

Transportation:

10

S + RS, SI

Photos

Others

TOTAL

260

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 May 2018 Sendback Est	28 May 2018 15:54 S\$2,079.08	04 Jun 2018 11:45 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	FORANCE AIR-CON & REFRIGERATION PARTS SUPPLIES, Co. Reg. No.: 199106130W			
Main Claimant:	COMFORT TRANSPORTATION PTE LTD			
Vehicle Reg. No.:	SHA7668C	Date of Loss:	26/05/2018 00:00 - :59 [36 Months and 5 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1802765	Policy/Cover Note No.:	MU010360 (Comprehensive) Coverage: 26/09/2017 - 25/09/2018	
Vehicle Reg. No. (Insured):	GBG6693A	Policy No. (Claimant):		
		Excess:	\$1,500.00	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300			
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Pauline Tham]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 13/06/2018]			

[View All](#) [Compose Case Mail](#)

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 1 June 2018 4:28 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD DOA: 26/5/2018, SHA 7668C (TP VEHICLE), GBG 6693A (OI VEHICLE)
Attachments: EST.pdf; GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 7668C M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 28/5/2018.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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	28/05/2018 10:33
Date Of Accident	26/05/2018 11:15
Exact Location Of Accident	BEACH ROAD JUNCTION OF ROCHOR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7668C
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	MOHAMED ALI BIN MOHAMED NOOR
NRIC No	S6830963H
Date Of Birth	15/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1997
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97853664
Fax Number	
Contact Number	
Email Address	MDALI_MNOOR@YAHOO.COM

Address	BLK 16 JALAN TENTERAM #02-106
Postcode	321016
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	DRIZZLING
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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

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	GBG6693A
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NEO CHIN TENG
NRIC/Passport Number	S1494898H
Contact Number	92283808
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMED ALI BIN MOHAMED NOOR
Approximate Age	
Injuries Sustain	HEADACHE
Injured person in which vehicle?	SHA7668C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

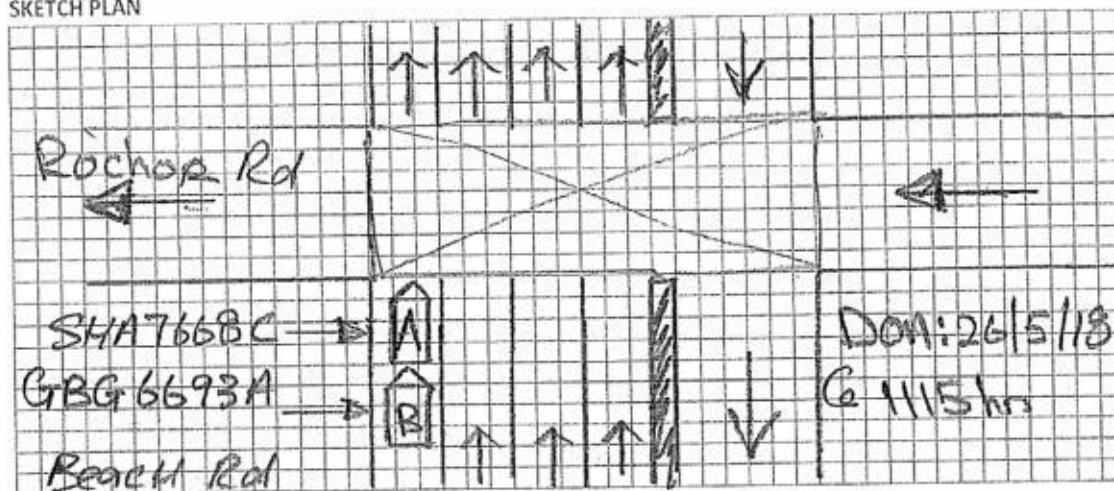
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303621R

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 26/5/18 AT AROUND 1115HRS. I WAS DRIVING ALONG BEACH ROAD AND WHILE APPROACHING A TRAFFIC LIGHT ABOUT TO STOP SUDDENLY A VAN BATH ME (TAXI) FROM THE BACK. THAT IMPACT MAKES ME ASCRIGHT HEADACHE AND SCARED.
TOOK PHOTOS AND EXCHANGE PHONE NUMBERS.

DECLARATION

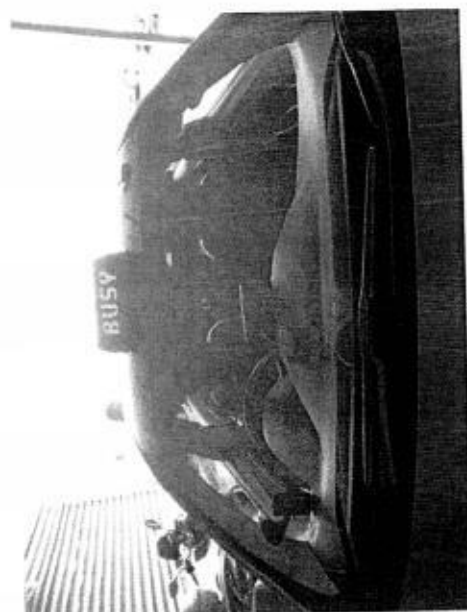
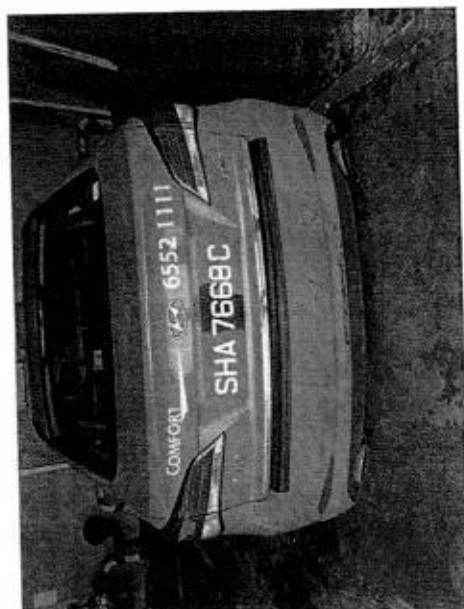
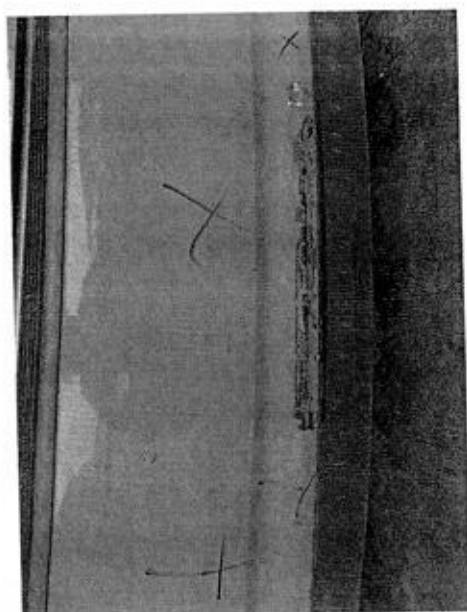
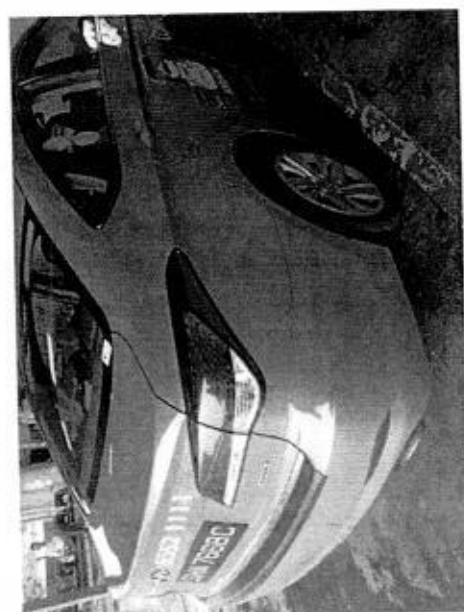
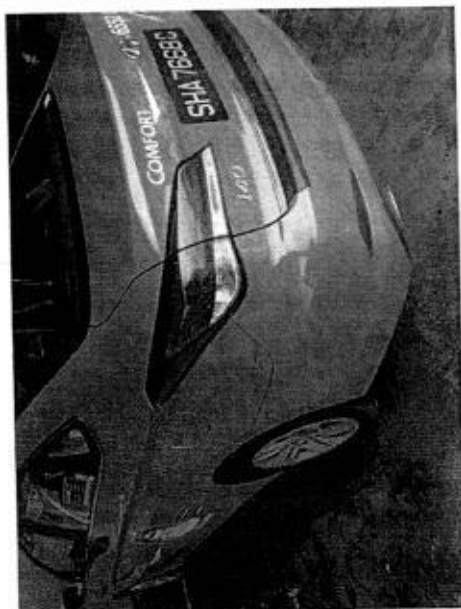
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 1 521R

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.:



A member of COMFORTDELGRO

Date/Time: 28.05.2018 11:12 Page : 1

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO 305165195

CUSTOMER ✓ NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SHA7668C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN: 27.05.2018 10:25
	YR OF MANU: 21.05.2015	TARGET DATE
	CHASSIS CODE: KMHLB41UMFU069132	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.05.2018
NATURE: 3P 26.05.2018

LABOR CODE	DESCRIPTION
TOKIO - taxi	Repair damage
LICK/Kelmi -	

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Knowledge Slip	Exit Pass
Vehicle No.: SHA7668C	Vehicle No.: SHA7668C
Signature/Date: Larry Ng	Name of Service Advisor
Signature/Date	Date
Signature/Date	To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co Reg No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/05/2018
Vehicle Reg. No.:	SHA7668C	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	21/05/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU503312	Chassis No:	KMHLB41UMFU069132
Odometer:	342713 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,519.08
Miscellaneous Items	10.00
Labour	550.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,079.08
+ GST 7.00% (S\$)	145.54
Nett Amount (S\$)	2,224.62

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 28 May 2018)
Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHA7668C/28/05/2018 15:54
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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER <i>Retracted</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER REINFOERCEMENT <i>Xen</i>	20.00	0.00	*504.35 FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET - LH/RH <i>Xen</i>	20.00	0.00	*360.00 FL
4	1		*REAR BUMPER SPONGE <i>Xen</i>	20.00	0.00	*143.40 FL
5	1		*REAR BUMPER UNDERCOVER <i>cl</i>	20.00	0.00	*225.00 FL
6	1		*REAR BUMPER RUBBER MAT <i>cl</i>	0	0.00	*50.00 FS

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

Sub Total (S\$)	1,886.35
- List Item Discount on L Items (S\$)	367.27
Total Parts (S\$)	1,519.08

ComfortDelGro Engineering Pte Ltd/SHA7668C/28/05/2018 15:54. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00 ✓
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	300.00 200
2	SPRAY PAINTING	New	250.00 200
Gross Labour Cost (S\$)			550.00

ComfortDelGro Engineering Pte Ltd/SHA7668C/28/05/2018 15:54. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvin (LKK)
28/5/18 16:00h
2 Pys
4/5
After Repair

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 : 305165195

Date : 30. May. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA7668C

Date of Accident: 26.05.2018

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

1. The repair job shall bill to: TOKIO GBG6693A

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:

Final Lumpsum Repair cost

\$900.00

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

Date : 30/5/18

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				
3. Survey Fees				
4. LTA Search Fee				
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: CC3/TMI18009936/K1VBN2

Date: 06/06/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU010360
Claimant Vehicle No :	SHA7668C	Insured Vehicle No :	GBG6693A
Date of Loss:	26/05/2018	Nature of Claim:	TP
		Claim No:	M1802765

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA7668C	Engine No:	D4FDFU503312
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMFU069132
Reg. Date:	21/05/2015 (Man. Year: 2015)	Odometer:	342713 km
Colour:	Blue		
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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

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	1,519.08	712.88	806.20	53.07
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	550.00	400.00	150.00	27.27
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,079.08	1,122.88	956.20	45.99
Approved Total (Overridden) (S\$)		900.00		
(S\$)	2,079.08	900.00	1,179.08	56.71
+ GST 7.00/7.00% (S\$)	145.54	63.00	82.54	56.71
Nett Amount (S\$)	2,224.62	963.00	1,261.62	56.71

INSPECTION

Date of Assignment:	04/06/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	28/05/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 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		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 06 Jun 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA7668C)	
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	*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1	*REAR BUMPER REINFOERCEMENT	Serviceable	504.35 FL	*- FL
3	2	*REAR BUMPER REINFORCEMENT BRACKET - LH/RH	Serviceable	360.00 FL	*- FL
4	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
5	1	*REAR BUMPER UNDERCOVER	Cut	225.00 FL	*225.00 FL
6	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS

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

Sub Total (\$\$)	1,886.35	878.60
- List Item Discount on L Items 20.00/20.00% (\$\$)	367.27	165.72
Total Parts (\$\$)	1,519.08	712.88

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	300.00	200.00
2	SPRAY PAINTING	New	250.00	200.00
Gross Labour Cost (S\$)			550.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >