

ASS. REC. BY:

REF:

8/SMO18009949/Klrdsⁿ²

Special Instruction:

Surveyor:

KALVIN

ASSIGNMENT (Office)

From (Person):

Grace Teo

of

SMO

Date/Time:

1/6/18 @ 9.27am

Estimated Cost

Bill to:

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

To Inspect Vehicle No:

SHB 3597U

Insured:

SLB 8326E

at Workshop n/s:

comfort Delgro

Tel:

6214 8315

of

59 Loyang Drive

Policy No:

Claim No:

CMTD1802309 / NSW

Sum Insured:

Excess:

Make of Veh:

D.O.A.

31/05/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time:

11:59am @ 1/6/18

Person Contacted:

jumeai

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHB 3597U - NS/INC16019205/H/vbn2

DOA: 7/10/16

SLB 8326E-X

Avert thm email.

100 (1/1/3)

Q Name: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

OD / ITP / MS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop no/s _____

of _____

Insured: _____

Policy No: _____

Class No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 35974 Yr Regn: 24, 24

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

Truck / Trailer or

Make: Hyundai 240 cc: 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 297740 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLBY14MB4057871

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 / M or

Tyre Size: F: 205/60R16

R: _____

BS1 DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

| Front | | Rear | |
|-----------------------|----|----------------------|----|
| R/Bal. <u>7</u> | mm | R/Bal. <u>7</u> | mm |
| L/Bal. <u>7</u> | mm | L/Bal. <u>7</u> | mm |
| D.O.A. <u>31/5/08</u> | | D.O.I. <u>1/6/08</u> | |

Survey held at CPE (Loyang)

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

Rear

The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|---------------|-----------------------------------|
| <u>4/6/08</u> | <u>Carried P/P \$550 / 2 Rep.</u> |
| | <u>Ref: \$2181.58, 20%</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 0.5 JUN 2010

Date/Time, File Pass to?

☐ : Prel. Report

1) typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Report Format: P

Lump Sum / I.B.I. (\$) 550

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS \$ _____

Photos _____

Others _____

TOTAL

250

Nivitha (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Friday, 1 June 2018 9:27 AM
To: admin-d@lkkauto.com; assignments@lkkauto.com
Cc: Ngo, Sau Wei Shawn; Ye, Yong Kang Melvin
Subject: CMTD1802309/NSW - SUV(LKK)/ SLB8326E & SHB3597U ACC ON 31.05.18

Our Reference: CMTD1802309/NSW

Dear LKK AUTO,

Please contact Jumani Bin Masudin at 6214 8315 or 9635 5305 to make arrangement to conduct the survey for SHB3597U.

Please be informed that Shawn Ngo the handler of this case.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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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

Affiliated to Federation Internationale Des Experts En Automobile

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO18009949/K1rd3

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERSINGAPORE 048623

Date : 01-06-2018



Code : SMO

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-----------------|----------------|------------|
| Insured Veh. | SLB 8326E | Veh. Inspected | SHB 3597U |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | CMTD1802308/NSW | Excess (\$) | 0.00 |
| Assign From | GRACE TEO | Assign Date | 01/06/2018 |

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 | 31/05/2018 | Inspection Date | 01/06/2018 |
| 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. |
|--|



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD1802308/NSW
Our Ref: CS/SMO18009949/K1rd3

The Motor Claims Department
ERGO Insurance Pte Ltd

Without Prejudice

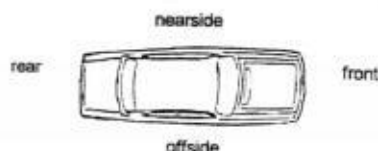
Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO. SHB 3597U

Please be informed that we had conducted the inspection of the above mentioned vehicle on 01/06/2018 at the premises of M/s COMFORTDELGRO PTE LTD and have the following to report:-

| | |
|--------------------------|----------------|
| Workshop Estimate Amount | : S\$ 2,731.58 |
| Revised Estimate Amount | : S\$ 550.00 |
| "Check" Items Amount | : S\$ 845.40 |
| Market Value | : S\$ |
| LTA Reimbursement Value | : S\$ |
| Nett Value | : S\$ |

Description of Damage:
The vehicle sustained damages
at the rear portion..



Comments/ Present Status:
Damages Consistent.

Yours faithfully

KALVIN
Automotive Assessor

Date/Time: 31.05.2018 16:34

Page : 1

ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305167773

CITYCAB PTE LTD
NO 7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

| | |
|-----------------------------------|----------------------------------|
| REGN NO. SHB3597U | MILEAGE |
| MAKE HYUNDAI | FUEL E.....1/2.....F |
| MODEL 1-40 | DATE/TIME IN 31.05.2018 14:15 |
| YR OF MANU. 02.07.2014 | TARGET DATE |
| CHASSIS CODE KMHLB41UMEU057871 | COMPLETION DATE/TIME: |

ARD NO.

JOB DESCRIPTION

ent Date: 31.05.2018
E: 3P 31.05.18

LABOR CODE DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHB3597U JU SOMPO

Vehicle No.: SHB3597U

Service Advisor

Signature/Date

Name of Service Advisor

Date

Service Reception upon collection

To be kept by Security Guard

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 | 31/05/2018 15:44 |
| Date Of Accident | 31/05/2018 09:10 |
| Exact Location Of Accident | ALEXANDRA RD TWDS BUKIT PANJANG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHB3597U |
| 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 | YONG KER LUN (YANG KELUN) |
| NRIC No | S7426090Z |
| Date Of Birth | 14/08/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/10/1995 |
| Driving Experience | 22 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81272603 |
| Fax Number | |
| Contact Number | |
| Email Address | SKYYONG1974@GMAIL.COM |

| | |
|---|-----------------------------|
| Address | 448 #06-70 YISHUN RING ROAD |
| Postcode | 760448 |
| 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 | |
| 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? | YES |
| Remarks/ Reasons: | - |
| Was there any audio recorded? | NO |

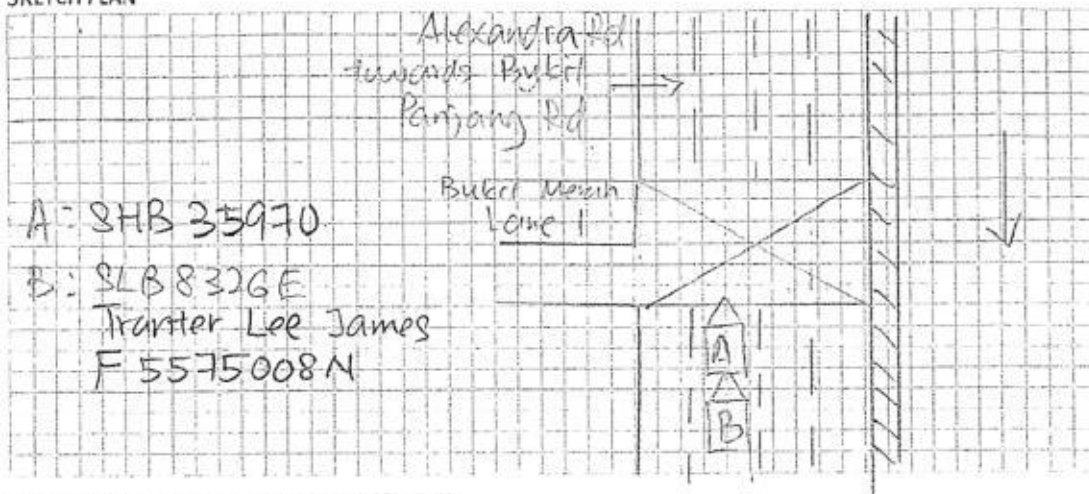
DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------------|
| Vehicle Registration Number | SLB8326E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TRANter LEE JAMES |
| NRIC/Passport Number | F5575008N |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT |

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/5/18 at about 09:10 hrs, my taxi stopped on the middle lane along Alexandra road towards Bukit Panjang road before Bukit Merah Lane 1.

Shortly after traffic light turned to green, I preparing to moving forward. At the same time, I felt an impact from my behind. I stepped out to have a check and found a car SLB 8326E collided onto the rear portion of my stationary taxi.

01 female passenger on board my taxi
No injury reported in this accident.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502R31

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Loke Wei Yieng

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.

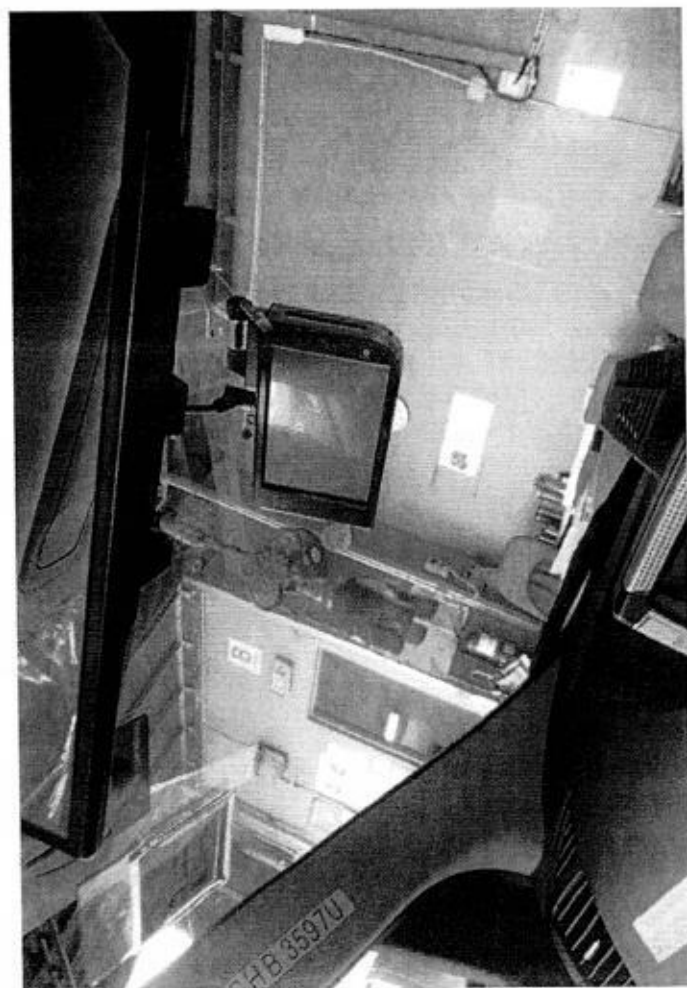
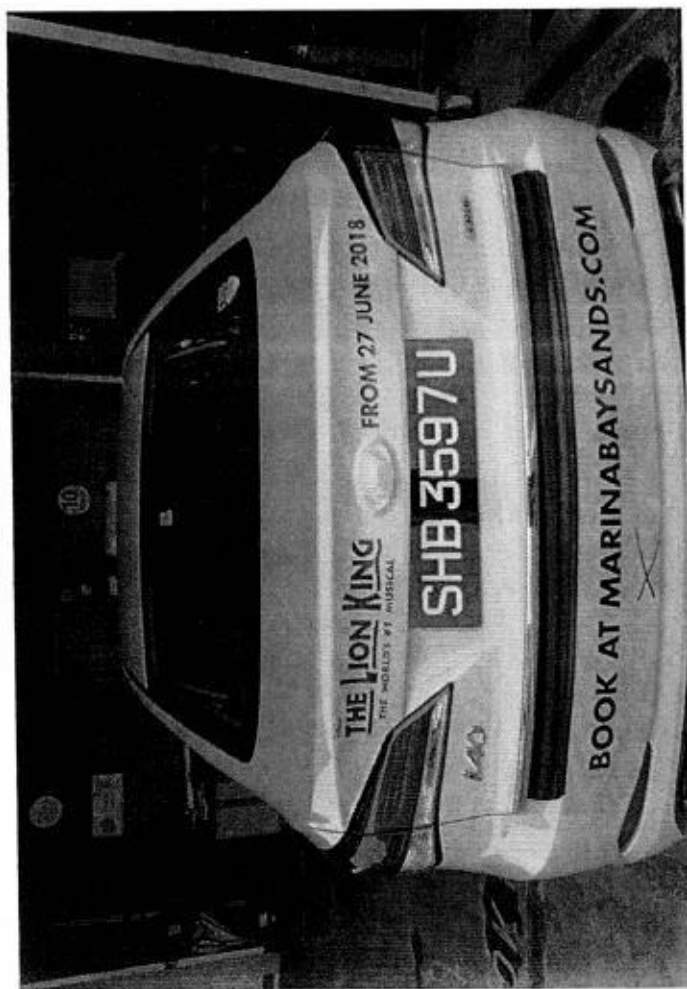
UIY CAB PTE LTD
CO. REG. NO. 199502870

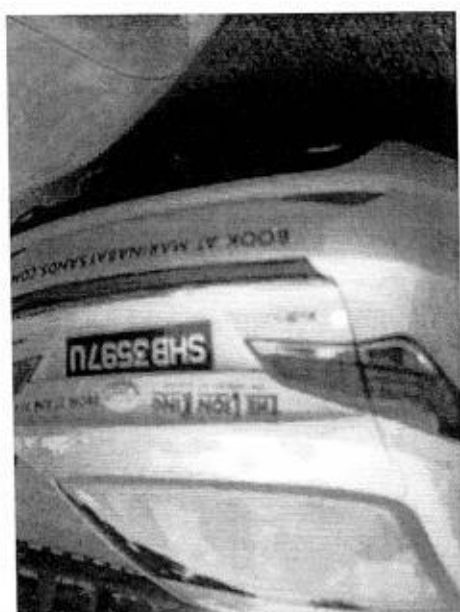
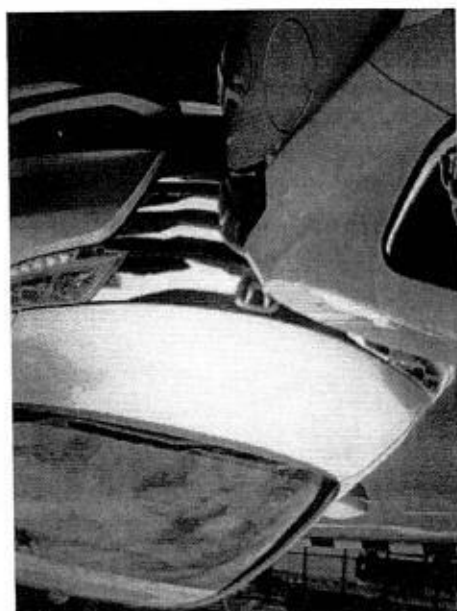
Policyholder's Signature
Date & Time:

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

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

Loke Wei Yieng





CITY CAB PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHB 3597U

DATE 31/5/2018 16:46

MAKE :

MODEL : HYUNDAI i40

Sompo
Ju
LS

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|---|--|------|------------|----------------------------------|------|
| | Rear Bumper <i>X repair Xsu</i> | | | \$ 603.60 | |
| | Rear Bumper Reinforcement <i>Xsu</i> | | | \$ 504.35 | |
| | Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i> | | \$ 180.00 | \$ 360.00 | |
| | Rear Bumper Side Bracket <i>Xsu</i> | | | \$ 49.00 | |
| | Rear Bumper Clips <i>X su</i> | | | \$ 22.00 | |
| | Rear Bumper Sponge <i>Xsu</i> | | | \$ 143.40 | |
| | Rear Bumper Under Cover <i>Xsu</i> | | | \$ 225.00 | |
| | SUB TOTAL | | | \$ 1,907.35 | |
| | LESS 20% | | | \$ 381.47 | |
| | DISCOUNTED TOTAL | | | \$ 1,525.88 | |
| | | | | | |
| | Rear Bumper Reverse Sensor <i>X su</i> | | | \$ 135.70 | Nett |
| | Rear Bumper Rubber Mat <i>X su</i> | | | \$ 50.00 | Nett |
| | Rear Bumper Advertisement Logo <i>— su</i> | | | \$ 50.00 | Nett |
| | Rear Fender Advertisement Logo (LH/RH) <i>— su</i> | | \$ 100.00 | \$ 200.00 | Nett |
| | | | | \$ 435.70 | |
| | Labour Charge | | | | |
| | Panel Beating | | | \$ 350.00 <i>100</i> | |
| | Spray Painting Charge | | | \$ 250.00 <i>200</i> | |
| | Wiring Charge | | | \$ 50.00 <i>X su</i> | |
| | R/Refix Reverse Sensor | | | \$ 120.00 <i>X su</i> | |
| | TOTAL LABOUR | | | \$ 770.00 | |
| | ESTIMATE TOTAL | | | \$ 2,731.58 | |
| <p><i>Ka Loo LKK</i> <i>1/6/8 134.6</i> <i>207</i> <i>LS</i> <i>After Repair photo</i></p> | | | | | |
| <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.</p> | | | | | |

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts for survey
- Parts prices are subject to survey
- Third party survey is on a cost basis
- Supply is subject to availability

Acknowledged by: _____
Signature: _____
Date: _____

Our Job Ref No : 305167773
Date : 04/06/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHB3597U

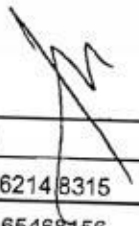
Fax :


Date of Accident : 31/05/2018

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

- The repair job shall bill to: SOMPO --- SLB8326E
- The finalized amount shall be:
(a) Spare Parts after List discount \$0.00
(b) Labour Charges ### \$550.00
Total for Part-By-Part Repair Cost \$550.00
(c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

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

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

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO18009949/K1rd3n2

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERS SINGAPORE 048623

Date : 07-06-2018



Code : SMO

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-----------------|----------------|------------|
| Insured Veh. | SLB 8326E | Veh. Inspected | SHB 3597U |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | CMTD1802309/NSW | Excess (\$) | 0.00 |
| Assign From | GRACE TEO | Assign Date | 01/06/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | KMHLB41UMEU057871 | Colour | YELLOW |
| Odometer | 297340 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|-------------|---------|
| R/H Front Tyre | 205/60 R16 | BRIDGESTONE | 7 mm |
| L/H Front Tyre | 205/60 R16 | BRIDGESTONE | 7 mm |
| R/H Rear Tyre | 205/60 R16 | BRIDGESTONE | 7 mm |
| L/H Rear Tyre | 205/60 R16 | BRIDGESTONE | 7 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 31/05/2018 | Inspection Date | 01/06/2018 |
| 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. SHB 3597U

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR BUMPER | TO REPAIR SEE LABOUR | 603.60 | - |
| 1 | REAR BUMPER REINFORCEMENT | SERVICEABLE | 504.35 | - |
| 2 | REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00 | SERVICEABLE | 360.00 | - |
| 1 | REAR BUMPER SIDE BRACKET | SERVICEABLE | 49.00 | - |
| 10 | REAR BUMPER CLIPS | NOT NECESSARY | 22.00 | - |
| 1 | REAR BUMPER SPONGE | SERVICEABLE | 143.40 | - |
| 1 | REAR BUMPER UNDER COVER | SERVICEABLE | 225.00 | - |
| | LESS 20% DISCOUNT | | -381.47 | - |
| | | | 1,525.88 | - |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | SERVICEABLE | 135.70 | - |
| 1 | REAR BUMPER RUBBER MAT (SN) | NOT NECESSARY | 50.00 | - |
| 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 |
| | | | 435.70 | 250.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER. | | 350.00 | 100.00 |
| | SPRAY PAINTING CHARGE. | | 250.00 | 200.00 |
| | WIRING CHARGE. | NOT NECESSARY | 50.00 | - |
| | R/REFIX REVERSE SENSOR. | NOT NECESSARY | 120.00 | - |
| | | | 770.00 | 300.00 |
| GRAND TOTAL | | | 2,731.58 | 550.00 |
| RECOMMENDED COST OF REPAIRS | | | | 550.00 |

Report Ref No. CS/SMO18009949/K1rd3n2

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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