

ASS. REC. BY:

REF: CS/SMO18009953/KlvD3<sup>n2</sup> Special Instruction:Surveyor: Kahin

ASSIGNMENT (Office)

From (Person): Grace Teo

of

SMODate/Time: 1/6/18 @ 9:36 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 4189M

Insured:

G21209P

at Workshop m/s

Comfort Delgro

Tel:

6214 8316

of

59 Loyang Drive

Policy No:

Claim No:

CMTD1802312/AGC

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)

D.O.A.

3/05/18CA / REV / REP. / REV 24 HRS 1up?

H.O.D. Endorsement:

Date/Time:

11:59 am 1/6/18

Person Contacted:

LamyVehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SHA 4189M - C03/FCI15004052/Kvbu2</u>
	<u>G21209P-x</u>
<u>4/6/18</u>	<u>Email preli revised to Grace Teo</u>

(08/11/13)

Investor: Kalvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

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: \_\_\_\_\_

IDAG 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: SHA 4189M Yr Regn: 8 Dec 2016

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685...Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 168706 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HLD 414MH 409 6703Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Ho KokoFront: 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 3/5/18 D.O.I. 1/6/18Survey held at CAGE (Loyang)

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
4/6/18	Initial P/P \$ 300 / 2 hrs. (Red >181.58, 88%) <u>Saggo P/P</u>

RECEIVED 05 JUN 2018

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 4/6 - typistReport Format: TPLump Sum / I.B.I: (\$ 300/2)Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

250



# 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/SMO18009953/K1vd3	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERS SINGAPORE 048623		Date : 01-06-2018	
		Code : SMO	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GZ 1209P	Veh. Inspected	SHA 4189M
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1802312/AGC	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	01/06/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	31/05/2018	Inspection Date	01/06/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
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

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: CMTD1802312/AGC  
Our ref: CS/SMO18009953/K1vd3

Date :4/6/2018

The Motor Claims Department  
M/s SOMPO INSURANCE SINGAPORE PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO.SHA 4189M**

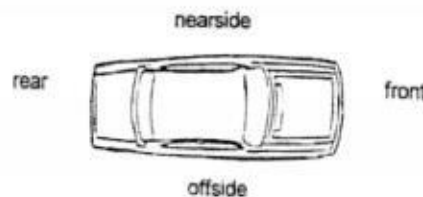
We thank you for your instruction on 1/6/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 1/6/2018 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$2,481.58
Revised Estimate Amount	: S\$300.00
"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 Ang**  
**Automotive Assessor**

## Veron Chen (LKKAUTO)

---

**From:** Veron Chen (LKKAUTO)  
**Sent:** Monday, 4 June 2018 8:47 AM  
**To:** 'Teo, Grace'  
**Cc:** 'Chan, Shu Hui Agnes'; 'Ye, Yong Kang Melvin'; SUR  
**Subject:** RE: CMTD1802312/AGC - SUV(LKK)/ GZ1209P & SHA4189M ACC ON 31.05.18  
**Attachments:** SHA 4189M PRELI ADVISED.pdf

Dear Grace,

Enclosed preliminary revised of vehicle SHA 4189M  
Date of survey: 1/6/2018  
Number of days: 2 days

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)

---

**From:** Admin-D (LKKAUTO)  
**Sent:** Friday, 1 June 2018 12:01 PM  
**To:** 'Teo, Grace' <grace.teo@sompo.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** 'Chan, Shu Hui Agnes' <agnes.chan@sompo.com.sg>; 'Ye, Yong Kang Melvin' <melvin.ye@sompo.com.sg>; SUR <sur@lkkauto.com>  
**Subject:** RE: CMTD1802312/AGC - SUV(LKK)/ GZ1209P & SHA4189M ACC ON 31.05.18

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

---

**From:** Teo, Grace [<mailto:grace.teo@sompo.com.sg>]  
**Sent:** Friday, 1 June 2018 9:36 AM  
**To:** [admin-d@lkkauto.com](mailto:admin-d@lkkauto.com); [assignments@lkkauto.com](mailto:assignments@lkkauto.com)  
**Cc:** Chan, Shu Hui Agnes <[agnes.chan@sompo.com.sg](mailto:agnes.chan@sompo.com.sg)>; Ye, Yong Kang Melvin <[melvin.ye@sompo.com.sg](mailto:melvin.ye@sompo.com.sg)>  
**Subject:** CMTD1802312/AGC - SUV(LKK)/ GZ1209P & SHA4189M ACC ON 31.05.18

Our Reference: CMTD1802312/AGC

Dear LKK AUTO,

Please contact Larry Ng at 6214 8316 to make arrangement to conduct the survey for SHA4189M.

Please be informed that Agnes Chan 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](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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## Nivitha (LKK Auto)

---

**From:** Teo, Grace <grace.teo@sompo.com.sg>  
**Sent:** Friday, 1 June 2018 9:36 AM  
**To:** admin-d@lkkauto.com; assignments@lkkauto.com  
**Cc:** Chan, Shu Hui Agnes; Ye, Yong Kang Melvin  
**Subject:** CMTD1802312/AGC - SUV(LKK)/ GZ1209P & SHA4189M ACC ON 31.05.18

Our Reference: CMTD1802312/AGC

Dear LKK AUTO,

Please contact Larry Ng at 6214 8316 to make arrangement to conduct the survey for SHA4189M.

Please be informed that Agnes Chan the handler of this case.

Best Regards

**Grace Teo**

Claims Division

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



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

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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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	31/05/2018 16:57
Date Of Accident	31/05/2018 12:00
Exact Location Of Accident	MARSILING MALL MULTI STOREY CAR PARK.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4189M
<b>Insured/Policyholder</b>	
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	YEO SIEW LENG
NRIC No	S6901200J
Date Of Birth	08/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94887500
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	771 10-182 WOODLANDS DRIVE 60
Postcode	730771
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	COLLIDED INTO PARKED VEHICLE
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)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACH.

#### Attachment(s)

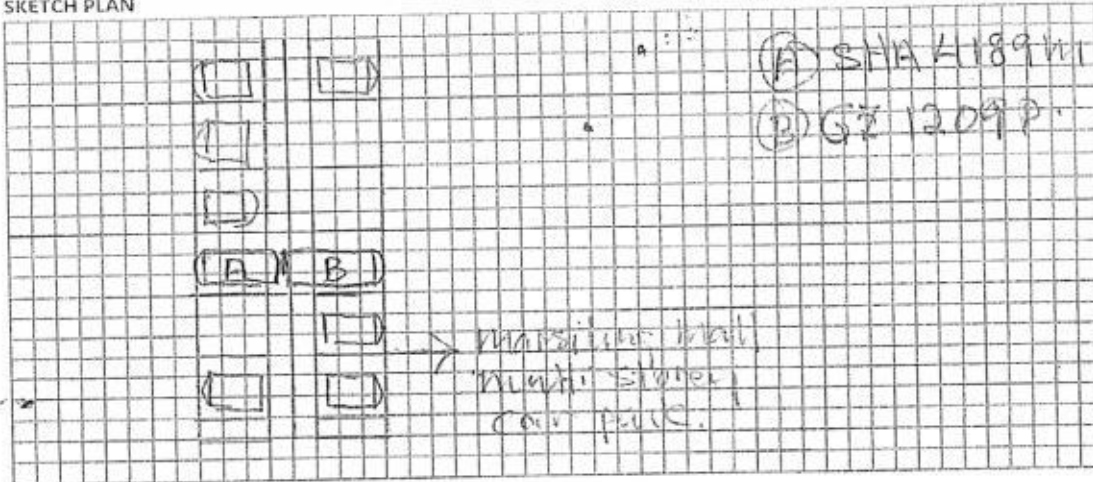
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ1209P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE CHNG PHOW
NRIC/Passport Number	S2044268I
Contact Number	91898435
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/5/2018 at about 1200 hrs, I vehicle A parked my taxi at multi storey car park in marshing mall. At that time I parked at the lot, but no vehicle behind my taxi. After an hour later I went back to my taxi I saw a vehicle B lean against my taxi back. Then I waited for the driver to come. So vehicle B driver came he offer me fifty dollar for repair. But I didn't except and he ask me to lodge a report.

## DECLARATION

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

COMFORT TRANSPORTATION CO.  
CC REG. NO. 18001, 2018

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

31/5/18  
Jackson Heng  
CSO

JACKSON

## 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.

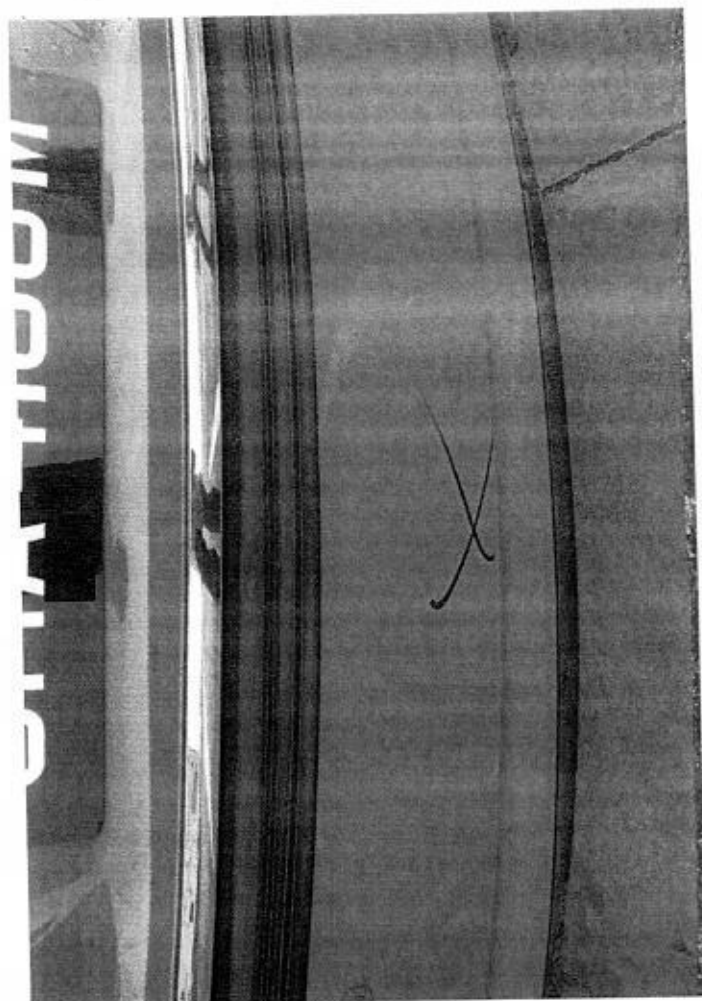
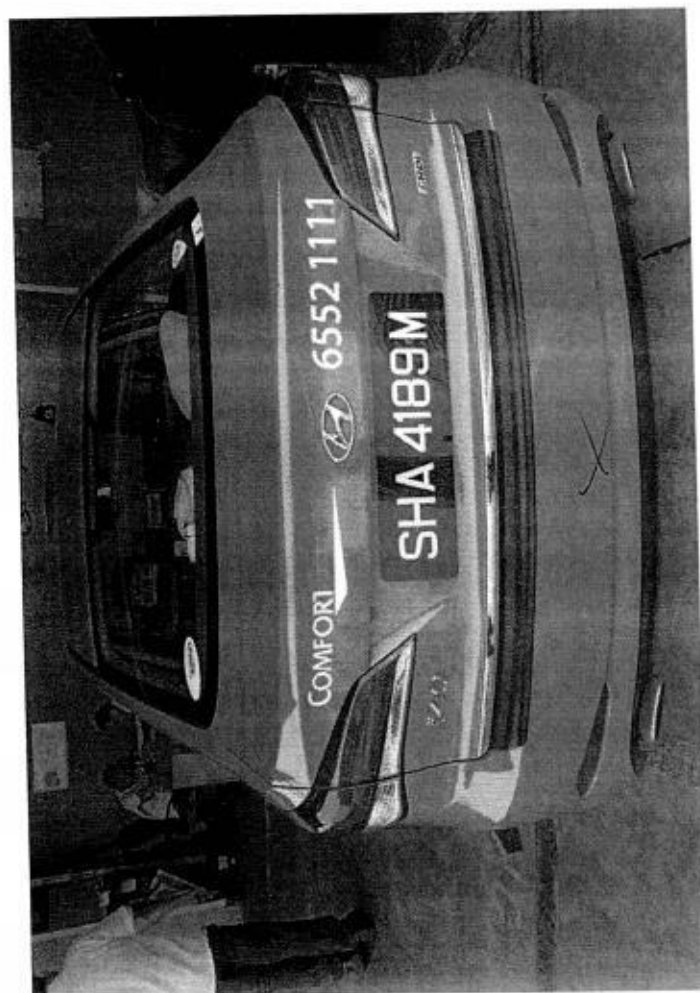
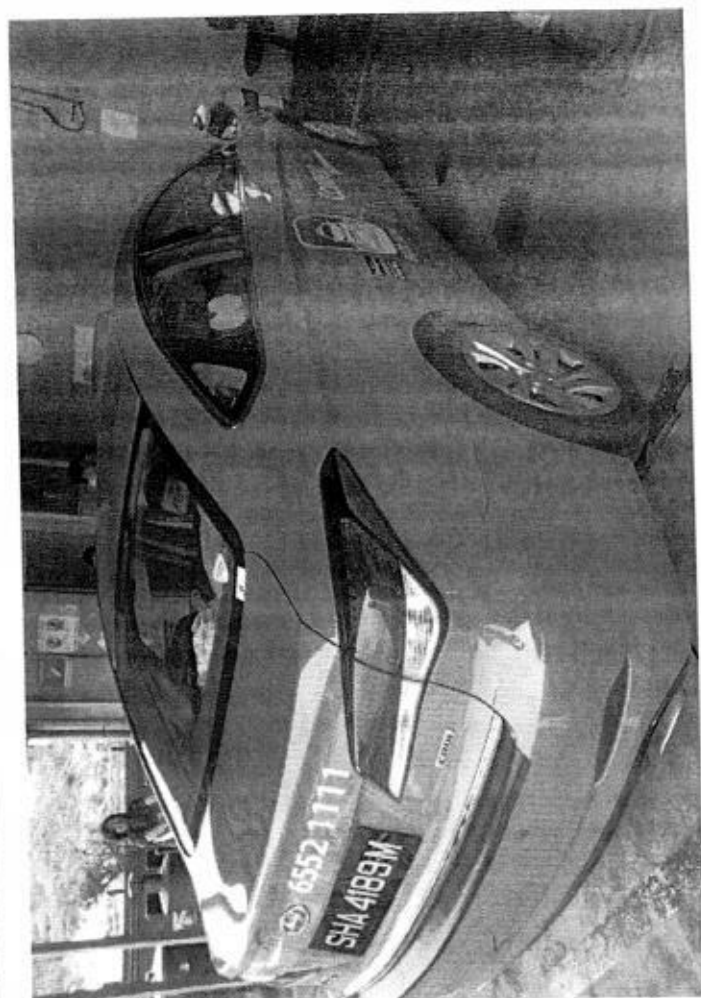
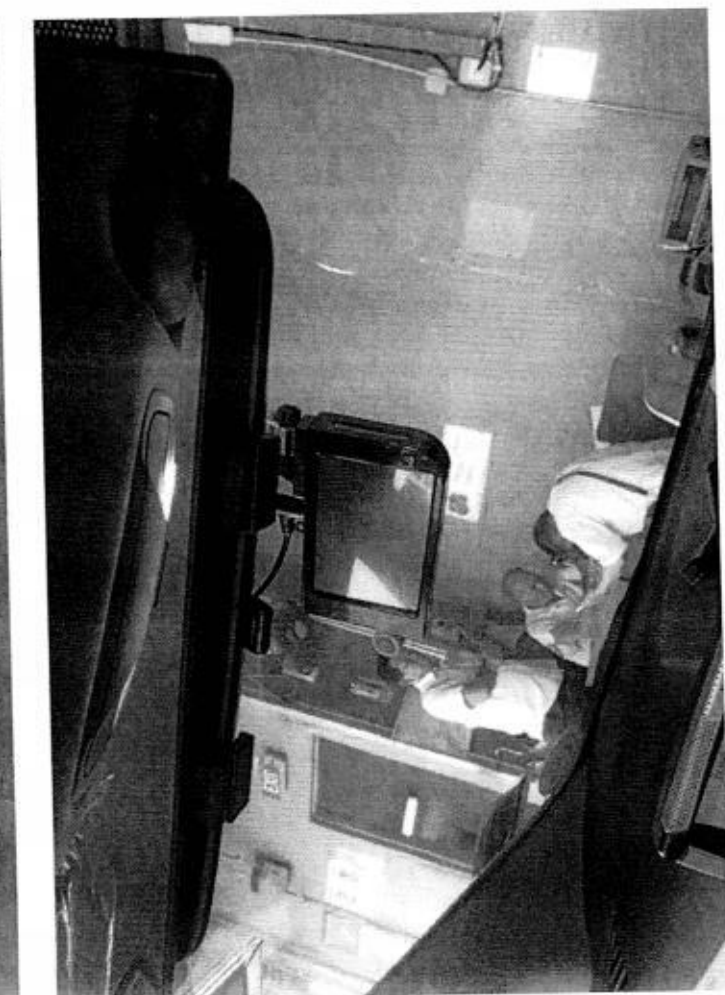
31/5/18  
Jackson Hong  
CSO

UMFORD TRANSPORTATION PTE LTD  
C. REG. NO. 150002821R

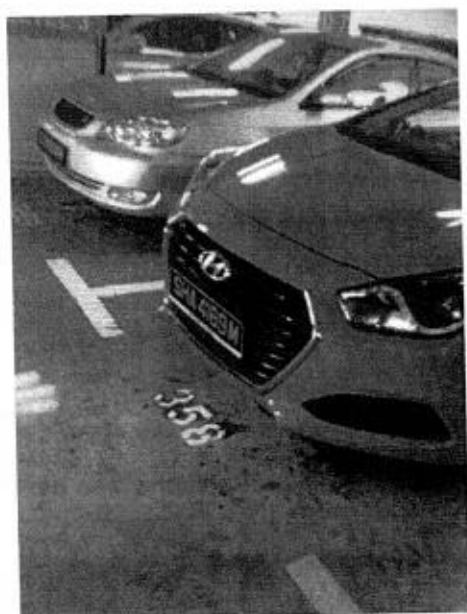
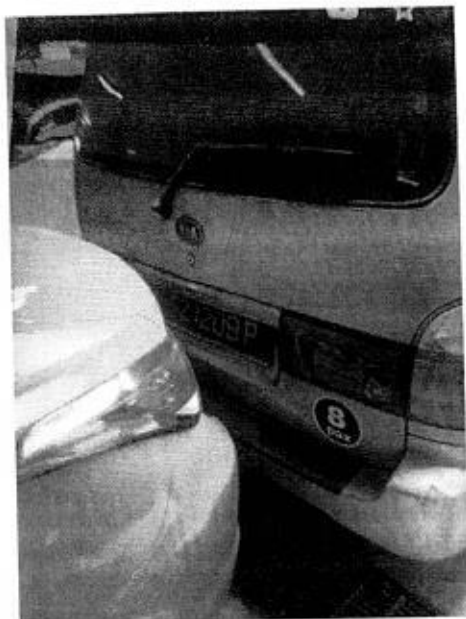
Policyholder's Signature  
Date & Time:

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

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







Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO305167776

CUSTOMER  VMS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L (R) 65508755 (O) (P)  SCOUNT CARD NO.	REGN NO. SHA4189M	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 31.05.2018 15:00
	YR OF MANU. 08.12.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMHU096703	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 31.05.2018  
NATURE: 3P 31.05.2018

Q / NO	LABOR CODE	DESCRIPTION
	SOMPO - taxi	Rear damage

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
e: lo.: le No.: SHA4189M LARRY		Vehicle No.: SHA4189M	
Signature/Date		Date	
e of Service Advisor		Name of Service Advisor	
returned to Service Reception upon collection		To be kept by Security Guard	

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 4189M

MAKE :

MODEL : HYUNDAI i40

SOMPO

DATE 31/5/2018 15:13

DOA: 31.05.18 PP

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X Rep</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>X su</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>X su</i>			\$ 49.00	
	Rear Bumper Clips <i>X su</i>			\$ 22.00	
	Rear Bumper Sponge <i>X su</i>			\$ 143.40	
	Rear Bumper Under Cover <i>X su</i>			\$ 225.00	
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>	
	<b>LESS 20%</b>			<b>\$ 381.47</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>	
	Rear Bumper Reverse Sensor <i>X su</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>X su</i>			\$ 50.00	Nett
				<b>\$ 185.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>350.00</del> <sup>100</sup>	
	Spray Painting Charge			\$ <del>250.00</del> <sup>200</sup>	
	Wiring Charge			\$ <del>50.00</del> <sup>X 95</sup>	
	R/Refix Reverse Sensor			\$ <del>120.00</del> <sup>600</sup>	
	<b>TOTAL LABOUR</b>			<b>\$ 770.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,481.58</b>	

Kaharullah

1/6/8 1370 L

200

PIP

After Repair

Larry Ng

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to change on a regular basis
- Third party labour is subject to change on a regular basis
- No illegal modification must be carried out and
- Supplier must be approved by LKK Auto Consultants

Acknowledged: \_\_\_\_\_  
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.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.06.2018

Time: 11:33:28

REPAIR ESTIMATE

Page: 1

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

JOB NO : 305167776  
REGN NO : SHA4189M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 08.12.2016  
DATE/TIME IN : 31.05.2018 15:00  
ACCIDENT DATE : 31.05.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

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PART REQUISITION

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SUB-TOTAL : 0.00

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JOB NATURE

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0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

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MVA NAME & SIGNATURE  
DATE :

---

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305167776

Date : 4. Jun. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4189M

Date of Accident: 31.05.2018

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

1. The repair job shall bill to: **SOMPO** **GZ1209P**

2. The finalized amount shall be:

(a) Spare Parts after List discount 1

(b) Labour Charges \$300.00

**Total for Part-By-Part Repair Cost** \$300.00

(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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

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				
3. Survey Fees				
4. LTA Search Fee				
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/SMO18009953/K1vd3n2

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.	GZ 1209P	Veh. Inspected	SHA 4189M
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1802312/AGC	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.	201
Chassis No.	KMHLB41UMHU096703	Colour	BLUE
Odometer	164706	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	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 REAR PORTION. DAMAGES SEE DETAILS.
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## 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.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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Page No.: 1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4189M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
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	-
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSES ENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			185.70	-
<b>LABOUR</b>				
	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
<b>GRAND TOTAL</b>			<b>2,481.58</b>	<b>300.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>300.00</b>

Report Ref No. CS/SMO18009953/K1vd3n2

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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