

ASS. REC. BY:

REF:

CS/MSG18010328/KHd3ⁿ²

Special Instruction:

Survivor
Menmen

Kalvin

ASSIGNMENT (Office)

From (Person):

Chhia Nyuk Pui

of

MSG

Date/Time:

06/06/2018 @ 4:09pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 1991 H

Insured:

SKX8555G

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

59 Layang Drive

Policy No:

28639414 QMX

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/05/2018

CA / REV / REP. / REV 24 HRS

up

07/06/2018

H.O.D. Endorsement:

Date/Time:

5:21pm @ 6/6/18

Person Contacted:

Fauzy

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHA 1991 H - X

SKX 8555G - X

05/6/18 @ 10:35am

revised to Chhia Nyuk Pui via menmen.

11/6

REF: MSIG

ASSIGNMENT

From

Date: 07/06/18

Veh No:

SHA 1991H

Yr Regn:

8 Apr 2014

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

SHA 1991H

Make:

Hyundai I40

C.C.

1685

at Workshop no:

Colour:

Blue

A/C:

Insured / Std / NI / NA

of

Sp. Reading

574371

T/Radio: Insured / Std / NI / NA

Insured

Eng/No:

Policy No.

Ci/No:

KMHLEB414ME405258K

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

F:

205/60R16

R:

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

N/S	O/S

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

TOYO / YOKO or

West Hill

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

7

mm

R/Bal.

7

mm

GIA / PR / Seen:

Consistent? : Yes or No

L/Bal.

7

mm

L/Bal.

7

mm

Est. Repairs:

2

days

Res.: Yes or No

D.O.A.

29/5/18

D.O.I.

7/6/18

Lump Sum:

%

3 Val.: Yes or No

Survey held at

C/AE (Layang)

CA / REV /

REP. /

24 HRS

1 up

Vehicle: IN / OUT

Date:

Person Contacted:

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

11/6/18

Landed 45 \$950 / 2 up. (Red 1887.78, 67%)

4/1

RECEIVED 12 JUN 2018

Date/Time: File Pass to?

☐

Preli. Report

11/6/18 Typist

☐

Final Report

Date/Time: File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation

150
10

) \$ + RS \$

1 Photos

1 Others

TOTAL

160

Report Format :

MER-7P

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

950

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Workshop (\$)




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			
MSG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG18010328/K1td3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 06-06-2018	
		Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKX 8555G	Veh. Inspected	SHA 1991H
Policy No.	28639414QMX	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (CHHIA NYUK PUI)	Assign Date	06/06/2018
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	29/05/2018	Inspection Date	
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.			

Note: This document has not been finalised.

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Chhia Nyuk Pui

Date: 08 Jun 2018

Preliminary Advice

Insured Vehicle No	: SKX8555G	Accident Date	: 29/05/2018
TP Vehicle No	: SHA1991H	Assignment Date	: 06/06/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 07/06/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,837.78
Revised Amount	:S\$	1,175.48
Check Items (Estimated)	:S\$	845.40
Total	:S\$	2,020.98

Lump Sum Repair	:S\$
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Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Auth'd	Status
Main	06 Jun 2018		06 Jun 2018 16:09 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	LIEW ZHEMIN BENJAMIN, ID: S85065761		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA1991H	Date of Loss:	29/05/2018 00:00 - :59 [49 Months and 21 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	28639414QMX Coverage: 09/11/2017 - 08/11/2018
Vehicle Reg. No. (Insured):	SKX8555G	Policy No. (Claimant):	
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 07/06/2018]		
Adj Asg. Remarks:	Car In. on WP. Please contact us ASAP if you cannot attend this assignment. Liability unclear. Non-Reporting.		

ASSOCIATED MAIL RECEIVED

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

There are no mail for this case.

ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete

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

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	30/05/2018 16:24
Date Of Accident	29/05/2018 17:40
Exact Location Of Accident	SOUTH BRIDGE RD X UPP PICKERING ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1991H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	HENG HOW SENG
NRIC No	S1476205A
Date Of Birth	20/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90126391
Fax Number	
Contact Number	
Email Address	HENGHOWSENG@GMAIL.COM

Address	BLK 272 BANGKIT ROAD #10-42
Postcode	670272
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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	SKX8555G
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW ZHEMIN BENJAMIN
NRIC/Passport Number	S8506576I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
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. 199303821R

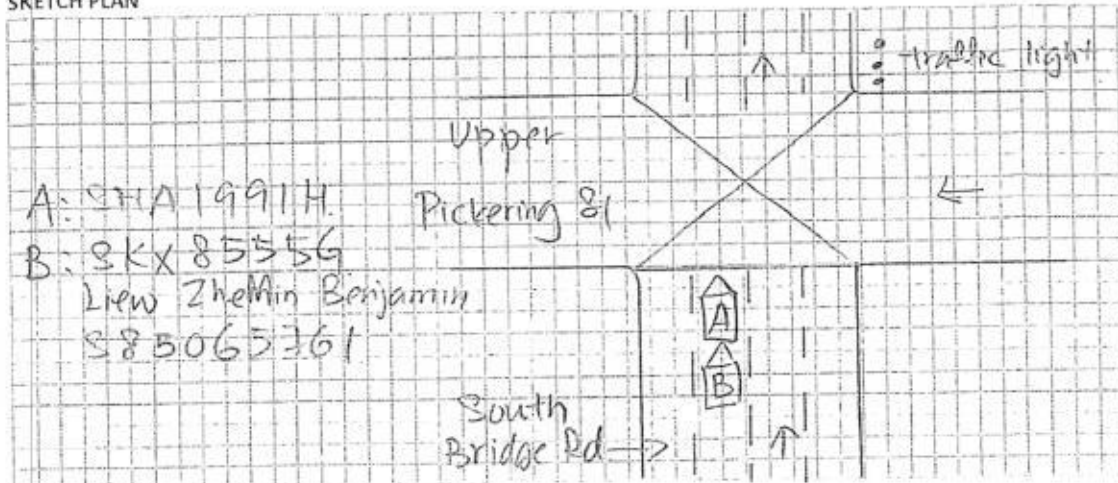
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/5/18 at about 17:40 hrs, my taxi stopped at the traffic junction of South Bridge road and upper pickering street.

Shortly after the traffic light turned to green, I slowly moving forward. In the midst, I heard a sound from my behind followed a minor jerk. A car 8KX 8555G collided onto the rear portion of my taxi. Thereafter, we pulled our car aside and have a check, the car front licence plate, sustained damage in this accident. and front portion We did exchange particulars for claim purposes.

No passenger in my taxi. No injury at the point of accident.

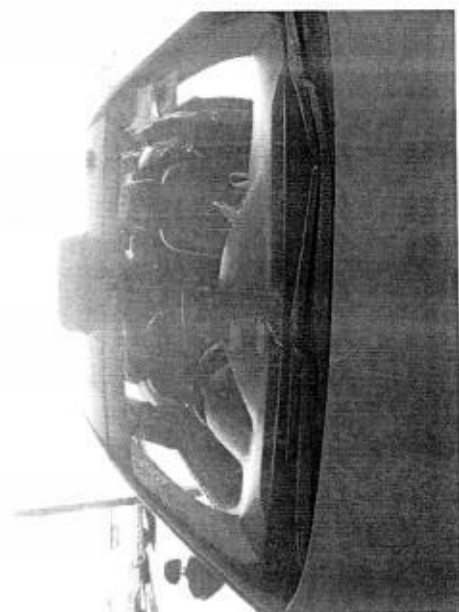
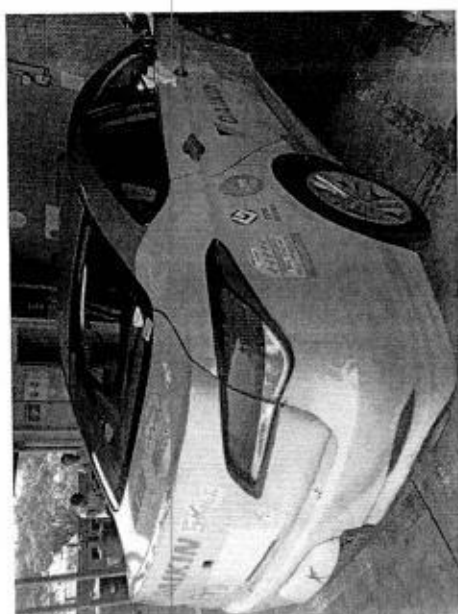
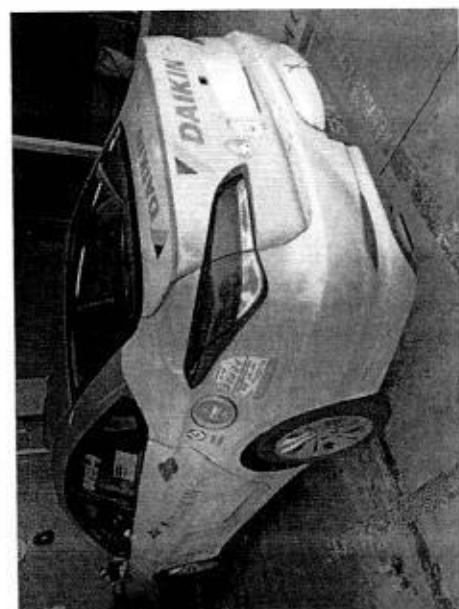
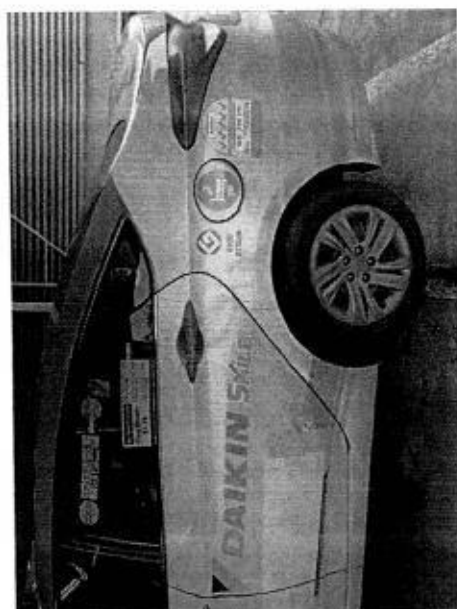
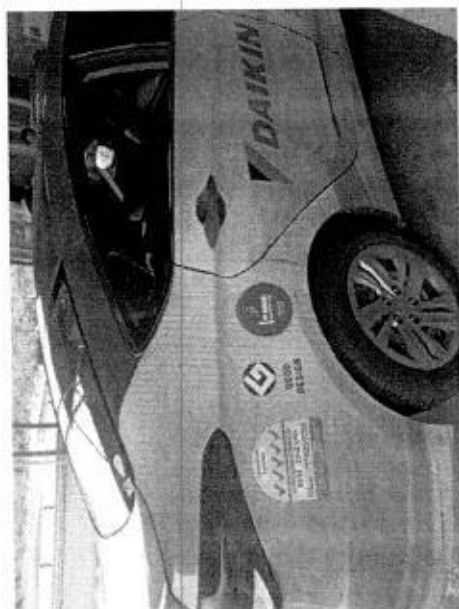
DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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



ApeosPort-IV C5570

Transmission Report

G3-JD
Local Name
Company Logo

Date & Time : 04/06/2018 13:18
Page : 1 (Last Page)

The job has been sent.
Original Size: A4

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
85 Luyang Drive Singapore 508999

Our Ref: 305109017
Date: 4/6/18
Time of Fax: 1310h

Via Fax: 62213147
Your Insured: SKX8555 G
Date of Acc: 29/5/18

Attn: Motor Claims Department
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH A7991H

Our client has engaged us to repair the above vehicle and submit claims against the other party/parties involved in the accident.

In accordance to the motor claims framework, we hereby request your presence at 89 Luyang Drive, Singapore 508999 to survey our client's damaged vehicle.

Enclosed, please find:

- Our initial estimate of repairs of the damaged vehicle;
- Accident report made by our client.

I would appreciate it if you could call us to arrange for the survey of the vehicle:-

• Lim Kwok Eng	Tel: 6214 8316 or HP: 9824 0811	} Fax no. 6546 8158 PLS CALLED
• Larry Ng Nyuk Phin	Tel: 6214 8316 or HP: 9230 2824	
• Lim Tien Siong	Tel: 6214 8398 or HP: 9638 8546	
• Chiang Lai Choon	Tel: 6214 8314 or HP: 9298 8096	
• Jumanji Bin Masudin	Tel: 6214 8316 or HP: 9635 5305	
• Fauzy Bin Mokhtar	Tel: 6214 8316 or HP: 6125 9176	

If we do not hear from you within the next 48 hours, we shall deem that you have waived your rights to survey our client's vehicle and we shall proceed to engage independent surveyor without further reference to you. We henceforth reserve our rights to claim for Loss of Use and Loss of Rental during any delayed period of this survey arrangement.

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.

Thank you.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery

#	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	9096 62213147		6- 4; 13:16	1:12	8/8	Super G3		Completed

A member of COMFORTDELGRO

Date/Time: 04.06.2018 11:13

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 3829108

JC NO305169017

CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO: SHA1991H	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 04.06.2018 10:00
	YR OF MANU. 08.04.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU052584	COMPLETION DATE/TIME:

Accident Date: 29.05.2018
NATURE: 3P 29.04.18/B

JOB DESCRIPTION

SL/NO	LABOR CODE	DESCRIPTION
-------	------------	-------------

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.: **SHA1991H**

FZ MSIG

Vehicle No.:

SHA1991H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 1991H

DATE 4/6/2018 11:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Rebuilt</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X sue</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X sue</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X sue</i>			\$ 49.00
	Rear Bumper Clips <i>me</i>			\$ 22.00
	Rear Bumper Sponge <i>X sue</i>			\$ 143.40
	Rear Bumper Under Cover <i>X sue</i>			\$ 225.00
	Rear Bumper Reflector Lamp (LH/RH) <i>X sue</i>		\$ 32.00	\$ 64.00
	License Lamp Cover <i>X repair</i>			\$ 100.00
SUB TOTAL				\$ 2,071.35
LESS 20%				\$ 414.27
DISCOUNTED TOTAL				\$ 1,657.08
	Rear Bumper Reverse Sensor <i>X na</i>			\$ 135.70
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00
	Rear No. Plate <i>me</i>			\$ 25.00
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>		\$ 100.00	\$ 200.00
				\$ 410.70
Labour Charge				
	Panel Beating			\$ 350.00 <i>200</i>
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X na</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>X na</i>
TOTAL LABOUR				\$ 770.00
ESTIMATE TOTAL				\$ 2,837.78

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.

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 confirmation
- Third party survey is on a "Without Prejudice" basis
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Kahin 10/10/1

7/6/18 1020 hrs

2 days

After Repair photo

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305169017
Date : 08.06.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHA1991H Date of Accident : 29.05.2018

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


1. The repair job shall bill to: MSIG --- SKX8555G
2. The finalized amount shall be:
- | | |
|--|-----------------|
| (a) Spare Parts after List discount | <u>\$0.00</u> |
| (b) Labour Charges | <u>\$0.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$0.00</u> |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: <u>20%</u> | <u>\$950.00</u> |
| Final Lumpsum Repair cost | <u>\$950.00</u> |


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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : K a/h h
Date : 11/6/18

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 (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: CS/MSG18010328/K1TD3N2

Date: 13/06/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	28639414QMX
Claimant Vehicle No :	SHA1991H	Insured Vehicle No :	SKX8555G
Date of Loss:	29/05/2018	Nature of Claim:	TP
		Claim No:	N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA1991H		
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Engine No:	D4FDFU501114
Reg. Date:	08/04/2014 (Man. Year: 2014)	Chassis No:	KMHLB41UMEU052584
Colour:	Blue	Odometer:	574371 km
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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	205/60 R16	Rear Tyre Size:	205/60 R16
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	2,067.78	775.48	1,292.30	62.50
Miscellaneous Items	0.00	0.00	0.00	
Labour	770.00	400.00	370.00	48.05
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,837.78	1,175.48	1,662.30	58.58
Approved Total (Overridden) (S\$)		950.00		
(S\$)	2,837.78	950.00	1,887.78	66.52
+ GST 7.00/7.00% (S\$)	198.64	66.50	132.14	66.52
Nett Amount (S\$)	3,036.42	1,016.50	2,019.92	66.52

INSPECTION

Date of Assignment: 06/06/2018

Date Inspected: 07/06/2018 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: DENISE TAY KWEE CHENG

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: 13 Jun 2018)
Parts:	143	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA1991H)	
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 REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2	*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	360.00 FL	*- FL
4	1	*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
5	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1	*REAR BUMPER UNDER COVER	Serviceable	225.00 FL	*- FL
8	2	*REAR BUMPER REFLECTOR LAMP (LH/RH)	Serviceable	64.00 FL	*- FL
9	1	*LICENSE LAMP COVER	Repair	100.00 FL	*- FL
10	1	*REAR BUMPER REVERSE SENSOR	Not Necessary	135.70 FS	*- FS
11	1	*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
12	1	*REAR NO PLATE	Cracked	25.00 FS	*25.00 FS
13	2	*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 FS	*200.00 FS

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

Sub Total (S\$)	2,482.05	900.60
- List Item Discount on L Items 20.00/20.00% (S\$)	414.27	125.12
Total Parts (S\$)	2,067.78	775.48

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	-
4	R/REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (S\$)			770.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >