

ASS. REC. BY:

REF: CS/TML/8010379/Klgbn2

Special Instruction:

Survivor

ASSIGNMENT (Office)

Niermen

From (Person):

Fiona Gan

of

TML

Date/Time:

07062018 227pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 7846U

Insured:

SBW 8882Z

at Workshop m/s

Comfort Delgro

Tel:

of

59 Wyang Drive

Policy No:

MH001928

Claim No:

M1802839

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16062018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 7846U - X

SBW 8882Z - X

Kalin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect 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: \_\_\_\_\_

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: \_\_\_\_\_

SHC 78464

Yr Regn: \_\_\_\_\_

6 Mar / 2018

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

Truck / Trailer or

Make: \_\_\_\_\_

Hyundai I40

C.C

1685

Colour: \_\_\_\_\_

Yellow

A/C

Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

448853

T/Radio: Insured / Std / NI / NA

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

C/No: \_\_\_\_\_

KM HLB414ME4 0485-95

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

205/64R16

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

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

TOYO / YOKO or

Carpenter

Front

Rear

R/Bal. \_\_\_\_\_

7

mm

R/Bal. \_\_\_\_\_

7

mm

L/Bal. \_\_\_\_\_

7

mm

L/Bal. \_\_\_\_\_

7

mm

D.O.A. \_\_\_\_\_

6/6/18

D.O.I. \_\_\_\_\_

7/6/18

Survey held at \_\_\_\_\_

CDHE (Loyang)

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

o/s Front.

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

Date / Time

Action / Instruction

8/6/18

Continue 1. 4/54850/2672 (Ref 152478.72, 742)

TKio  
42

RECEIVED 11 JUN 2018

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: \_\_\_\_\_

✓

Date/Time, File Return to?

☐

Final Report

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

250

Transportation

10

S + RS \$

Photos

Other

Add Fee: \_\_\_\_\_

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

Report Format: \_\_\_\_\_

MER-TP

260

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Jun 2018 Sendback Est	07 Jun 2018 12:14 S\$3,328.72	07 Jun 2018 14:27 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

## CLAIM SUBFOLDER DETAILS

Insured:	PACIFIC ORION MARKETING, Co. Reg. No.: 52869422K		
Main Claimant:	CITYCAB PTE LTD		
Vehicle Reg. No.:	SHC7846U	Date of Loss:	06/06/2018 00:00 - :59 [51 Months From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	MH001938 (Comprehensive)
Vehicle Reg. No. (Insured):	SBW8882Z	Policy No. (Claimant):	
		Excess:	S\$2,000.00
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 Fiona Gan Bee Song - 65926378]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 19/06/2018]		

## 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	07/06/2018 10:26
Date Of Accident	06/06/2018 18:10
Exact Location Of Accident	YIO CHU KANG LINK X YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7846U
<b>Insured/Policyholder</b>	
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	TAN WAN CHUAN
NRIC No	S1753331B
Date Of Birth	16/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81261667
Fax Number	
Contact Number	
Email Address	TANWANCHUAN@YAHOO.COM.SG

Address	514 #02-280 SERANGOON NORTH AVENUE 4
Postcode	550514
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SERANGOON N NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	SBW8882Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

• Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN

A = SHC 78464  
B = SBW 8882Z

Yio Chu Kang Link X  
Yio Chu Kang Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report No. T/20180606/2189

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839r

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

Teo Yen Yee

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180606/2189

1 of 3

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20180606/2189

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/06/2018 19:02	Vide Report No.:	Station Diary No.: 30
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: TAN WAN CHUAN			Address: APT BLK 514 SERANGOON NORTH AVENUE 4 #02-280 SINGAPORE 550514		
ID Type / ID No.: NRIC NO / S1753331B			Contact No.: Home/Office: Mobile: 81261667		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 16/09/1966	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/06/2018 18:10	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD YIO CHU KANG LINK JUNCTION OF YIO CHU KANG ROAD TOWARDS YIO CHU KANG LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBW8882Z	Car	HONDA		Grey		0
SHC7846U	TAXI	HYUNDAI		Yellow	Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



## Sketch Plan Pg. 3



SINGAPORE  
POLICE FORCE



T/20180606/2189

2 of 3

Report No. T/20180606/2189

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

## CONTINUATION OF REPORT

Driver			
Name	TAN WAN CHUAN		ID No. S1753331B
Related Vehicle	SHC7846U (TAXI)		Contact No. 81261667
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06.06.2018 at about 1810hrs, I was travelling (my taxi, SHC7846U) along Yio Chu Kang Road towards Yio Chu Kang link approaching the junction on the 2nd lane. *from left*

While approaching the junction, a car (SBW8882Z) on the 1st lane swerved into my lane without signaling that caused me to do an emergency-brake. *middle lane*

Shortly after, I heard a loud thud sound and I noticed the car collided onto my front right bumper. I sounded the horn to the driver however the driver did not stop and drove away.

I did not managed to chase after him as I had a passenger onboard. Subsequently, after I alight my passenger I proceed to the nearby police station to lodge a report.

	SN 154
	Signature: <i>A. Tan Wan Chuan</i>
Singapore Police Force	

*AG Tan Wan Chuan*



**SINGAPORE  
POLICE FORCE**



T/20180606/2189

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

3 of 3

Report No. T/20180606/2189

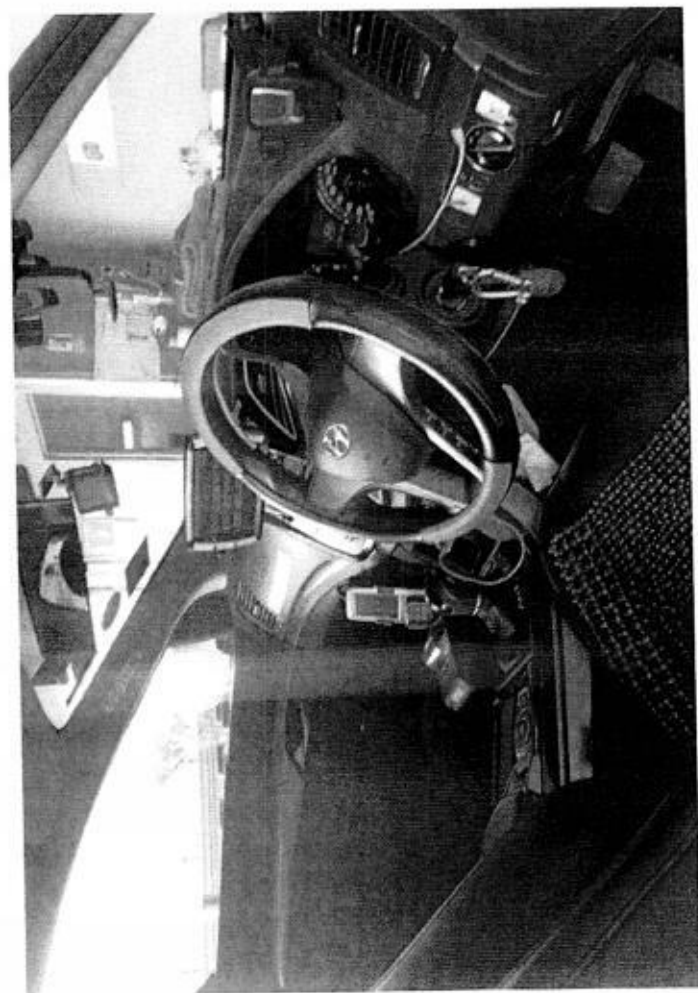
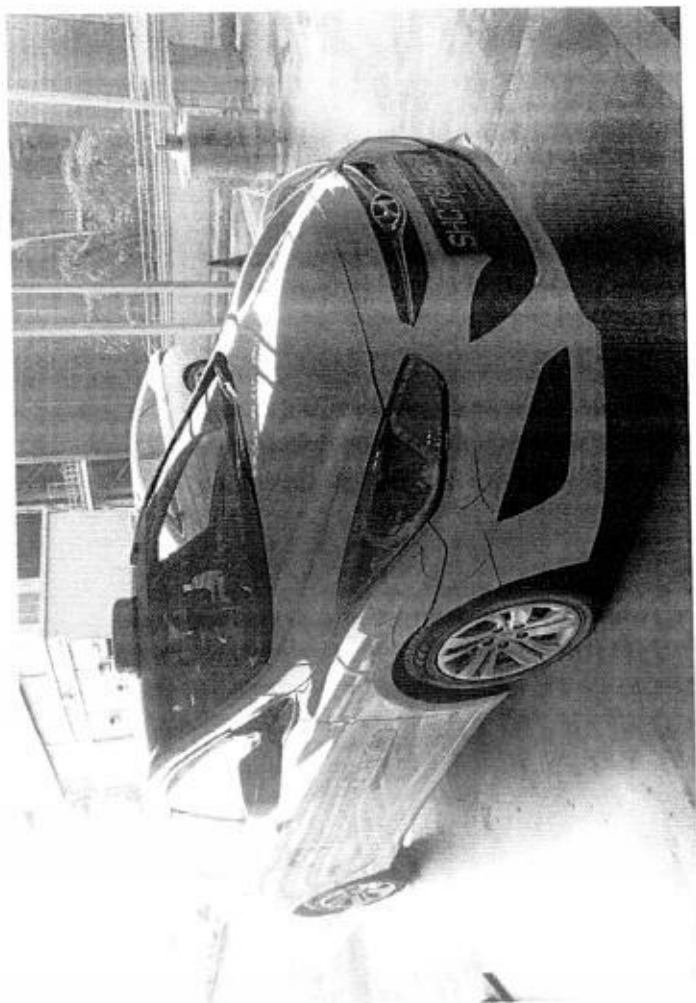
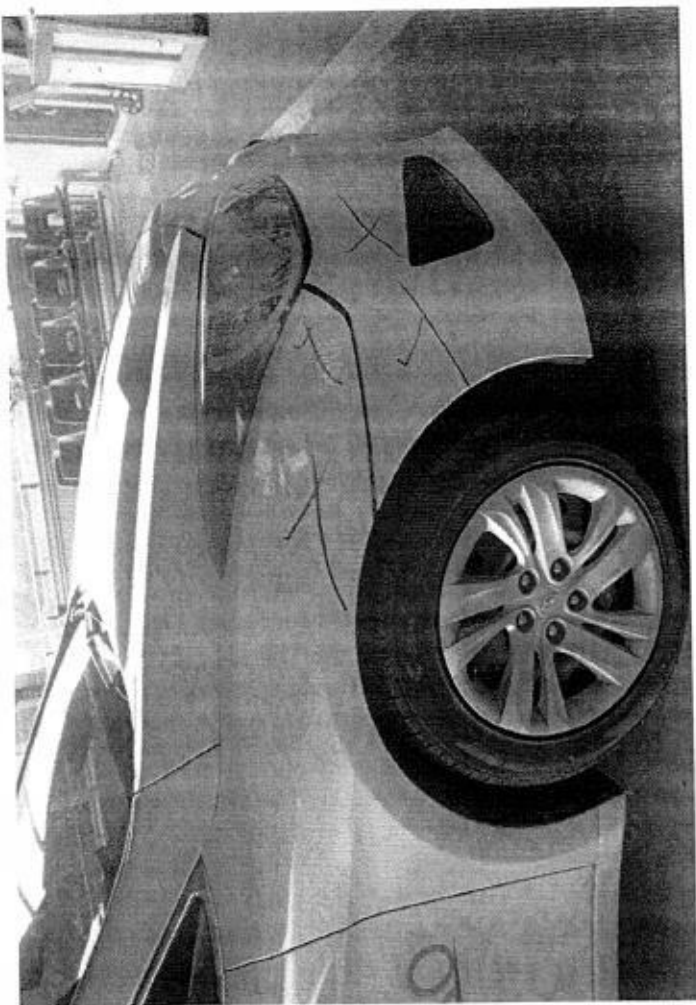
CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 3 GALVIN TAN GUAN YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2018 19:02
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp NP168	SN 154
Signature:	



Date/Time: 07.06.2018 11:24

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC No 305170793

CUSTOMER

CITYCAB PTE LTD  
VMS 7010070  
CUSTOMER NO 383 SIN MING DRIVE  
ADDRESS Singapore SINGAPORE 575717  
L 65551188 (R) (O)  
(P)

SCOUNT CARD NO.

REGN NO: SHC7846U

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL 1-40

DATE/TIME IN 07.06.2018 09:00

YR OF MANU 06.03.2014

TARGET DATE

CHASSIS CODE KMHLB41UMEU048595

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.06.2018  
NATURE: 3P 06.06.2018

S/NO	LABOR CODE	DESCRIPTION
		TOKIO - taxi Right Front damage
		LEIC/Kelvin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC7846U LARRY

Vehicle No.: SHC7846U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

3 returned to Service Reception upon collection

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)  
**CITYCAB PTE LTD**

Singapore

**PARTICULARS OF CLAIM**

<b>Claim Type:</b>	THIRD PARTY	<b>Ref. No:</b>	
<b>Policy No:</b>		<b>Date of Loss:</b>	06/06/2018
<b>Vehicle Reg. No.:</b>	SHC7846U	<b>Driveable?</b>	YES
<b>Party At Fault:</b>	UNKNOWN		
<b>Make/Model:</b>	HYUNDAI I40, 1.7 D CRDI (A)	<b>Vehicle Reg. Date:</b>	06/03/2014
<b>Vehicle Colour:</b>	YELLOW	<b>Gen Condition:</b>	GOOD
<b>Engine No:</b>	D4FDDU395094	<b>Chassis No:</b>	KMHLB41UMEU048595
<b>Odometer:</b>	448848 KM		
<b>Paint Type:</b>			
<b>List Item Discount:</b>	20.00 %		
<b>Total Loss?</b>	NO		
<b>Est. Duration of Repair (day)</b>	4		
<b>Present Location:</b>	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	2,278.72
Miscellaneous Items	10.00
Labour	1,040.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>3,328.72</b>
<b>+ GST 7.00% (S\$)</b>	<b>233.01</b>
<b>Nett Amount (S\$)</b>	<b>3,561.73</b>

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: 07 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: ComfortDelGro Engineering Pte Ltd/SHC7846U/07/06/2018 12:14

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		*FRONT BUMPER <i>Return</i>	20.00	0.00	*562.30 FL
2	1		*FRONT BUMPER SIDE BRACKET <i>Return</i>	20.00	0.00	*24.60 FL
3	1		*FRONT BUMPER TOP BRACKET <i>Return</i>	20.00	0.00	*22.40 FL
4	10		*FRONT BUMPER CLIPS <i>Return</i>	20.00	0.00	*22.00 FL
5	1		*FRONT FENDER <i>X repair</i>	20.00	0.00	*619.00 FL
6	1		*FRONT FENDER SHIELD <i>X</i>	20.00	0.00	*169.80 FL
7	1		*HEADLAMP - RH <i>X</i>	20.00	0.00	*1,388.00 FL
8	1		*FRONT BUMPER GRILLE - RH <i>X</i>	20.00	0.00	*40.30 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) **2,848.40**  
 - List Item Discount on L Items (S\$) **569.68**

Total Parts (S\$) **2,278.72**

ComfortDelGro Engineering Pte Ltd/SHC7846U/07/06/2018 12:14. Not valid without Reference section.  
 Generated using Merimen e-Claims IEAS

Larry Ng

## 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	<del>450.00</del> 200
2	SPRAY PAINTING	New	<del>460.00</del> 400
3	WIRING CHARGE	New	<del>50.00</del> X 100
4	TUFF KOTE	New	<del>80.00</del> X 20
Gross Labour Cost (S\$)			1,040.00

ComfortDelGro Engineering Pte Ltd/SHC7846U/07/06/2018 12:14. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Kalin CKK

7/6/18 1510 hrs.

2 by 1.

4/5

After Repair pth

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 : 305170793  
Date : 8. Jun. 2018

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

## FINALIZATION FORM

To : LKK Fax :  
Attn : KALVIN  
Vehicle Reg No. : SHC7846U Date of Accident: 06/06/18

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

1. The repair job shall bill to: TOKIO SBW8882Z
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: **\$850.00**  
**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 :  
Tel : 6214 8316  
Fax : 6546 8156

Signature :  
Name :  
Date : 8/6/18

### 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 (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/TM18010379/K1QBN2

Date: 13/06/2018

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MH001938
Claimant Vehicle No :	SHC7846U	Insured Vehicle No :	SBW8882Z
Date of Loss:	06/06/2018	Nature of Claim:	TP
		Claim No:	M1802839

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHC7846U	Engine No:	D4DFDU547712
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU048595
Reg. Date:	06/03/2014 (Man. Year: 2014)	Odometer:	448853 km
Colour:	Yellow		
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:	Campeon 7 mm	Rear Left Side:	Campeon 7 mm
Front Right Side:	Campeon 7 mm	Rear Right Side:	Campeon 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,278.72	467.44	1,811.28	79.49
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,040.00	600.00	440.00	42.31
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,328.72	1,077.44	2,251.28	67.63
Approved Total (Overridden) (S\$)		850.00		
(S\$)	3,328.72	850.00	2,478.72	74.46
+ GST 7.00/7.00% (S\$)	233.01	59.50	173.51	74.46
Nett Amount (S\$)	3,561.73	909.50	2,652.23	74.46

## INSPECTION

Date of Assignment:	07/06/2018 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
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: SHIAU CHAN

*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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 13 Jun 2018)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHC7846U)	
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Deformed	562.30 FL	*562.30 FL
2	1		*FRONT BUMPER SIDE BRACKET	Serviceable	24.60 FL	*- FL
3	1		*FRONT BUMPER TOP BRACKET	Serviceable	22.40 FL	*- FL
4	10		*FRONT BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
5	1		*FRONT FENDER	Repair	619.00 FL	*- FL
6	1		*FRONT FENDER SHIELD	Serviceable	169.80 FL	*- FL
7	1		*HEADLAMP - RH	Serviceable	1,388.00 FL	*- FL
8	1		*FRONT BUMPER GRILLE - RH	Serviceable	40.30 FL	*- FL
F=Franchise part. L=ListItemDisc.						
Sub Total (\$\$)					2,848.40	584.30
- List Item Discount on L Items 20.00/20.00% (\$\$)					569.68	116.86
Total Parts (\$\$)					2,278.72	467.44

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	450.00	200.00
2	SPRAY PAINTING	New	460.00	400.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	80.00	-
Gross Labour Cost (S\$)			1,040.00	600.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;