ASS. REC. BY	REF CS GAII8011722 KIS d3 Percent Restriction
From (Person Estimated Co	Rackel Tan of GAI Date/Time 27/6/1809 9.25cm
	chicle No. SHA 7223C Insured: GBG/084R  m/s Comfort Delegro Tel: 62148319
Policy No Sum Insured: Make of Veh	Claim No:  Excess.  DOA 34106 1008
(Client's Recar CA / REV Date/Time •	/ REP. / REV 24 HRS W27 H.O.D. Endorsement
Date/Time	Action/instruction ( Stander SHA 7223C-NSINC/8010421/KISDn2 DOA: 7/6/8018
28/06/13	GBG 1084R - CSIGAI 18011497/Ksd3 DOA: 14/06/2018  @ 17:09 p.m. revised PA to Rachel Via enail.
-	

urreyn: Kalvin	ASSIGNMENT		
rom; Date:	Veh No:	SHA 7223	C Yr Regn: JMy 24
stimated Cost	Type: M.Car / M	M.Cycle / Bus / Van / I	Lorry / T 💋 / Prime Mover /
D/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / T	Trailer or	
o Inspet Vehicle No:	Make:	Hundi :	A/C: Instal/Std/NI/NA
Workshop m/s	Colour	Bh	A/C: Insged / Std / NI / NA
	Sp.Reading	354260	T/Radio: Insuged / Std / NI / NA
	Eng/No:		
sured:	C/No:	KMH57	41KM DA811650
Claims No.		ood / Fate / Poor / Bur	
sum In suled: Excess:		Fr / Jammed / Leake	
(Client's Record)		der / Jammed / Leake	
Make of Veh;	Modi: Nil /	S/Rim / STD KRim	or
entre construit control	Tyre Size:	F: .	215/6016
(Policy Condition)		R:	~
	N/S O/S BS / DUN / EX	(NOVA / GY / FS / LIZ	A / MAIC / OHTSU / PIR / SUMI /
repair at the time of inspection.		(O or	Wast Lice.
Bal, or Market Value:	Front	1 .	Rear 2
DAC Accident Rport: Consistent? : Yes or N		7 mm	R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or N		mm mm	L/Bal. 7 mm
Est Repairs: days Res.: Yes or	No D.O.A. 24/		D.O.I. 27/6/4
Lum Sum: % 3 Val.: Yes or	No Survey held a	at(	DhE (Loyung)
CA / REV / REP. / 24 HRS	Des. of Dama	ages: Frt / Rear / O	IS INS I UIC I Rooftop or
Vel	hicle: IN / OUT		•
Date:Person Contacted:	The U/C /	/ Chassis frame / B	lody Structure affected due to collision.
Date / Time Action / Instruction	20		GAZ
30/6/18 Commes L/5 \$2 700/	21)		Uj
(\$ 3,090.30 Red - 5.	OF WED 0 2 1111 1	2018	
RE	CEIVED & CARE	4010	
	•	+	
		50 gr	
Date/Time, File Pass to? : Preli. Report	Days Of Rep	pair: <	

Report Format: Lump Sum / I.B.I: (\$ 2,700.00 1/5) Add Fee:

: Site Insp (\$ : Interview (\$

Tech. Invs (\$

Weekend (\$

Photos Others

TOTAL

250

Company Registration No. 199607198R

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

Your Ref: TBA

Date: 28 June 2018

Our Ref: CS/GAI18011722/K1sd3

The Motor Claims Department
GREAT AMERICAN INSURANCE COMPANY

Dear Sirs/Mdm

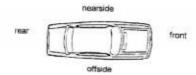
## PRELIMINARY ADVICE OF VEHICLE NO. SHA 7223C .

Please be informed that we had conducted the inspection of the above mentioned vehicle on <a href="27/06/2018">27/06/2018</a> at the premises of M/s <a href="ComfortDelGro Engineering Pte Ltd">ComfortDelGro Engineering Pte Ltd</a> and have the following to report:-

Workshop Estimate Amount	: <u>S\$</u>	5,790.30	
Revised Estimate Amount	: S\$	2,968.90	
"Check" Items Amount	: <u>S</u> \$	573.20	
Market Value	: <u>S\$</u>		
LTA Reimbursement Value	: <u>S</u> \$		
Nett Value	: <u>S\$</u>		

#### Description of Damage:

The vehicle sustained damages at the rear portion.



#### Comments/ Present Status:

Damages Consistent. Repair days: 3 Days

Yours faithfully, Kalvin Ang Automotive Assessor

### Shirley Hiew (LKK Auto)

From:

Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>

Sent:

Thursday, 28 June 2018 5:09 PM

To:

'Tan, Rachel'

Cc:

'LKK Assignments'; sur@lkkauto.com; 'Nivitha (LKK Auto)';

ASSIGNMENTS@LKKAUTO.COM

Subject:

RE: DOA:24.06.18 - TP CLAIM - SHA7223C > GBG1084R - GREAT AMERICAN

INSURANCE

Attachments:

SHA 7223C - Preli Advise.pdf

Dear Rachel,

Enclosed herewith preliminary advice of SHA 7223C.

Kindly provide us the claim reference no.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

#### LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>Sur@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]

Sent: Wednesday, 27 June 2018 9:28 AM

To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>; ASSIGNMENTS@LKKAUTO.COM

Cc: 'LKK Assignments' <assignments@lkkauto.com>; sur@lkkauto.com

Subject: RE: DOA:24.06.18 - TP CLAIM - SHA7223C > GBG1084R - GREAT AMERICAN INSURANCE

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

#### LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Tan, Rachel [mailto:Rachel.Tan@sg.gaig.com]

Sent: Wednesday, 27 June 2018 9:25 AM

To: Fauzy Bin Mokhtar < fauzy@sparkcarcare.com > Cc: LKK Assignments < assignments@lkkauto.com >

Subject: RE: DOA:24.06.18 - TP CLAIM - SHA7223C > GBG1084R - GREAT AMERICAN INSURANCE

Without prejudice

Dear Sir

Our insured has not reported accident. We will arrange for LKK to conduct PRI on a without prejudice basis.

#### Nivitha (LKK Auto)

From:

Tan, Rachel <Rachel.Tan@sg.gaig.com>

Sent:

Wednesday, 27 June 2018 9:25 AM

To:

Fauzy Bin Mokhtar LKK Assignments

Cc: Subject:

RE: DOA:24.06.18 - TP CLAIM - SHA7223C > GBG1084R - GREAT AMERICAN

**INSURANCE** 

Attachments:

SHA7223C.PDF

Without prejudice

Dear Sir

Our insured has not reported accident. We will arrange for LKK to conduct PRI on a without prejudice basis.

Dear LKK

Attached TP's request, please assist.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>

Sent: Monday, June 25, 2018 6:05 PM

To: General Claims < General Claims@sg.gaig.com>; Tan, Rachel < Rachel. Tan@sg.gaig.com>

Subject: [External] DOA:24.06.18 - TP CLAIM - SHA7223C > GBG1084R - GREAT AMERICAN INSURANCE

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was grounded at our workshop on 25.06.18

With Regards

Fauzy Bin Mokhtar ComfortDelGro Engineering Pte Ltd Taxi Crash Repair Department

DID: 6214-8319 FAX:: 6546-8156

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

## COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969

Date

30517938C

Time of Fax:

Great AMERICAM ENGL

Attn: Motor Claims Department Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

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 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.

Enclosed, please find:

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

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

Tel: 6214 8316 or HP: 9824 0811 . Lim Kwok Eng Tel: 6214 8315 or HP: 9230 2824 Larry Ng Nyuk Phin

Tel: 6214 8398 or HP: 9635 8546 Lim Tien Siong Tel: 6214 8314 or HP: 9296 6006

· Chiang Liat Choon Tel: 6214 8315 or HP: 9635 5305 Jumani Bin Masudin Tel: 6214 8319 or HP: 8125 9176 Fauzy Bin Mokhtar

Fax no. 6546 8156

PLS CALLED

Fauzy.

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

#### 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 witholding 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
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그

25/06/2018 11:55 Date Of Report 24/06/2018 10:40 Date Of Accident

SELEGIE RD TWDS SERANGOON RD Exact Location Of Accident

SINGAPORE Country/State of Loss

#### DETAILS OF OWN VEHICLE

SHA7223C Vehicle Registration Number

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

199303821R Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG Email Address

Mobile Phone No

Alternative Phone No OFFICE-65508768

Vehicle Particulars

HYUNDAI Manufacturer SONATA Model

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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

MCOM0015 Policy Number

Cover Note Number

Driver

NEO LEONG KHENG Name of Driver

\$15939297 NRIC No 27/08/1963 Date Of Birth OUTDOOR Occupation 22/05/1986 Date Of Driving Pass

32 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-91875355 Mobile Number

Fax Number

Contact Number

CHAOSXY@HOTMAIL.COM EMail Address

Address

BLK 144 TECK WHYE LANE #12-223

Postcode

680144

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

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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

PLS REFER TO 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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KHOR WOOI CHUN

NRIC/Passport Number

S8561336G

GBG1084R

Contact Number

86989937

Address

Postcode

Insurance Company Name

GREAT AMERICAN INSURANCE COMPANY

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

1

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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.

COMPORT TRANSPORTATION PIE 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:

Loke Wei Yieng

NRIC/FIN No.:

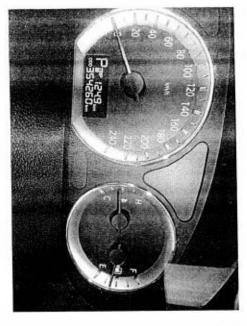
GLARMC SketchPlanForm V3

Sec. 6

## Sketch Plan Pg. 2

KETCH PLAN	
	LINE DE LA PROPERTIE DE LA PRO
	1 durans P. GPG1084B
	The second of th
	than Wobi Chan
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	111111111111111111111111111111111111111
ESCRIBE CIRCUMSTANCES OF TI	HE ACCIDENT
A	24/6/18 at about 10:40 hz, 1
()n.	27/0110 M UDWI 10-40/15, 1
ing driving all	ong selegue road tuwards sevangoon
1000	) "0"
road.	
S. L. Todu	ned my toxi speed and gradually ame
. P. We tak	
D C D - 1	traffic light ahead twined to jed.
TO STUP OB	Thatthe none and works to see !
4.0	1 1 0 1
A few seconds	later, I felt an impact from my
behind followed	a jert. A van GBG1084R collided.
THEY TOUGHTON	a jero A von ciagros in como a
	la D D D D D D D D D D D D D D D D D D D
onto the rear of	portion of my startionary taxir.
1	J J
NO 0085	zender in my taxi. No inhun reported
140 102	**************************************
A CONTRACTOR OF THE STATE OF TH	E
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in this accide	
in this accide	
m this accide	
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DECLARATION	· · · · · · · · · · · · · · · · · · ·
DECLARATION /We declare the foregoing particulars	s are true in every respect.  Loke Wei Yieng
DECLARATION  I/We declare the foregoing particulars	s are true in every respect.  Loke Wei Yieng
DECLARATION /We declare the foregoing particulars	s are true in every respect.  Loke Wei Yieng

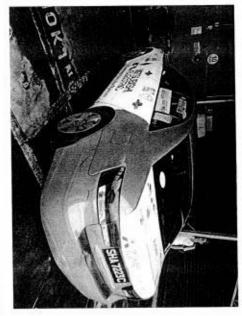
GIARMC SketchPlanForm\_V3

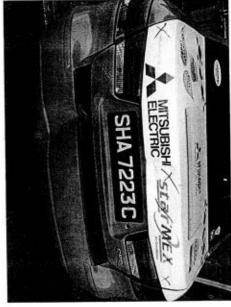


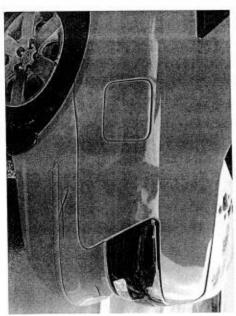
















# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701 Maintine + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
SE Loyseng Drive Singapore 508969
380 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 509266

Date/Time390 U25 Pad 0 502 20 1949 15: 26

Page: 1

STOMER			REGN NO.SHA7223C	MILEAGE
COMEC	ORT TRANSPORTATION	PTR LTD		
/MS	7010045		MAKE: HYUNDAI	FUEL EF
Singa	SIN MING DRIVE apore SINGAPORE 575	717	MODEL SONATA	25.06.2018 10:15
(R) 65508	3755 (0)		YR OF MANU. 05. 2011	TARGET DATE
COUNT CARD NO.			CHASSIS CODE T41VMBA8	11650 COMPLETION DATE/TIME:
		JOB DESCR	RIPTION	
	Date: 24.06.2018 P 24.06.18/B-			
S/NO	LABOR CODE		DESCRIPTION	
	*			
		N.		
	٠,	7.4		

ECKED & PASSED OUT BY:				
SERVICE AD	VISOR		CUSTOMER'S SIGNATURE	
wledgement Slip		* Exit Pass		
: s.: e No.: SHA7223C	FZ GAIG	Vehicle No.: SHA	7223C	
of Service Advisor returned to Service Reception	Signature/Date upon collection	Name of Service Advisor  To be kept by Security Guard	Date	

COMFORTDELGRO ENGINEERING PTE LTD

REFAIR ESTIMATE\*

VEHICLE NO: SHA 7223C

Treat AMERICAN DATE 25/6/2018 15:28

MAKE

: HYUNDAI SONATA MODEL

Qty	Parts Description/ Labour	Type	Unit Price	_	mount	
	Boot Lid / Per			\$	1,349.50	
	Boot Lid Lock Upper X			\$	132.10	
	Boot Lid Lock Lower ×			S	30.30	
	Boot Lid Sonata Plate			\$	43.60	35
	Boot Lid Hyundai Plate			S	24.20	*
	Boot Lid 'H' Emblem			S	26.10	e S
	Boot Lid H Emblem			S	22.70	10
	Boot Lid CRDI Plate			S	578.40	525
	Rear Bumper / W			S	483.30	1
	Rear Bumper Reinforcement			100	100 to 10	10
	Rear Bumper Clip			S	22.00	
	Rear Bumper Sponge 7			\$	137.40	
	Rear Bumper Under Cover			S	185.80	
	Rear Bumper Protector (LH/RH)		\$ 38.00	\$	76.00	
	Tail Lamp (LH/RH) × 5 <sup>th</sup>		\$ 344.00	\$	688.00	
	Rear Panel × M			S	391.80	
	Rear Panel X XXX			S	95.80	
	SUB TOTAL			\$	4,287.00	1
	LESS 20%	1		8	857.40	
	DISCOUNTED TOTAL			s	3,429.60	1
	Rear No.Plate  Rear Bumper Reverse Sensor  Rear Bumper Advertisement Logo   Rear Fender Advertisement Logo (LH/RH)  the  To  To	tepener tesurvey before display damage arts prices are s and party sortic to illegal modific	span(s) during team at an appearance that the service team at a se	13		N N N
	An .	& Subject of	I.	\$	540.70	
	1/ /in ICKG	signature:		-	<b>⊿</b> "_	
	Labour Charge /C/2	bate:		s	880.00	
		1015h	<b>v</b> .	S	750.00	16
	Spray Painting Charge 2 1/6/6	/			50.00	4
	Wiring Charge 3			S	50.00	1
	Tuff Kote US		11	\$	30.00	1
	Remove/Refix Reverse Sensor  Alle 1	Bart p	22	\$	120,00	1
	TOTAL LABOUR			\$	1,820.00	7
	ESTIMATE TOTAL	L.		S	5,790.30	
	This is an initial estimate based on a visual inspection of		ehicle. The final repair ted by the insurance co			

## COMFORTDELGRO ENGINEERING

Our Job Ref No : 305179380 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 28.06.2018 Date Fax. 6546 8156 **FINALIZATION FORM** LKK Fax: . KALVIN Attn : Date of Accident : 24.06.2018 Vehicle Reg No. : SHA7223C The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-**GBG1084R** GREAT AMERICAN The repair job shall bill to: 1. The finalized amount shall be: 2. \$0.00 Spare Parts after List discount (a) (b) Labour Charges \$0.00 \$0.00 Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) \$2,700.00 Total for Lumpsum repair cost after Less: 20% \$2,700.00 Final Lumpsum Repair cost 3 working days. 3. Estimated normal period for repairs: We shall treat the above amount as Correct and Confirmed if there is no reply from you within 4. 7 working days We confirm the estimates and 5. Thank you for your assistance finalized amount Signature: Signature: : FAUZY BIN MOKHTAR Name Name Date Tel : 62148319 : 65468156 Fax For Official Use Only Document Confirm By Remarks Item Amount Attached (Signature) Yes or No YES 1. Rental Rate P/Day N 2. Loss of Income Paid 3. Survey Fees 7.49 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 Interna	ationale Des Experts En Autom	obile
BREAT AMERICAN IN	SURANCE COMPANY	Ref : CS/GAI1801172	22/K1sd3n2
TEMASEK AVENUE 16-01 CENTENNIAL T SINGAPORE 039190	OWER	Date: 03-07-2018  Code: GAI	
	Policy Particula	ars :- THIRD PARTY CLAI	M
Insured Veh.	GBG 1084R	Veh. Inspected	SHA 7223C
Policy No.		Coverage (\$)	0.00
Claim No.	GBG1084R	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	27/06/2018
	Vehicle Pa	articulars & Condition	
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA811650	Colour	BLUE
Odometer	354260	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
	Con	ditions of Tyres	
	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
	Descr	iption of Damages	
THE VEHICLE SU	STAINED DAMAGES AT THE	REAR PORTION.	
DAMAGES SEE D	ETAILS.		
5.	Gen	eral Information	
Accident Date	24/06/2018	Inspection Date	27/06/2018
Survey held at	COMFORTDELGRO ENGIN	NEERING PTE LTD	
	59 LOYANG DRIVE SINGAPORE 508969		
5a.		Remarks	
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A CE TO YOUR INSTRUCTION	"WITHOUT PREJUDICE" BA S, WE HAVE NOT AUTHORI	SIS. SED REPAIRS.
5b.	Estim	nate Days of Repair	
ESTIMATED NOF	RMAL PERIOD FOR REPAIR:	3 Working Da	nys



## 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. SHA 7223C

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	8-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	SERVICEABLE	76.00	
2	TAIL LAMP (LH/RH) @\$344.00	SERVICEABLE	688.00	
1	REAR PANEL	TO REPAIR SEE LABOUR	391.80	
1	REAR PANEL GARNISH	SERVICEABLE	95.80	
	LESS 20% DISCOUNT	- version production account	-857.40	-509.96
			3,429.60	2,039.84
	SPECIAL NETT ITEMS			
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR NO PLATE (SN)	SERVICEABLE	25.00	
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NOT NECESSARY	50.00	
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NOT NECESSARY	200.00	
	10079 (A.) A SAGRAMAN (A.) A SAGRAM (A.) A S		540.70	265.70
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL.		850.00	400.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,820.00	1,050.00
	GRAND TOTAL		5,790.30	3,355.54

RECOMMENDED COST OF LUMP SUM REPAIRS	2,700.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/GAI18011722/K1sd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

St. S.

**ADRIAN LING WAI PING** 

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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