

(08/11/13)

Surveyor: KalvinREF: CC3/TML18011750/KVbnzMerimen**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: YP 5907XPolicy No. MU003951Claims No. M1803185

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 3589H Yr Regn: 13 Oct, 2016

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1.685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 270437 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB416MH6095428Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hyundai

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 26/6/18 D.O.I. 27/6/18Survey held at (DHE (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
	SHD 3589H - (3/EC15006392) / U44322 DA: 100415 To Kio
	YP 5907X - X PIP
30/6/18	Linkas P/P \$2255.60 / 3 Pys. (Red 2682.40, 5490)
	RECEIVED 2 JUL 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 2/7 - typistDays Of Repair: 3Resurvey No. of Trip: -

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

250

10

260

Report Format: merimenLump Sum / I.B.I: (\$ 2255.60)

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Jun 2018 Sendback Est	27 Jun 2018 15:12 S\$4,938.00	27 Jun 2018 15:29 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	OKG CONSTRUCTION & TRADING PTE LTD , Co. Reg. No.: 198701652M		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHD3589H	Date of Loss:	26/06/2018 00:00 - :59 [20 Months and 13 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1803185	Policy/Cover Note No.:	MU003951 (Comprehensive) Coverage: 27/03/2018 - 26/03/2019
Vehicle Reg. No. (Insured):	YP5907X	Policy No. (Claimant):	
		Excess:	S\$750.00
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 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 06/07/2018]		
Driver/Custodian (Insured):	UNKNOWN (17)		

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	27/06/2018 10:45
Date Of Accident	26/06/2018 17:30
Exact Location Of Accident	CTE EXIT 8 B TWDS CHANGI AIR PORT B4 KALLANG EXIT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3589H
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	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	LEE HOI MUN
NRIC No	S1549829C
Date Of Birth	11/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91004411
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	645 08-99 JALAN TENAGA
Postcode	410645
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	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

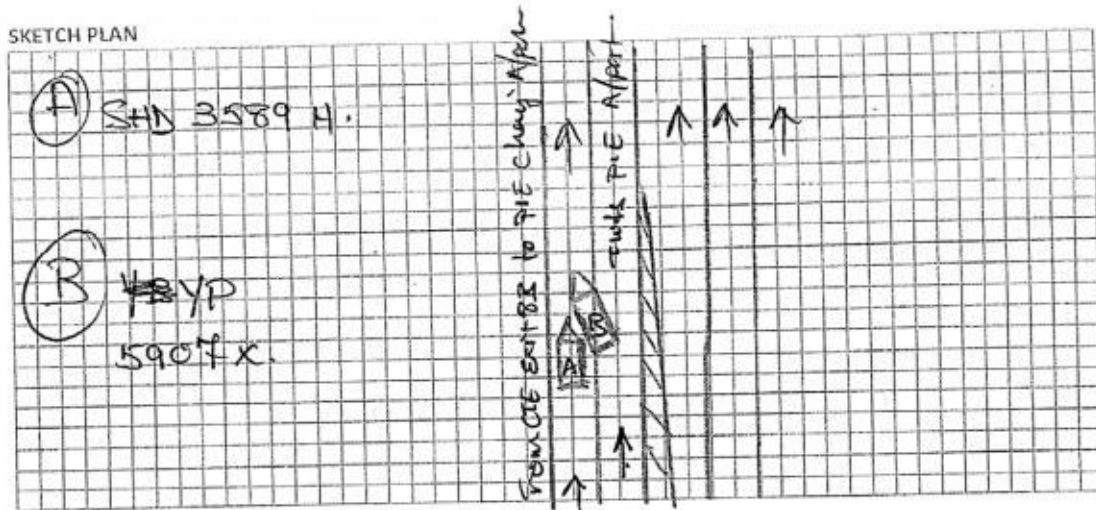
Vehicle Registration Number	YP5907X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KANNAN THIRUMALAI
NRIC/Passport Number	G6008260Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE HOI MUN
Approximate Age	56
Injuries Sustain	NECK, SHOULDER
Injured person in which vehicle?	SHD3589H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26 June 2018 @ 17.30h I VEH
 A was driving along Straight from CTE to
 ENTR 8R to PIE Chang A/Port. along the way
 I VEH A was on 2 lane I VEH A give way
 to VEH B on Right to move in on lane 2
 VEH B move in to close to lane 1 and hit
 VEH A Right front. at this point of accident
 VEH A carry a female pass. She was ok.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

Policyholder's Signature 190000021R
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:

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)**

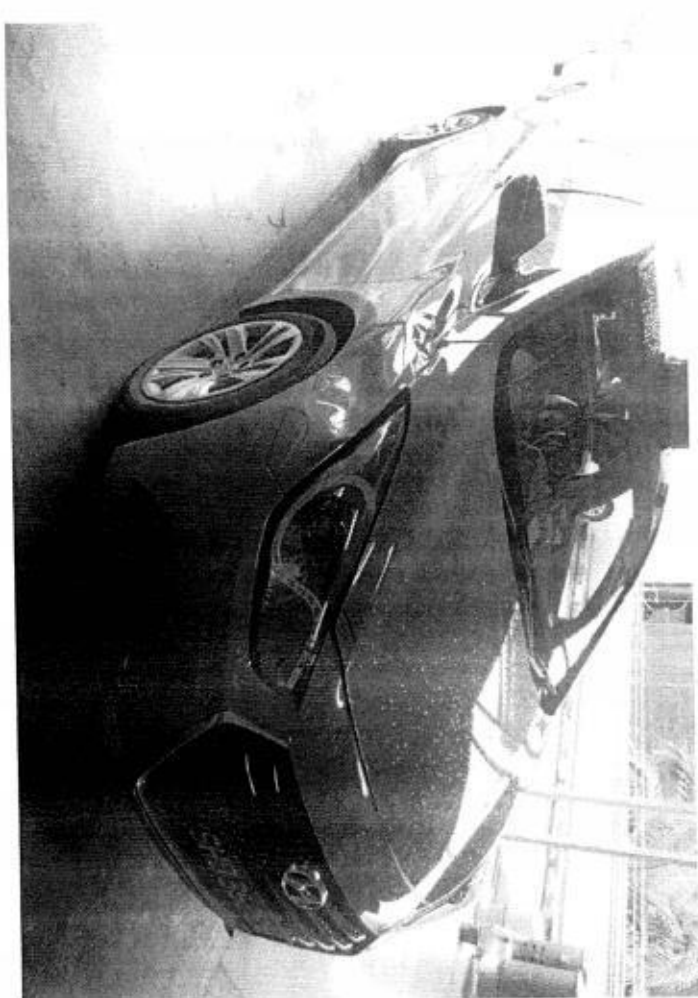
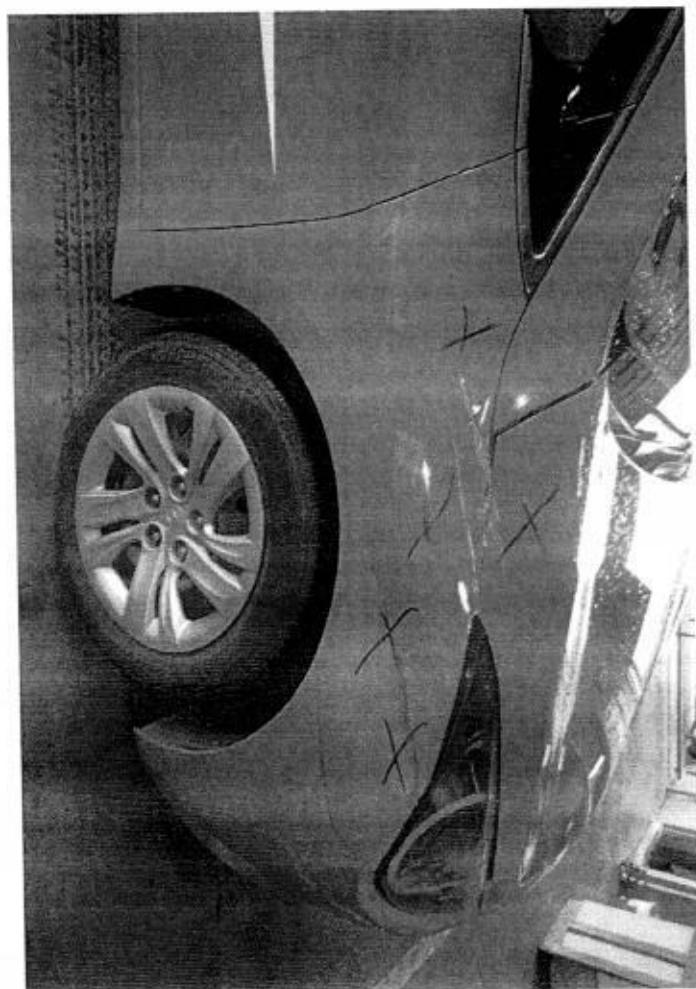
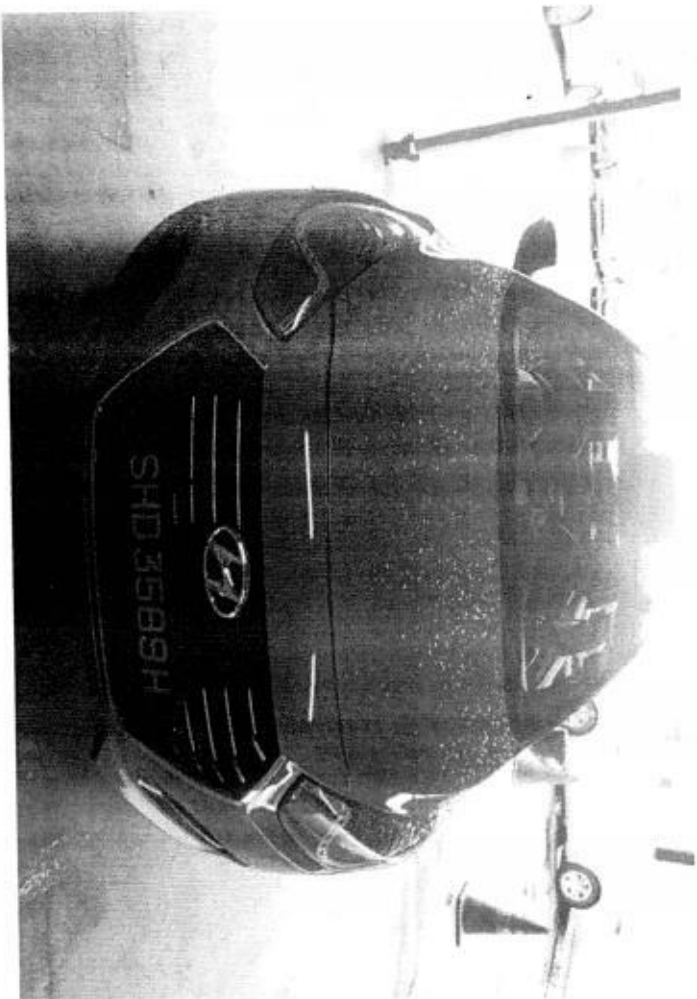
I understand, acknowledge, agree and consent that:

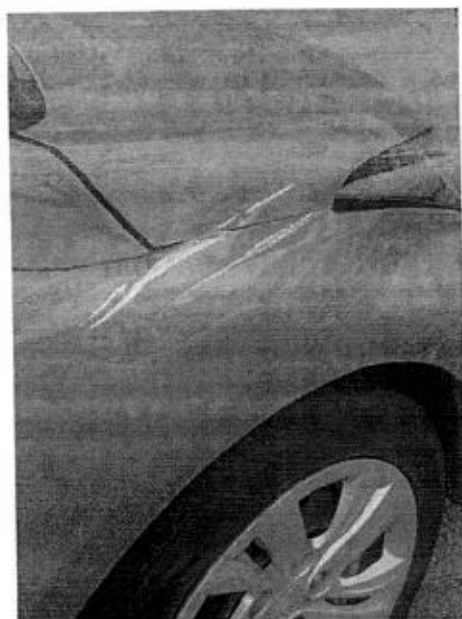
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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
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.:





A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305180594

CUSTOMER
COMFORT TRANSPORTATION PTE LTD VARS
7010045
CUSTOMER NO 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755 (O)
L (R)
(P)
SCOUNT CARD NO.

REGN NO: SHD3589H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.06.2018 21:20
YR OF MANU 19.10.2016	TARGET DATE
CHASSIS CODE KPHLB41UMHU095428	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.06.2018
NATURE: 3P 26.06.2018

S/NO	LABOR CODE	DESCRIPTION
		TOKIO - taxi Right Front Damage LKK/Kahni -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip
e:
Jo.: SHD3589H LARRY
le No.:
Lary Ng
e of Service Advisor
Signature/Date
e returned to Service Reception upon collection

Exit Pass
Vehicle No.: SHD3589H
Name of Service Advisor
Date
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)**
COMFORT TRANSPOTATION PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/06/2018
Vehicle Reg. No.:	SHD3589H	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	13/10/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU684303	Chassis No:	KMHLB41UMHU095428
Odometer:	270435 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,698.00
Miscellaneous Items	10.00
Labour	1,230.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,938.00
+ GST 7.00% (S\$)	345.66
Nett Amount (S\$)	5,283.66

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: 27 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/SHD3589H/27/06/2018 15:12**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 FENDER - RH <i>front</i>	20.00	0.00	*619.00 FL
2	1		*BONNET <i>X repair</i>	20.00	0.00	*1,526.00 FL
3	1		*HEADLAMP - RH <i>ea</i>	20.00	0.00	*1,388.00 FL
4	1		*HEADLAMP SUPPORT PANEL ASSY <i>X su</i>	20.00	0.00	*1,067.50 FL
5	10		*BONNET CLIPS <i>X 11</i>	20.00	0.00	*22.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)

4,622.50

- List Item Discount on L Items (S\$)

924.50

Total Parts (S\$)

3,698.00

ComfortDelGro Engineering Pte Ltd/SHD3589H/27/06/2018 15:12. 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	500.00 200
2	SPRAY PAINTING	New	600.00 400
3	WIRING CHARGE	New	50.00 20
4	TUFF KOTE	New	80.00 20
Gross Labour Cost (S\$)			1,230.00

ComfortDelGro Engineering Pte Ltd/SHD3589H/27/06/2018 15:12. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

1Ca/lnh 1C/CK

27/6/18 1520 hrs.

3 Days

PIP

Before Paint photo

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 PTE LTD
REPAIR ESTIMATE

Date: 29.06.2018
Time: 16:30:56
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 : 305180594
REGN NO : SHD3589H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 13.10.2016
DATE/TIME IN : 26.06.2018 21:20
ACCIDENT DATE : 26.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0573-A I40VC PANEL-FENDER RH+ 1 619.00 20.00 495.20

0002 04-01-0103-0782-A I40V2 LAMP ASSY-HEAD RH# 1 1,388.00 20.00 1,110.40

SUB-TOTAL : 1,605.60

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

0002 17-01 WIRING CHARGE 20.00

0003 20-00 TUFF COAT ON AFFECTED PARTS. 20.00

0004 L MERIMEN FEE 10.00

SUB-TOTAL : 650.00

TOTAL : 2,255.60

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305180594
Date : 29. Jun. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3589H

Date of Accident: 26.06.2018

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

1. The repair job shall bill to: TOKIO YP5907X

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,605.60

(b) Labour Charges \$650.00

Total for Part-By-Part Repair Cost \$2,255.60

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 3 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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 30/6/18

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: CC3/TMI18011750/K1VBN2

Date: 03/07/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU003951
Claimant Vehicle No :	SHD3589H	Insured Vehicle No :	YP5907X
Date of Loss:	26/06/2018	Nature of Claim:	TP
		Claim No:	M1803185

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD3589H	Engine No:	D4FDGU684303
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	JAANPR85HG7100639
Reg. Date:	13/10/2016 (Man. Year: 2016)	Odometer:	270437 km
Colour:	Blue		
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:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,698.00	1,605.60	2,092.40	56.58
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,230.00	640.00	590.00	47.97
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,938.00	2,255.60	2,682.40	54.32
+ GST 7.00/7.00% (S\$)	345.66	157.89	187.77	54.32
Nett Amount (S\$)	5,283.66	2,413.49	2,870.17	54.32

INSPECTION

Date of Assignment:	27/06/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	27/06/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

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: 03 Jul 2018)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD3589H)
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		*FRONT FENDER - RH	Dented	619.00 FL	*619.00 FL
2	1		*BONNET	Repair	1,526.00 FL	*- FL
3	1		*HEADLAMP - RH	Cracked	1,388.00 FL	*1,388.00 FL
4	1		*HEADLAMP SUPPORT PANEL ASSY	Serviceable	1,067.50 FL	*- FL
5	10		*BONNET CLIPS	Not Necessary	22.00 FL	*- FL
F=Franchise part. L=ListItemDisc.						
Sub Total (\$\$)					4,622.50	2,007.00
- List Item Discount on L Items 20.00/20.00% (\$\$)					924.50	401.40
Total Parts (\$\$)					3,698.00	1,605.60

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	500.00	200.00
2	SPRAY PAINTING	New	600.00	400.00
3	WIRING CHARGE	New	50.00	20.00
4	TUFF KOTE	New	80.00	20.00
Gross Labour Cost (S\$)			1,230.00	640.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >