

NA2

REP:

Tokio

CCB/TML/8012077/Nvbz

Veron

ASSIGNMENT

From:

Date:

Estimate/Policy/Case:

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

To: ☐ Open Vehicle No:at: ☐ Crashing m.s.

Insured:

GBB 9747K

Policy No:

MX 010507

Claims No:

M/803328

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
X	
	X

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA : PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHC 70795

Date: 04/03/2016

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

Truck / Trailer or

Make: HYUNDAI 140

Colour: YELLOW

Sp. Reading: 419,554

Eng No:

C.No:

KMHLB41UMG4U08J494

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R:

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

TOYO / YOKO or CSTC F, HANKOOK (R)

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 28/6/18

D.O.I. 3/7/18

Survey held at CDGE COYANG

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

REAR N/S

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

Date / Time Action / Instruction

SHC 70795 - CS/FCL/5014583 / Kibuli

DA: 220815

TOKIO L/S

GBB 9747K - X

5/7/18 Sent GIA and ext to TMI

10/7/18 FINALIZED LUMP SUM REPAIR \$800 / 2 DAYS (Red 1717.60, 6890)

Date/Time File Pass to:



Preli. Report

Days Of Repair: 2



Final Report

Resurvey No. of Trip: 1

Date/Time File Return to:

11/7 - typist

Add Fee: ☐ Site Insp: \$☐ Inter. Insp: \$☐ Tech. Insp: \$☐ Web. Insp: \$

Report Format:

merimen

Lump Sum/1.B.B.:

LS \$ 800/-

Survey Fee

Transportation

Food

Other

250

10

260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Jul 2018 Sendback Est	02 Jul 2018 14:24 S\$2,517.60	05 Jul 2018 13:49 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	KIREI JAPANESE FOOD SUPPLY PTE LTD, Co. Reg. No.: 198201112K			
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G			
Vehicle Reg. No.:	SHC7079S	Date of Loss:	28/06/2018 00:00 - :59 [27 Months and 24 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1803328	Policy/Cover Note No.:	MX010507 (Comprehensive) Coverage: 10/12/2017 - 09/12/2018	
Vehicle Reg. No. (Insured):	GBB9747K	Policy No. (Claimant):		
		Excess:	S\$0.00	
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 Telma Gomez - 65926402]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 16/07/2018]			
Adj Asg. Remarks:	OUR INSD HAVE NOT REPORT THE ACCIDENT,PLS CHECK CONSISTENCY OF THE DAMAGE, THKS			

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.									

🔄 Reply all | ▾ 🗑 Delete Junk | ▾ ...

Re: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD DOA: 28/06/2018, SHC 7079S(TP VEHICLE), GBB 9747K (OI VEHICLE)

JL

Janice Lee (LKKAuto)

Today, 10:23 AM

Motor Claims <motorclaims@tokiomarine.com.sg>; SUR ▾

👤 🔄 Reply all | ▾

Sent Items

SHC 7079S EST AND GI... ▾

2 MB

👤 Show all 1 attachments (2 MB) Download

Dear Sir/Madam,

Please ignore the previous email.

Please be informed that we had inspected the vehicle **SHC 7079S** M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler**LKK Auto Consultants Pte Ltd**Phone: 6256-3561 | email: jannicelee@lkkauto.com | fax: 6256-4315

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

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	28/06/2018 14:51
Date Of Accident	28/06/2018 12:30
Exact Location Of Accident	ALEXANDRA ROAD T JUNCTION PSA BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7079S
Insured/Policyholder	
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	GOH CHYE HUAT @ TAN CHYE HUAT
NRIC No	S1444487D
Date Of Birth	09/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97543344
Fax Number	
Contact Number	
Email Address	GOHCHYEHUAT1960@GMAIL.COM

Address	5 #06-4943 BEACH ROAD
Postcode	190005
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?	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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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	GBB9747K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FAN CHEE LEONG
NRIC/Passport Number	S1715455I
Contact Number	S1715455I
Address	
Postcode	

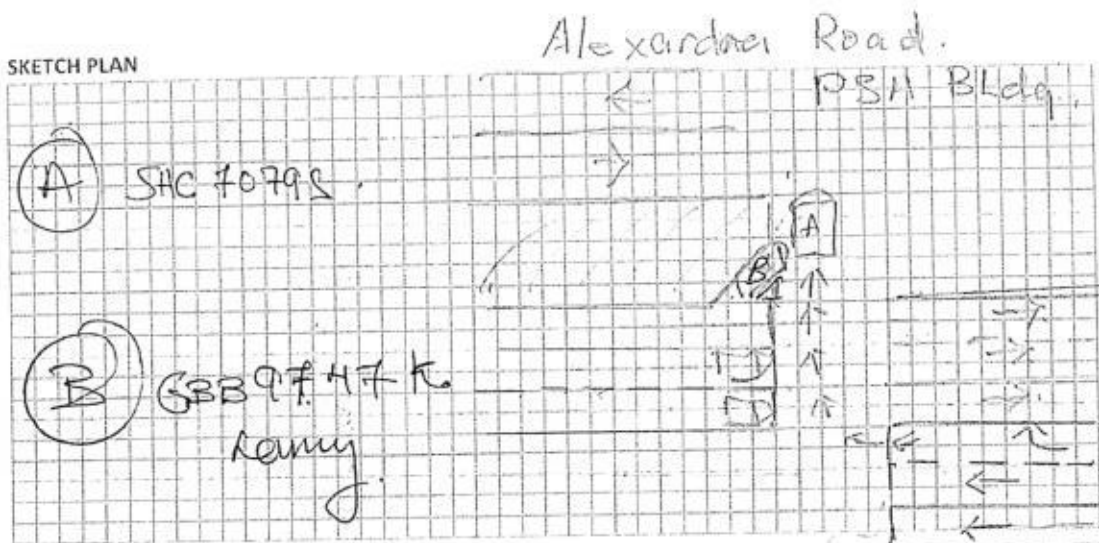
Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/6/2018 at about 1230 hrs, Vehicle A was
 turn right into PSA building while I was
 three quarters into PSA building, Vehicle B
 came from on ship road without stopping and
 collided into Vehicle A rear right portion.
 No one was injured at that time.

DECLARATION

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

CITYCAB PTE LTD
 CO. REG. NO. 199502839G

Policyholder's Signature
 Date & Time:

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

28/6/18
 Jackson Hong
 C&O
 Reporting Centre Personnel's Signature
 Name:

Sketch Plan Pg. 2

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

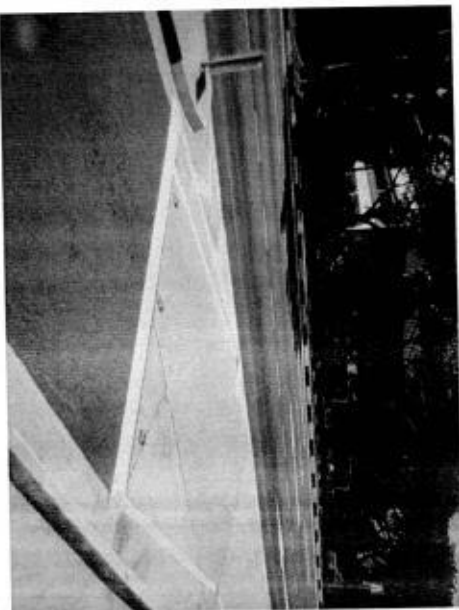
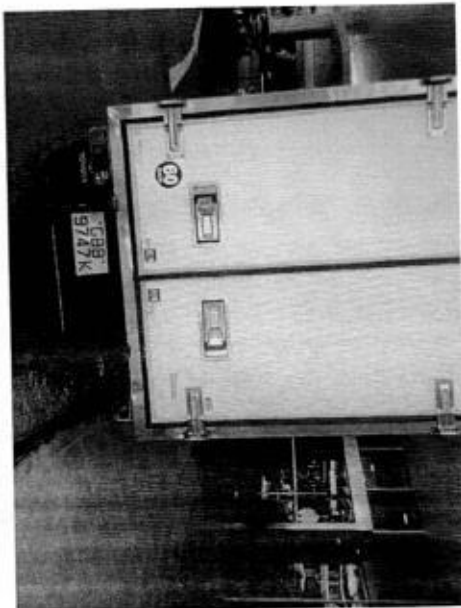
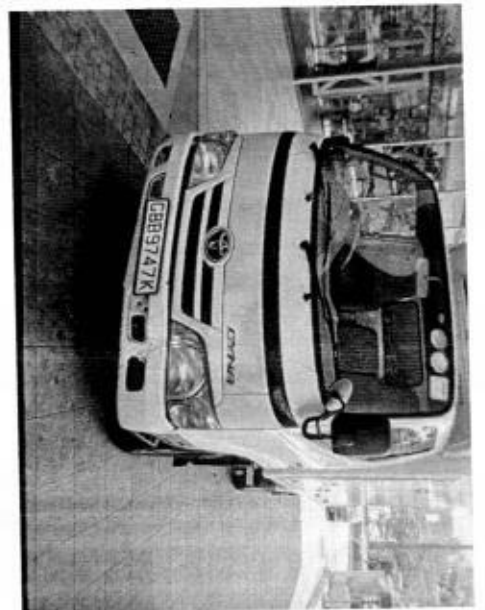
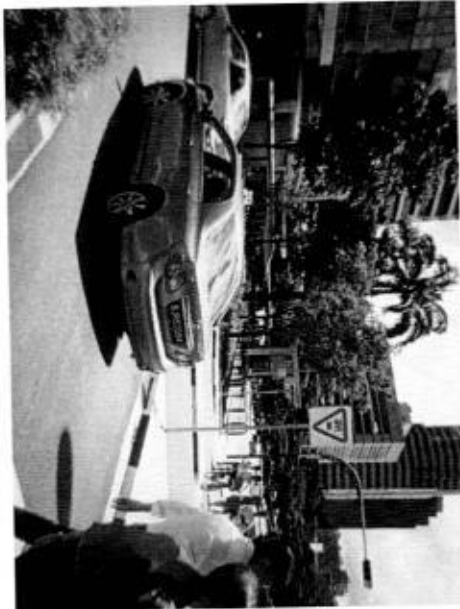
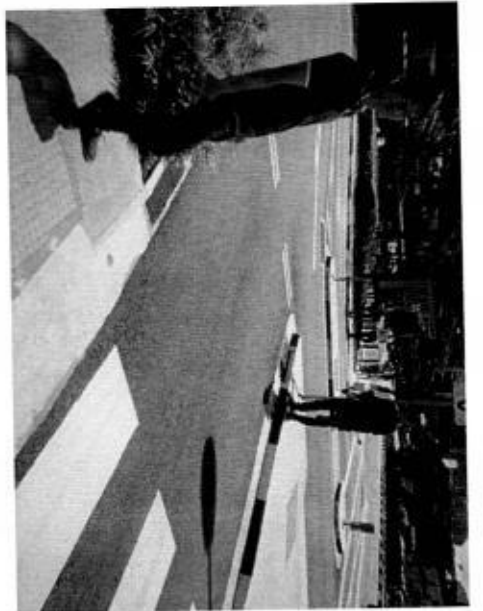
Golf

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

28/6/18
Jackson Hung
CSO

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





A member of COMFORTDELGRO

Date/Time: 02.07.2018 12:07 Page : 1

Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305182230
CUSTOMER	REGN NO: SHC7079S	MILEAGE	
CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL	
7010070	MODEL I-40	E.....1/2.....F	
CUSTOMER NO	YR OF MANU. 04.03.2016	DATE/TIME IN	02.07.2018 09:30
383 SIN MING DRIVE	CHASSIS CODE	TARGET DATE	
Singapore SINGAPORE 575717	KMHLB41UMGU085494	COMPLETION DATE/TIME:	
65551188			
L (R)			
(P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 28.06.2018
NATURE: 3P 28.06.2018

S/NO	LABOR CODE	DESCRIPTION
		TOKIO - taxi left rear damage
		L&R /

CHECKED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Acknowledgement Slip		Exit Pass	
e:		Vehicle No.: SHC7079S	
to:			
le No.: SHC7079S LARRY			
Signature/Date		Name of Service Advisor	
ie of Service Advisor		Date	
e returned to Service Reception upon collection		To be kept by Security Guard	

UN 11

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

L/S

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	28/06/2018
Vehicle Reg. No.:	SHC7079S	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	04/03/2016
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDFU595949	Chassis No:	KMHLB41UMGU085494
Odometer:	417859 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,537.60
Miscellaneous Items	10.00
Labour	970.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,517.60
+ GST 7.00% (S\$)	176.23
Nett Amount (S\$)	2,693.83

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: 02 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: ComfortDelGro Engineering Pte Ltd/SHC7079S/02/07/2018 14:24

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		*REAR BUMPER	20.00	0.00	*603.60 FL <i>x R</i>
2	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL <i>/ nrc</i>
3	1		*REAR TAIL LAMP(OUTER) - LH	20.00	0.00	*565.60 FL <i>/ scz fch</i>
4	1		*REAR TAIL LAMP(BOOT) - LH	20.00	0.00	*556.80 FL <i>x svt</i>
5	1		*REAR BUMPER SIDE BRACKET - LH	20.00	0.00	*49.00 FL <i>x svt</i>
6	1		*ADVERTISEMENT - REAR BUMPER	0	0.00	*50.00 FS <i>/ nrc</i>
7	1		*REAR BUMPER RUBBER MAT	0	0.00	*50.00 FS <i>/ nrc</i>

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

Sub Total (\$\$)

1241.2 1,897.00

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

359.40

Total Parts (\$\$)

1,537.60

ComfortDelGro Engineering Pte Ltd/SHC7079S/02/07/2018 14:24. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Larry Ng

420.00

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	300.00 200
3	WIRING CHARGE	New	50.00 20
4	REMOVE/REFIX REVERSE SENSOR	New	120.00 20
Gross Labour Cost (S\$)			970.00

ComfortDelGro Engineering Pte Ltd/SHC7079S/02/07/2018 14:24. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

NA LKK
3/7/18 1030
LIS
2 days
After repair 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

Our Job Ref No : 305182230
Date : 5. Jul. 2018

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

FINALIZATION FORM

To : LKK

Fax :

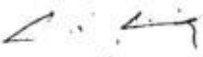
Attn : NAZ


Vehicle Reg No. : SHC7079S

Date of Accident: 28. Jun. 2018

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

1. The repair job shall bill to: TOKIO GBB9747K
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: \$800.00
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 : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : NAZ
Date : 10/7/18

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/TMI18012077/NVBN2

Date: 11/07/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MX010507
Claimant Vehicle No :	SHC7079S	Insured Vehicle No :	GBB9747K
Date of Loss:	28/06/2018	Nature of Claim:	TP
		Claim No:	M1803328

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC7079S	Engine No:	D4FDEU493765
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU085494
Reg. Date:	04/03/2016 (Man. Year: 2015)	Odometer:	419554 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:	CST 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	CST 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,537.60	570.08	967.52	62.92
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	970.00	440.00	530.00	54.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,517.60	1,020.08	1,497.52	59.48
Approved Total (Overridden) (S\$)		800.00		
(S\$)	2,517.60	800.00	1,717.60	68.22
+ GST 7.00/7.00% (S\$)	176.23	56.00	120.23	68.22
Nett Amount (S\$)	2,693.83	856.00	1,837.83	68.22

INSPECTION

Date of Assignment:	05/07/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	03/07/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: Muhammad Nazril Bin Abdullah

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: 11 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 SHC7079S)
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	Repair	603.60 FL	*- FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR TAIL LAMP(OUTER) - LH	Scratched	565.60 FL	*565.60 FL
4	1		*REAR TAIL LAMP(BOOT) - LH	Serviceable	556.80 FL	*- FL
5	1		*REAR BUMPER SIDE BRACKET - LH	Serviceable	49.00 FL	*- FL
6	1		*ADVERTISEMENT - REAR BUMPER	Necessary	50.00 FS	*50.00 FS
7	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
					Sub Total (\$\$)	1,897.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	359.40
					Total Parts (\$\$)	1,537.60
						687.60
						117.52
						570.08

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

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 (\$\$)			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	300.00	200.00
3	WIRING CHARGE	New	50.00	20.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			970.00	440.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >