

ASS. REC. BY:

REF:

CS/GAI18013254/Gqd3n2

Special Instruction:

Surveyor: GND Chiang

ASSIGNMENT (Office)

From (Person): Rachel Tan

of

GAI

Date/Time: 20/7/18 @ 10:02am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 6806L

Insured:

YN 880G

at Workshop m/s:

Comfort Delgro

Tel:

6214 8314

of

59 laiyang Drive

Policy No:

Claim No: CLMOMVC00000 3363

Sum Insured:

Excess:

Make of Veh:

D.O.A. 14/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time: 10:36am @ 20/7/18

Person Contacted:

Chiang Hiaf

Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 6806L - X
	YN 880G - CS / SMO18008784 / UHd3n2 D.O.A: 13/05/18
23/7/18 @ 3:53pm	revised to Rachel Tan by email.
	US \$ 800, 2 days (Paid \$ 707.36, 47%)

08/11/13 wef

ASS. REC. BY:

REF: GAI

ASSIGNMENT

From: Date: 20/07/2018

Estimated Cost:

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

To Inspect Vehicle No: SHD 6806 L

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.

Bal. or Market Value:

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD6806 L

Yr Regn:

23 Apr 2015

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

Truck / Trailer or

Make:

Hyundai i40

c.c

1685

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

464185

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHCB41UM.FU068058

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

11

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

TOYO / YOKO or

CAMPION

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

20-07-18

Survey held at

w/s

4:15pm

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

o/s Frt

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

Date / Time

Action / Instruction

RECEIVED 26 JUL 2018

Date/Time, File Pass to?

☐

: Preli. Report

11/6/2

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

800

250



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18013254/Gqd3

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 20-07-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YN 880G	Veh. Inspected	SHD 6806L
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000003363	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	20/07/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--	--

5. General Information

Accident Date	14/07/2018	Inspection Date	20/07/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Claim No. : CLMOMVC000003363

Date: 23th July 2018

Our Ref: CS/GAI18013254/Gqd3

The Motor Claims Department
Great American Insurance Company

Attn: Rachel

Dear Sirs/Mdm

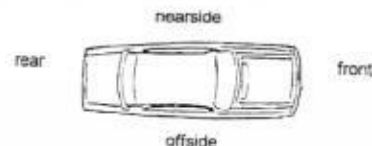
PRELIMINARY ADVICE OF VEHICLE NO. SHD 6806L .

We thank you for the instruction on 20/07/2018.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 20/07/2018 at the premises of M/s COMFORTDELGRO and have the following to report:-

Workshop Estimate Amount	: S\$ <u>1,507.36</u> .
Revised Estimate Amount	: S\$ <u>982.08</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
Salvage Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:
The vehicle sustained damages at the o/s front portion.



Comments/ Present Status:
Damages consistent.
Recommend repair days: 2 days
We have NOT authorise repair.

Yours faithfully

Guo Qiang
Automotive Assessor

Nivitha (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Friday, 20 July 2018 10:02 AM
To: Chiang Liat Choon
Cc: LKK Assignments
Subject: CLMOMVC000003363 - SHD6806L v YN880G on 14 Jul 18
Attachments: img-718154458-0001.pdf

Without Prejudice

Dear Mr Chiang

As agreed, we will arrange LKK to conduct TP survey. Thank you.

Dear LKK

Please accept assignment, attached Document for your reference. Thank you.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Chiang Liat Choon <chianglc@cdge.com.sg>
Sent: Friday, July 20, 2018 9:57 AM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Subject: [External] Fw: Scan Data from CDG_LO_AW_A5570

Dear Rachel,

Best Regards

Chiang Liat Choon

Taxi Crash Repair ComfortDelGro Engineering Pte Ltd

Off: 62148314 Fax: 65468156

From: Chiang Liat Choon
Sent: Wednesday, 18 July 2018 4:00 PM
To: kelvyna.ngian@sg.gaig.com
Subject: Fw: Scan Data from CDG_LO_AW_A5570

Dear Kelvyna,

Attached herewith repair estimate.

Best Regards

Chiang Liat Choon

Taxi Crash Repair ComfortDelGro Engineering Pte Ltd
Off: 62148314 Fax: 65468156

From: ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>
Sent: Wednesday, 18 July 2018 3:44 PM
To: Chiang Liat Choon
Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 8
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570
Device Location:

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SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref

305189350

Date

18-07-18

Time of Fax:

Via Fax

Gmail

Your Insured

YN 880 G

Date of Acc

14-07-18

Attn: Motor Claims Department

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO: ~~SA~~

SHD 6806L

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:

- i) 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:-

- | | |
|----------------------|---------------------------------|
| • Lim Kwok Eng | Tel: 6214 8316 or HP: 9824 0811 |
| • Larry Ng Nyuk Phin | Tel: 6214 8315 or HP: 9230 2824 |
| • Lim Tien Siong | Tel: 6214 8398 or HP: 9635 8546 |
| • Chiang Liat Choon | Tel: 6214 8314 or HP: |
| • Jumaní Bin Masudin | Tel: 6214 8315 or HP: 9635 5305 |
| • Fauzy Bin Mokhtar | Tel: 6214 8319 or HP: 8125 9176 |

Fax no. 6546 8156

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

Chiang Liat Choon

for Vice President
Crash Repairs & Claims Recovery

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Monday, 23 July 2018 3:53 PM
To: 'Tan, Rachel'; assignments
Cc: SUR
Subject: RE: CLMOMVC000003363 - SHD6806L v YN880G on 14 Jul 18
Attachments: CSGAI18013254Gqd3.pdf

Dear Rachel,

Enclosed herewith preliminary advice of SHD 6806L.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)
Sent: Friday, 20 July 2018 10:37 AM
To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: CLMOMVC000003363 - SHD6806L v YN880G on 14 Jul 18

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | 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: Friday, 20 July 2018 10:02 AM
To: Chiang Liat Choon <chianglc@cdge.com.sg>
Cc: LKK Assignments <assignments@lkkauto.com>
Subject: CLMOMVC000003363 - SHD6806L v YN880G on 14 Jul 18

Without Prejudice

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Dear LKK

Please accept assignment, attached Document for your reference. Thank you.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details	
Vehicle No.:	SHD6806L
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Scheme:	Taxi (Company)
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7L CRDI AT ABS AIRBAG 4DR
Chassis No.:	KMHLB41UMFU068058
Propellant:	Diesel
Engine No.:	D4FDEU499518
Engine Capacity:	1685 cc
Maximum Power Output:	100.0 kW (134 bhp)
Maximum Laden Weight:	2100 kg
Unladen Weight:	1501 kg
Year Of Manufacture:	2015
Original Registration Date:	23 Apr 2015
Lifespan Expiry Date:	22 Apr 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
PQP Paid:	\$50,177.00
COE Expiry Date:	22 Apr 2023
Road Tax Expiry Date:	22 Oct 2018
PARF Eligibility Expiry Date:	22 Apr 2023
Inspection Due Date:	22 Oct 2018
Intended Transfer Date:	23 Jul 2018
CO2 Emission:	159.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$7,500.00
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

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	16/07/2018 10:31
Date Of Accident	14/07/2018 10:30
Exact Location Of Accident	ORCHARD RD X HANDY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6806L
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	KOH BOON THAI
NRIC No	S1183053F
Date Of Birth	20/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1980
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96434340
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	704 07-215 HOUGANG AVENUE 2
Postcode	530704
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)	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

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	YN880G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HASS FIRDOUSE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/7/18 at about 1030hrs while I Veh A was making a left turn onto Handy Road within my lane (straight + left turn). Veh B also made a left from his lane (straight only) and collided on the front right portion of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION TEAM
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:

[Signature]
14/7/18
CSO

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)**

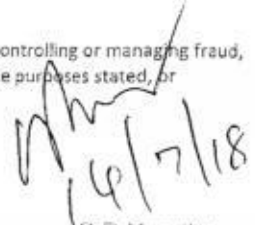
I understand, acknowledge, agree and consent that:

- (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.

COMFORT TRANSPORTATION P
CO. REG. NO. 199341391R

Policyholder's Signature
Date & Time:


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


S R Moorthy
GSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPAIR ESTIMATE*

VEHICLE NO : SHD 6806L

MAKE :

MODEL : HYUNDAI i40

DATE 18/7/2018 15:07

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:

A member of COMFORTDELGRO

Date/Time: 18.07.2018 15:38

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305189350

TOMER

MS

COMFORT TRANSPORTATION PTE LTD

TOMER NO.

7010045

RESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R)

65508755

(Q)

(P)

REGN NO.

SHD6806L

MILEAGE

MAKE

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

18.07.2018 12:25

YR OF MANU.

23.04.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU068058

COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

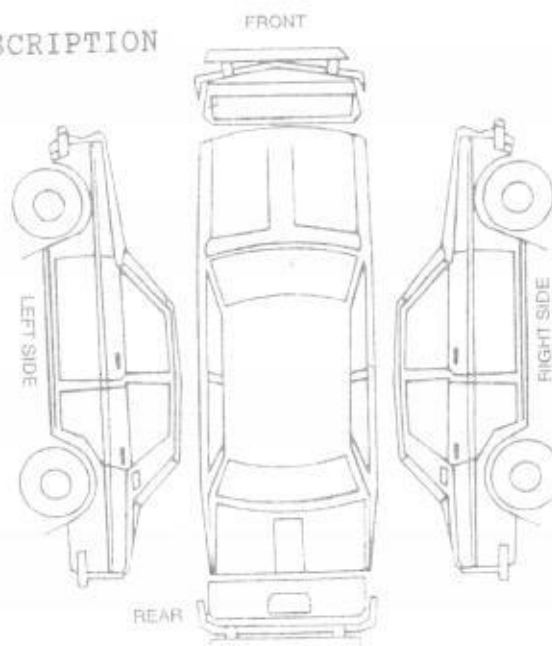
Accident Date: 14.07.2018

NATURE: 3P 14.07.2018

S/NO

LABOR CODE

DESCRIPTION



62148319

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

to:

to:

File No.:

SHD6806L

CHIANG

Exit Pass

Vehicle No.:

SHD6806L

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305189350
Date : 23/07/18

FINALIZATION FORM

To : LKK
Attn : Guo-Xiang
Vehicle Reg No. : SHD6806L

Fax :

17/07/2018

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

1. The repair job shall bill to: GT AMERICAN YN880G
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 : [Signature]
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : [Signature]
Name :
Date : 26/7/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18013254/Gqd3n2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 01-08-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YN 880G	Veh. Inspected	SHD 6806L
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000003363	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	20/07/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068058	Colour	BLUE
Odometer	464185	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	CAMPEON	6 mm
L/H Front Tyre	205/60 R16	CAMPEON	6 mm
R/H Rear Tyre	205/60 R16	CAMPEON	6 mm
L/H Rear Tyre	205/60 R16	CAMPEON	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/07/2018	Inspection Date	20/07/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6806L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	CUT	562.30	562.30
1	FRONT BUMPER GRILLE (RH)	CUT	40.30	40.30
1	FRONT BUMPER BRACKET TOP (RH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER RETAINER MOUNTING	NOT NECESSARY	9.20	-
	LESS 20% DISCOUNT		-126.84	-120.52
			507.36	482.08
<u>SPECIAL NETT ITEMS</u>				
1	FRT FENDER ADVERTISEMENT LOGO,RH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	200.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			900.00	400.00
GRAND TOTAL			1,507.36	982.08
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				800.00

Report Ref No. CS/GAI18013254/Gqd3n2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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