

12/03/2003

ASS. SEC. BY:

CS/AGI/8013470/Nqd302

Special Instruction:

SC

Surveyor

Naz

ASSIGNMENT (Office)

From (Person):

Julie Mengubut

of

AGI

Date/Time

24/07/18 @ 4:07pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 3542S

Insured:

SLJ 1892R

at Workshop m/s

Cumfort Delgro

Tel:

6214 8319

of

59 Fayeng Drive

Policy No:

Claim No:

C10001803/JM

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

Sup

25/07/18

H.O.D. Endorsement:

Date/Time

5:23pm @ 24/7/18

Person Contacted:

Fauzy

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 3542S - CC4/ASM/8063329/K/ua93 DOA: 20/2/18
	SLJ 1892R - X

No
photo
upload

26/7

NAZ

REF: - AGI

ASSIGNMENT

From: Date: 25/7/2018

Estimated Cost:

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

To Inspect Vehicle No: SHD 35423

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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHD 35423 Yr Regn: 8-SEP 2016

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

Truck / Trailer or

Make: MYUNDA 140 c.c 1685

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 242,056 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB47UMGU093495

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: 11

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

TOYO / YOKO or CST

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 23/7/18 D.O.I. 25/7/18

Survey held at CDGE LOYANG

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

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

Date / Time Action / Instruction

13/8/18 DINALIZED PART BY PART REPAIR \$945 / 2 DAYS
(RED 1981.98, 68%)

AGI PIP

RECEIVED 17 AUG 2018

RECEIVED 11 SEP 2018 extend W

Date/Time, File Pass to?

☐ : Preli. Report

1) 13/8/18 twist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Report Format:

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18013470/Nqd3

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRES SINGAPORE

239924

Date : 24-07-2018



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLJ 1892R	Veh. Inspected	SHD 3542S
Policy No.		Coverage (\$)	0.00
Claim No.	C10001803/JM	Excess (\$)	0.00
Assign From	JULIE MANGUBAT	Assign Date	24/07/2018

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	23/07/2018	Inspection Date	25/07/2018
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.

Nivitha (LKK Auto)

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Tuesday, 24 July 2018 4:07 PM
To: sur@lkkauto.com; assignments@lkkauto.com
Subject: FW: SHD3542S - DOA:23.07.18 - TP CLAIMS WITH YOUR INSURED SLJ1892R (AUTO GENERAL INS)
Attachments: img-724145008-0001.pdf

Our ref: C10001803/JM

Hi Team

Please accept survey on a without prejudice basis.

Vehicle lying at workshop now.

Thank you,
-Julie

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Sent: Tuesday, 24 July, 2018 3:03 PM
To: Claims <claims@budgetdirect.com.sg>
Cc: Jumanibm <jumanibm@cdge.com.sg>
Subject: SHD3542S - DOA:23.07.18 - TP CLAIMS WITH YOUR INSURED SLJ1892R (AUTO GENERAL INS)

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was grounded at our workshop on 23.07.18.

Best Regards,
Fauzy Mokhtar
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148319 / Fax:65468156

This email is sent by Auto & General (SEA) Services Pte. Limited or a related body corporate (Auto & General) and is for the intended addressee. The views expressed in this email and attachments (email) reflect the views of the stated author but may not reflect views of Auto & General. This email is confidential

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COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Auto General Insurance

Our Ref: 305191653
Date: 24-7-18
Time of Fax: 1450hr

Via Fax: Email
Your Insured: SLJ1892 R
Date of Acc: 23/7/18

Attn: Motor Claims Department
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

D3542S

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: 9296 6006
• Juman Bin Masudin	Tel: 6214 8315 or HP: 9635 5305
• Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176

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 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	24/07/2018 12:02
Date Of Accident	23/07/2018 17:45
Exact Location Of Accident	T-JUNCT OF HENDERSON RD> TIONG BAHRU RD & BT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3542S
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LEE SECK JIN
NRIC No	S0409761J
Date Of Birth	15/07/1951
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1971
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97545188
Fax Number	
Contact Number	
EMail Address	SECKJIN@YAHOO.COM.SG

Address	BLK 302 BUKIT BATOK STREET 31 01-45
Postcode	650302
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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

REFER 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	SLJ1892R
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	90614726
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJN7061K
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE SECK JIN
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SHD3542S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

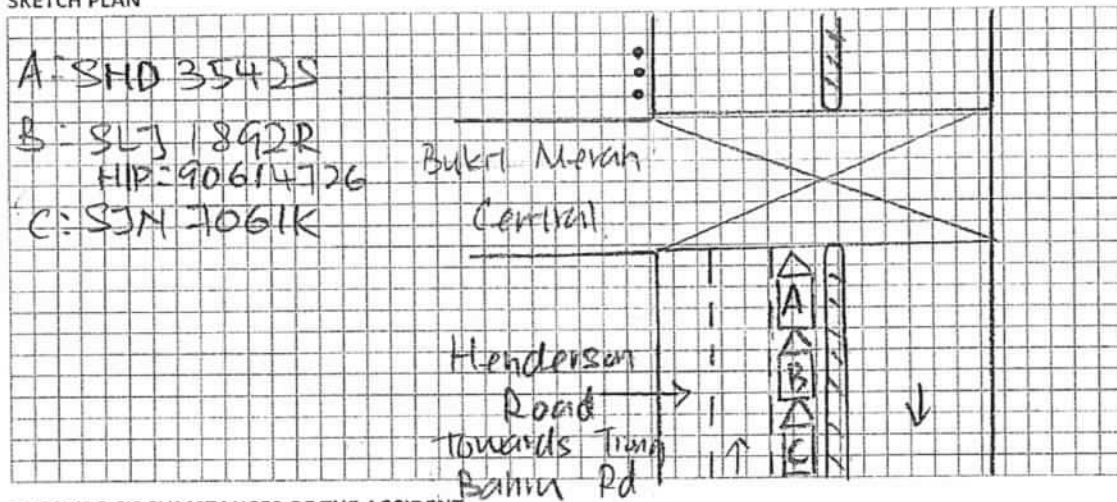
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/INC SketchPlanform_V3

1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/7/18 at about 17:45 hrs, I was driving on extreme right lane of the traffic junction Henderson road and Bukit Merah Central.

Shortly after the car in front braked to stopped, and I followed suit. A few second later, I felt an impact from my taxi behind followed a jerk. A car SLJ 1892R collided onto the rear portion of my stationary taxi, earlier on veh C SJN 7061K hit onto the rear portion of veh B.

01 female passenger in my taxi. I felt pain on my neck and back after accident, will consult doctor later on.

DECLARATION

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

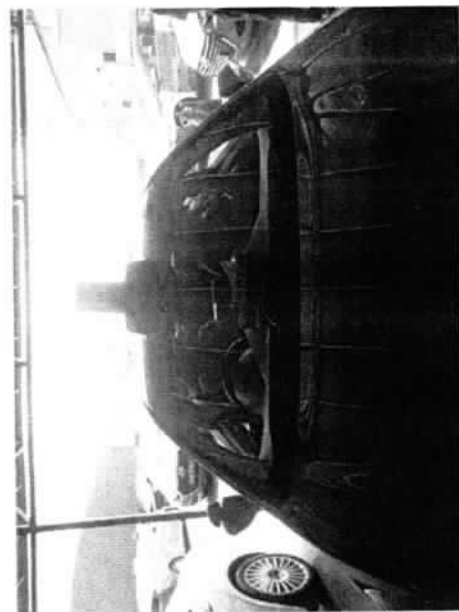
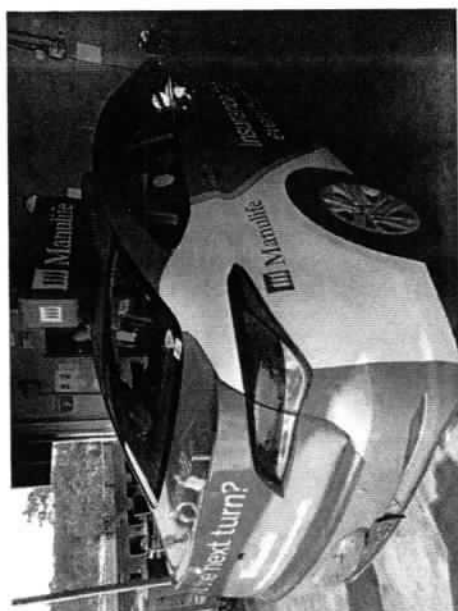
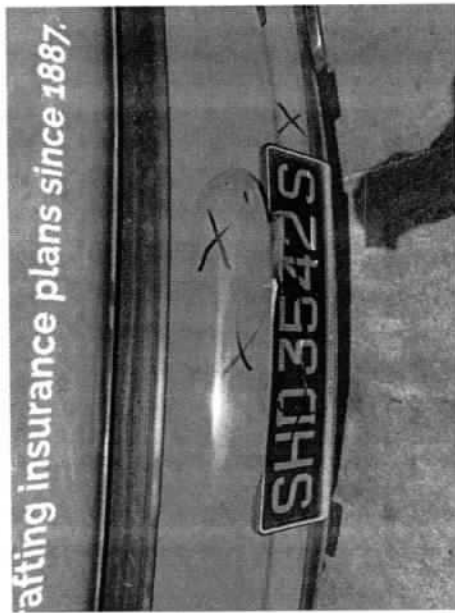
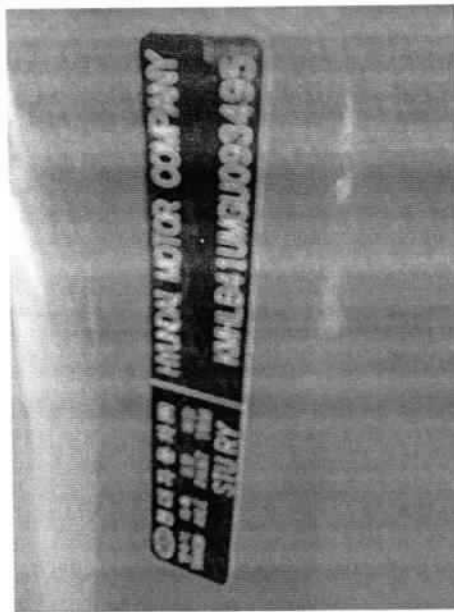
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Loke Wei Yieng

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



Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 680049

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 24.07.2018 14:07

Page : 1

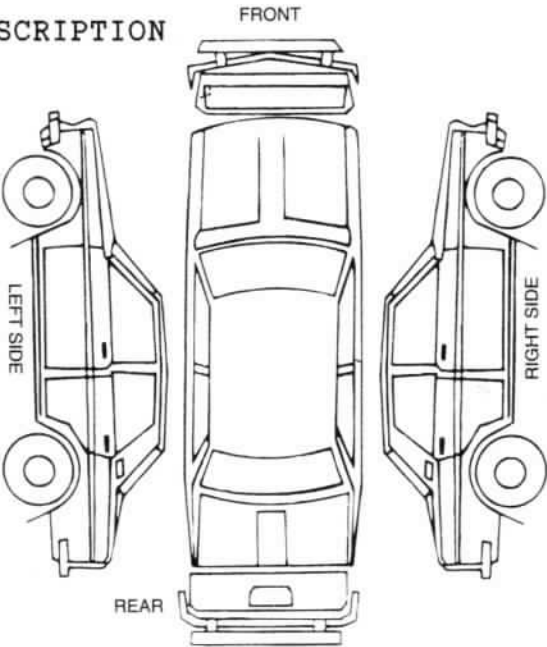
Team:	ARC Repair TP(CLS0)1	JOB CARD	Sales Order: 3842282	JC NO.: 305191653
CUSTOMER		REGN NO.: SHD3542S		
MS		MAKE: HYUNDAI		
CUSTOMER NO. 7010045		MODEL I-40		
ADDRESS 383 SIN MING DRIVE		DATE/TIME IN 24.07.2018 10:35		
Singapore SINGAPORE 575717		YR OF MANU 08.09.2016		
65508755 (R) (P)		CHASSIS CODE KMHLB41UMGU093495		
COUNT CARD NO.		COMPLETION DATE/TIME:		

JOB DESCRIPTION

Accident Date: 23.07.2018
NATURE: 3P 23.07.18/B

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD3542S JU

Vehicle No.: SHD3542S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3542S

DATE 24/7/2018 11:43

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Licence Lamp Cover			\$ 100.00
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Reflector Lamp (LH/RH)		\$ 32.00	\$ 64.00
	Rear Bumper Bracket (LH/RH)		\$ 49.00	\$ 98.00
	Rear Bumper Clips 10 pcs			\$ 22.00
	SUB TOTAL		225	\$ 2,120.35
	LESS 20%			\$ 424.07
	DISCOUNTED TOTAL		180	\$ 1,696.28
	Rear No.Plates			\$ 25.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL			\$ 2,926.98
<p>NA 2 LKK</p> <p>25/7/18 1610</p> <p>PIP</p> <p>BEFORE PAINT PHOTO</p> <p>2 DAYS</p>				
<p>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.</p>				

LKK Auto Consultants hence notify the Repaired 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:

XSVK

X R

X SVC

X SVC

X SVC

X SVC

X SVC

X SVC

X SVC

X SVC

Nett

Nett

Nett

Nett

Nett

200

200

20

20

Signature

24/8/18

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305191653
Date : 27/07/2018

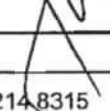
ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156


FINALIZATION FORM

To : LKK Fax :
Attn : NAZ
: SHD3542S Date of Accident : 23/07/2018

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

1. The repair job shall bill to: AUTO GENERAL --- SLJ1892R
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$255.00
 - (b) Labour Charges ### \$690.00
Total for Part-By-Part Repair Cost \$945.00 \$945
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : NAZ
Date : 13/8/18

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 27.07.2018
Time: 15:49:43
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 : 305191653
REGN NO : SHD3542S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.09.2016
DATE/TIME IN : 24.07.2018 10:35
ACCIDENT DATE : 23.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0738-G I40VC COVER-RR BUMPER LWR 1 L 225.00 20.00 180.00
0002 04-01-0103-1150-A I40VC PROTECTOR MAT 1 N 50.00 2.00- 50.00
0003 FNPS NO PLATE(S) 1 N 25.00 0.20 25.00

SUB-TOTAL : 255.00

JOB NATURE

0000 L PANEL BEATING- REAR 200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00
0002 17-01 CHECK ALL LIGHTING 20.00
0003 L REMOVE/REFIX REVERSE SENSOR 20.00
0004 20-05 RENEW ADVERTISMENT STICKER- 250.00

SUB-TOTAL : 690.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 27.07.2018

Time: 15:49:43

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS: COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305191653
REGN NO : SHD3542S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.09.2016
DATE/TIME IN : 24.07.2018 10:35
ACCIDENT DATE : 23.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 945.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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				
AUTO & GENERAL INSURANCE (S) PL			Ref : CS/AGI18013470/Nqd3e2	
(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924			Date : 12-09-2018	
			Code : AGI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLJ 1892R	Veh. Inspected	SHD 3542S	
Policy No.		Coverage (\$)	0.00	
Claim No.	C10001803/JM	Excess (\$)	0.00	
Assign From	JULIE MANGUBAT	Assign Date	24/07/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU093495	Colour	BLUE	
Odometer	242056	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	CST	7 mm	
L/H Front Tyre	205/60 R16	CST	7 mm	
R/H Rear Tyre	205/60 R16	CST	7 mm	
L/H Rear Tyre	205/60 R16	CST	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/07/2018	Inspection Date	25/07/2018	
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 3542S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	LICENCE LAMP COVER	SERVICEABLE	100.00	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SCRATCHED	225.00	225.00
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$32.00	SERVICEABLE	64.00	-
2	REAR BUMPER BRACKET (LH/RH) @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	SERVICEABLE	22.00	-
	LESS 20% DISCOUNT		-424.07	-45.00
			1,696.28	180.00
SPECIAL NETT ITEMS				
1	REAR NO. PLATE (SN)	CRACKED	25.00	25.00
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			460.70	325.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	20.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	20.00
			770.00	440.00
GRAND TOTAL			2,926.98	945.00
RECOMMENDED COST OF REPAIRS				945.00

Report Ref No. CS/AGI18013470/Nqd3e2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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