

## ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

Place of Accident:

Is driver the owner? ( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2. (Strike if N.A.)

S\$

Name 2:

Payee 3. (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

RECEIVED 15 AUG 2018

CORRESPONDENCE

15/8/18

Independent

#160.00

(08/11/13)

Surveyor: Kalvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 02 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: SH 93235 Yr Regn: 524, 208

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

Truck / Trailer or

Make: Hu Lai AE ZO NG c.c. 1500Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 12314 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHL 85/CVJ4103428Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R15

R: \_\_\_\_\_

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

TOYO / YOKO or Nexa

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 20/7/18 D.O.I. 8/8/18Survey held at CDHE (Loyang)

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

N/S Frnt.

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

Date / Time Action / Instruction

PIP \$1279.04 (Reel #130/9%).

Inspected By  
KL

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

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

## 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 08:47
Date Of Accident	20/07/2018 23:30
Exact Location Of Accident	BLK 282A TOH GUAN RD MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9323S
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	KOH SIOW SENG
NRIC No	S1178633B
Date Of Birth	24/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	26/06/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92771093
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	284 12-269 TOH GUAN ROAD
Postcode	600284
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	COLLIDED INTO PROPERTY
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)

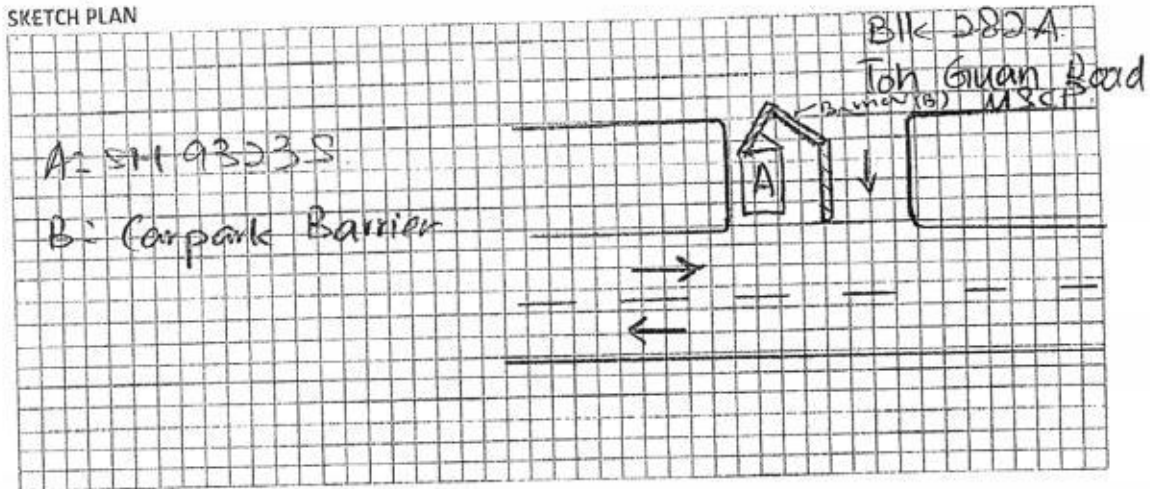
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
Name of Driver	ALVIN
NRIC/Passport Number	
Contact Number	96729909
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/7/18 at about 23:30 hrs, I was driving into Blk 282A Toh Guan road MSCP.

Before I entering the car park, I found the barrier has damaged originally and the height is not allowed me to drive in while I do reverse backward for existing, suddenly the barrier drop down and hit onto the front left portion of my taxi. Thereafter a guy come to help me lift up the barrier let me drive into MSCP.

## DECLARATION

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

COMFORT TRANSPORTATION PT  
Policyholder's Signature: 199303821R  
Date & Time:

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

Loke Wei Yeng

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.

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

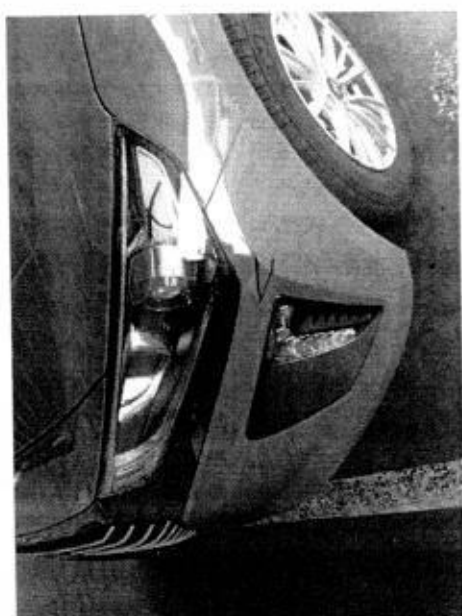
Policyholder's Signature  
Date & Time:

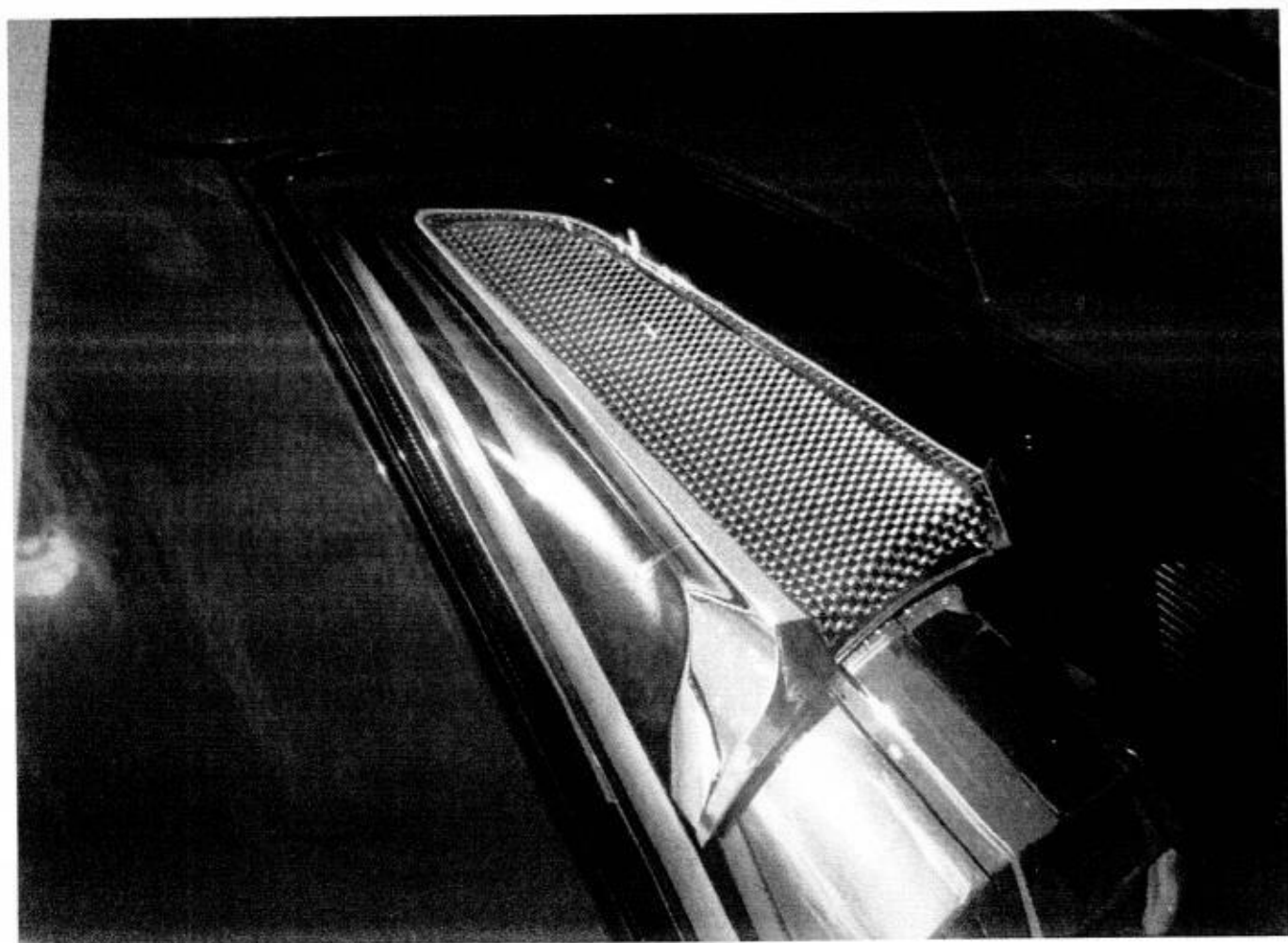
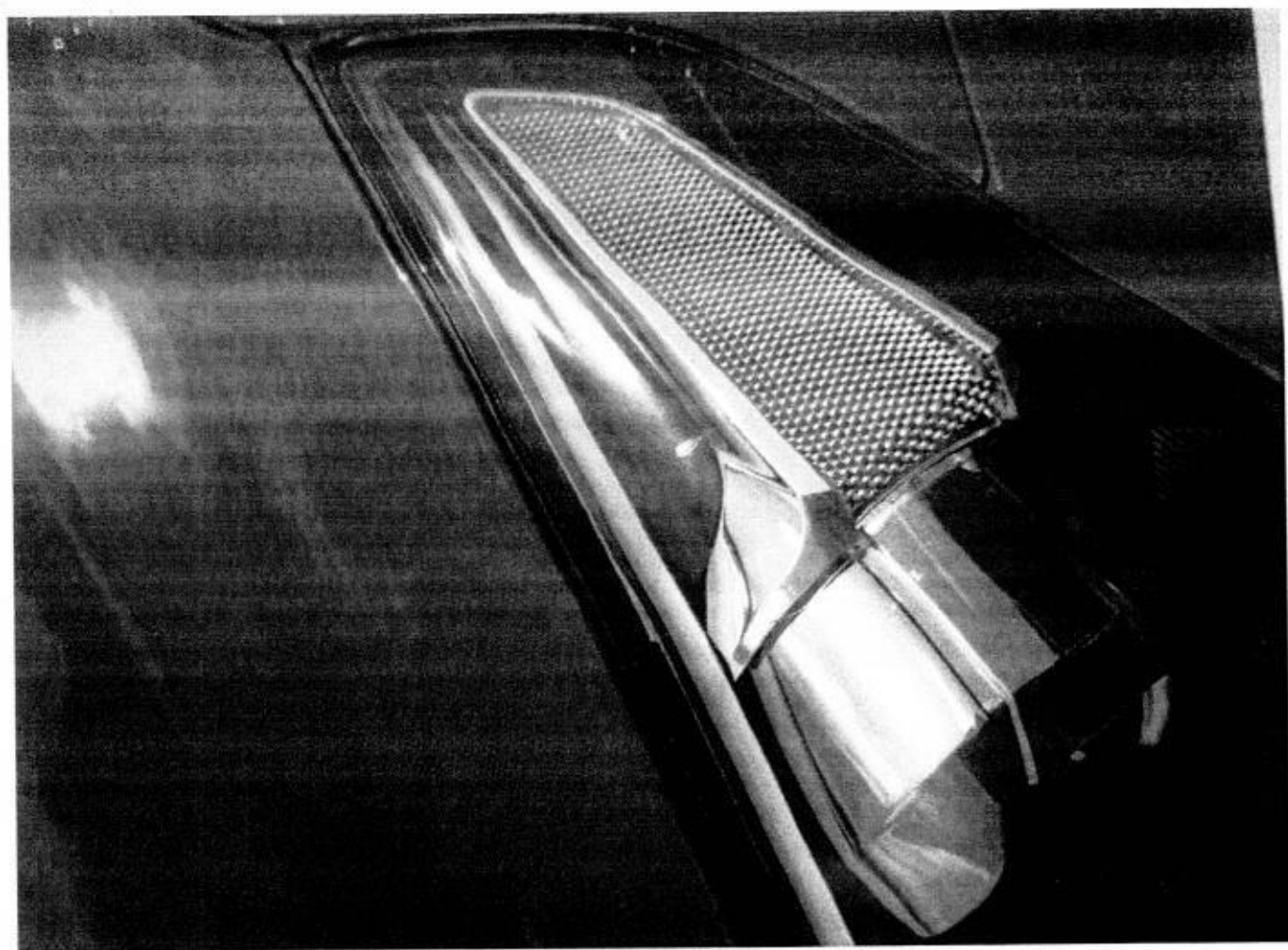
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

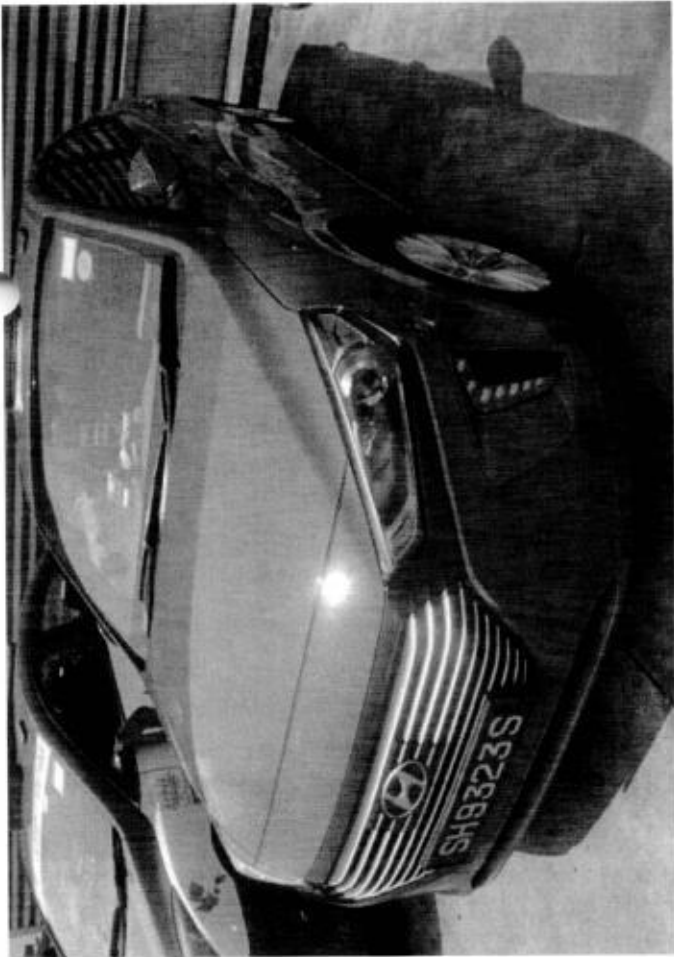
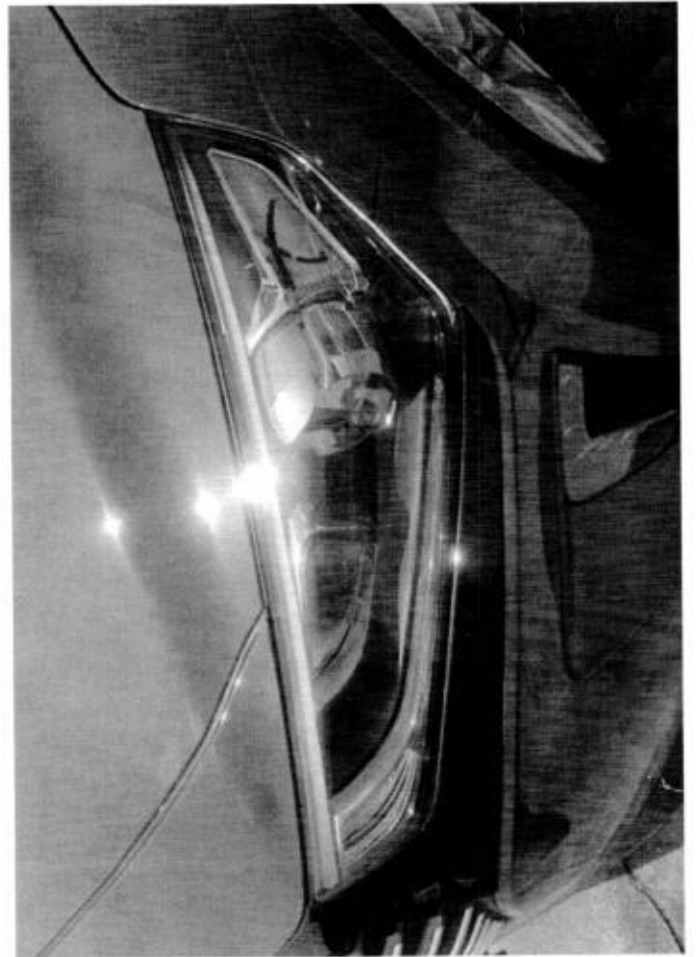
Loke Wei Yieng

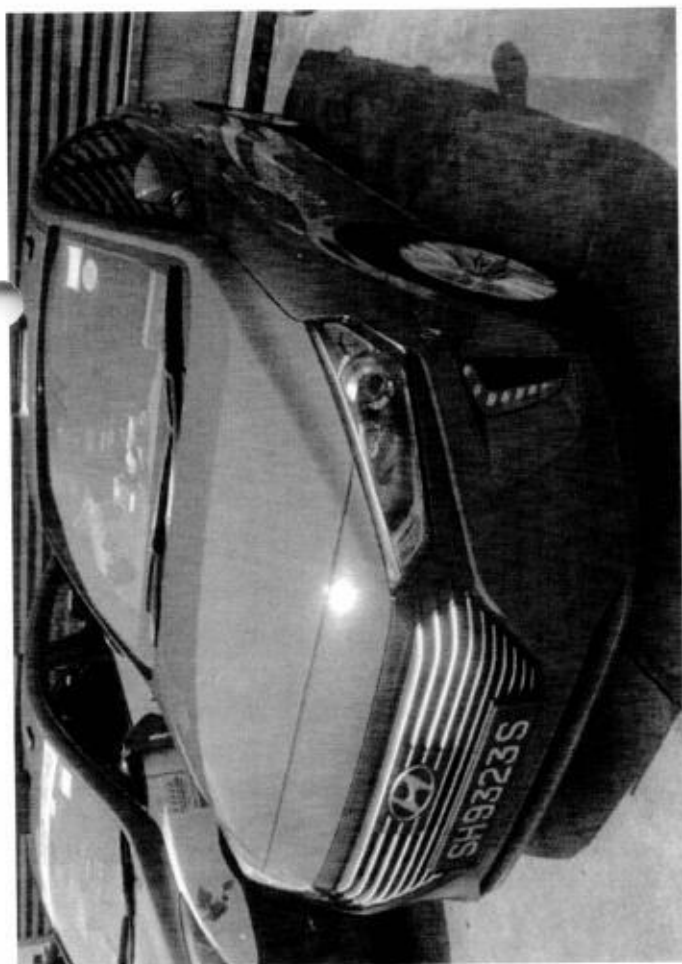
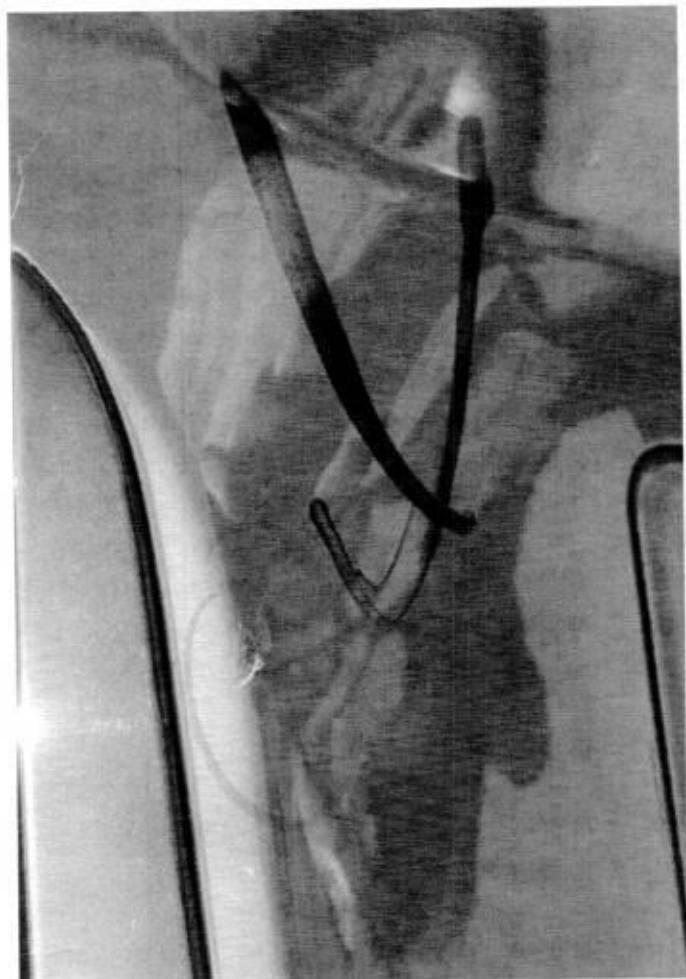












RE: Accident SH9323S at J96 on 20 Jul 2018 at 2330hr

CHAN LI SI <lisi@uoi.com.sg>

Tue 24/7/2018 4:34 PM

To: CDGE Taxi\_Accident <taxi\_accident@cdge.com.sg>;

Cc: Tan Pei Wei <tanpw@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>; Aileen Tan Lee Noi <aileentan@cdge.com.sg>; Lim Kwok Eng <limke@cdge.com.sg>; Fleet Safety <fleetsafety@cdgtaxi.com.sg>; Alvin Tan <atan@secureparking.com.sg>; LEE KATIE <katielee@uoi.com.sg>;

1 attachment (74 KB)

4188\_001.zip

UOI's ref: L11D54641808

Dear Rama,

I refer to our telephone conversation just.

We would like to arrange for a prerepair inspection of the vehicle, on a without prejudice basis.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors for your attention.

We propose to appoint M/s LKK Auto Consultants Pte Ltd.

In addition, please let us have your quote and GIA report for our reference.

Please confirm in writing if you are agreeable to the surveyor appointment for our necessary action. All our rights are reserved.

Regards,

**Chan Li Si**

Executive

ims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9330 | Fax • (65) 6327 3869 | Email • [lisi@uoi.com.sg](mailto:lisi@uoi.com.sg)

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**From:** Alvin Tan [mailto:[atan@secureparking.com.sg](mailto:atan@secureparking.com.sg)]

**Sent:** Tuesday, 24 July, 2018 4:08 PM

**To:** CHAN LI SI <lisi@uoi.com.sg>; LEE KATIE <katielee@uoi.com.sg>

**Cc:** Tan Pei Wei <tanpw@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>; Aileen Tan Lee Noi

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305197604

STOMER

REGN NO.:

SH 9323S

MILEAGE

VMS

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

MAKE :

HYUNDAI

FUEL

E 1/2 F

MODEL

IONIQ(G2)

DATE/TIME IN

08.08.2018 09:30

YR OF MANU

05.07.2018

TARGET DATE

CHASSIS CODE

KMHC851CVJU103428

COMPLETION DATE/TIME:

SCOUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 20.07.2018

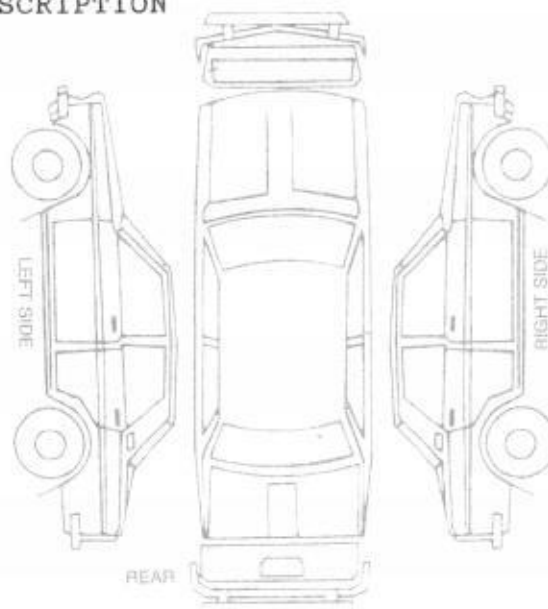
NATURE: 3P 20.07.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

to:

to:

File No.:

SH 9323S

CHIANG

Vehicle No.:

SH 9323S

Signature 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 PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 9323S

DATE 23/7/2018 15:36

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Head Lamp Assy, LH <i>crh</i>			\$ 1,198.80
	<i>Front Bumper x repair</i>			
	SUB TOTAL			\$ 1,198.80
	LESS 20%			\$ 239.76
	DISCOUNTED TOTAL			\$ 959.04
	Labour Charge			<i>100</i>
	Panel Beating			\$ 200.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00 <i>2-</i>
	TOTAL LABOUR			\$ 450.00
	ESTIMATE TOTAL			\$ 1,409.04
<p><i>Kalwa 1614</i></p> <p><i>8/8/18 1050 L</i></p> <p><i>2 Bgr.</i></p> <p><i>P/P</i></p> <p><i>After Repair p/L</i></p> <p><i>CH</i></p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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.				



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305197604  
Date : 14/08/18

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

## FINALIZATION FORM

To : LKK Fax :  
Attn : KALVIN  
Vehicle Reg No. : SH9323S 20/07/2018

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

1. The repair job shall bill to: JOI BARRIER
2. The finalized amount shall be:
 

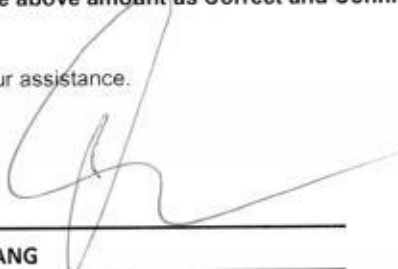
(a) Spare Parts after List discount	<u>\$959.04</u>
(b) Labour Charges	<u>\$320.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$1,279.04</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
<b>Final Lumpsum Repair cost</b>	


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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 14/8/18

## 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:

Independent

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 14.08.2018

Time: 13:56:08

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 : 305197604  
REGN NO : SH 9323S  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 05.07.2018  
DATE/TIME IN : 08.08.2018 09:30  
ACCIDENT DATE : 20.07.2018

## JOB/ PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-2815-G IONIQVC LAMP ASSY-HEAD LH 1 1,198.80 20.00 959.04

SUB-TOTAL : 959.04

## JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

0002 17-01 CHECK ALL LIGHTING 20.00

SUB-TOTAL : 320.00

TOTAL : 1,279.04

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 9323S

DATE 23/7/2018 15:36

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Head Lamp Assy, LH <i>cut</i>			\$ 1,198.80
	<i>Front Bumper x repair</i>			
	SUB TOTAL			\$ 1,198.80
	LESS 20%			\$ 239.76
	DISCOUNTED TOTAL			\$ 959.04
	Labour Charge			<i>100</i>
	Panel Beating			\$ <del>200.00</del>
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ <del>50.00</del> <i>20</i>
	TOTAL LABOUR			\$ 450.00
	ESTIMATE TOTAL			\$ 1,409.04
<p><i>Kelwailary</i>  <i>8/8/18 1050 L</i>  <i>2 Bys.</i>  <i>PIC</i>  <i>After Repair p.H.</i>  <i>LH</i></p>				
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification is allowed</li> <li>• Supplemental work must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer            Signature:            Date:</p> </div>				
<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 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

COMFORTDELGRO ENGINEERING PTE LTD

Ref : CC3/QW18014509/K1pa3s2

59 LOYANG DRIVESINGAPORE 508969

Date : 17-08-2018



Code : QW007

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SH 9323S
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	08/08/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI AE IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103428	Colour	BLUE
Odometer	12314	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/60R15	NEXEN	7 mm
L/H Front Tyre	195/60R15	NEXEN	7 mm
R/H Rear Tyre	195/60R15	NEXEN	7 mm
L/H Rear Tyre	195/60R15	NEXEN	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	20/07/2018	Inspection Date	08/08/2018
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.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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Page No.: 1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9323S**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	HEAD LAMP ASSY, LH	CRACKED TO REPAIR SEE LABOUR	1,198.80	1,198.80
1	FRONT BUMPER (NPA)		-	-
	LESS 20% DISCOUNT		-239.76	-239.76
			959.04	959.04
	<b><u>LABOUR</u></b>			
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		200.00	100.00
	SPRAY PAINTING CHARGE.		200.00	200.00
	WIRING CHARGE.		50.00	20.00
			450.00	320.00
	<b>GRAND TOTAL</b>		<b>1,409.04</b>	<b>1,279.04</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>1,279.04</b>

Report Ref No. CC3/QW18014509/K1pa3s2

**KALVIN ANG WEI KUN**

Automotive Assessor / Investigator

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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