

(08/11/13)

Surveyor: KalvinREF: CC3/TM18015119/Klebnz

## 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: ABD 8138P

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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

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

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA 36454 Yr Regn: 18/2015Type: M.Car / M.Cycle / Bus / Van / Lorry / T<sub>0</sub> / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 cc 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 505286 T/Radio: Insured / Std / NI / NA

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

C/No: KMHCBK14MFC406954Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SIRim / STD or Rim orTyre Size: F: 205/60R16

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

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

TOYO / YOKO or West/GeoFront: 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 18/8/0 D.O.I. 20/8/8Survey held at CDHE (Loyang)

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

N/S Rev.

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

Date / Time	Action / Instruction
	SHA 36454 - CC4 / TM18015119 / hbsxx
	ABD 8138P - x
23/8/8	Customer 4/5 + \$800 / 2 Reps.
	( \$ 2,627.20 Red - 77% )
	RECEIVED 24 AUG 201

Date/Time, File Pass to?

24/08/18

1)

Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I.: (\$ 800/- L/S)Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

Photos

Others

TOTAL

250
10
266

## Shirley Hiew (LKK Auto)

**From:** Too Joon Hwa <shirleytoo@tokiomarine.com.sg> on behalf of Motor Claims <motorclaims@tokiomarine.com.sg>  
**Sent:** Thursday, 23 August 2018 11:28 AM  
**To:** Shirley Hiew (LKK Auto)  
**Subject:** M1804170-PT - RE: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD - DOA: 18/08/2018 , SHA3645U (TP), GBD8138P (OI)

Hi Shirley

We have assign through Merimen.

Thanks.

### Shirley Too

Administrative Assistant, Motor Claims

Tokio Marine Insurance Singapore Ltd.  
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046  
T (65) 6592 6409 | F (65) 6221 2101 |  
E [shirleytoo@tokiomarine.com.sg](mailto:shirleytoo@tokiomarine.com.sg) | W [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at [www.tokiomarine.com](http://www.tokiomarine.com).

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**From:** Shirley Hiew (LKK Auto) [mailto:[ShirleyHiew@lkkauto.com](mailto:ShirleyHiew@lkkauto.com)]  
**Sent:** Tuesday, 21 August, 2018 1:43 PM  
**To:** Motor Claims <motorclaims@tokiomarine.com.sg>  
**Cc:** 'SUR' <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD - DOA: 18/08/2018 , SHA3645U (TP), GBD8138P (OI)

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 3645U on 20/08/2018 at M/s: ComfortDelGro Engineering Pte Ltd.

Enclosed herewith a copy of TP's GIA report and workshop Estimate.

Meanwhile, kindly create claims in Merimen for our necessary action.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

This message contains confidential information and is intended only for the addressee named. If you are not the named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or

copy this email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

## 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	18/08/2018 11:31
Date Of Accident	18/08/2018 08:40
Exact Location Of Accident	SLIP ROAD FROM LOR 2V TOA PAYOH TO PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3645U
<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	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
<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	YEO CHEOW HWA
NRIC No	S1160937F
Date Of Birth	29/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98426613
Fax Number	
Contact Number	
Email Address	YEOALBERT@SINGNET.COM.SG

Address	436 #05-450 JURONG WEST AVENUE 1
Postcode	640436
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : - GENDER: : MALE

### 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

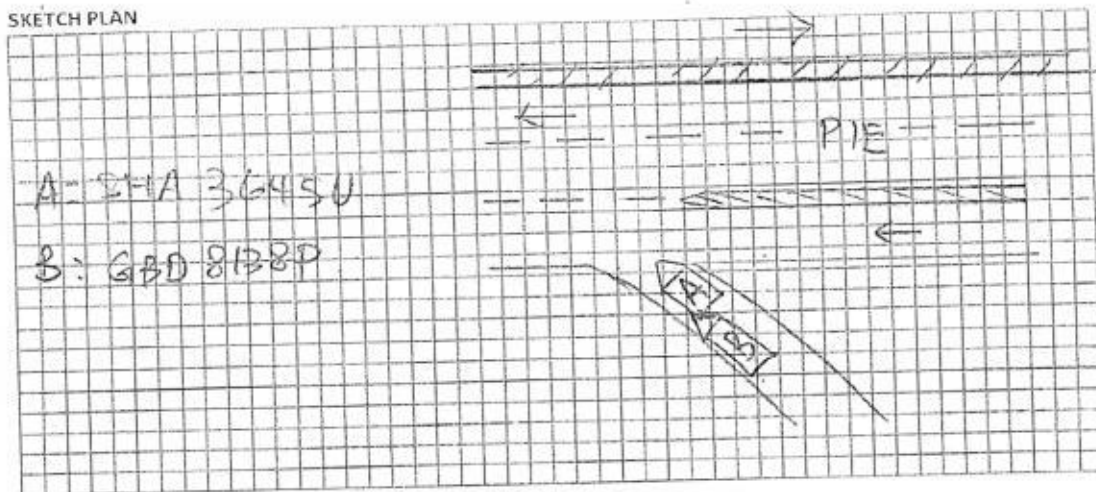
### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8138P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/8/18 at about 08:40 hrs, I was driving along the slip road for Lor 2 Toa Payoh to PIE.

As I approaching the give way line, I slowed down to check traffic from major road. A split second later, I felt an impact from my taxi behind. Followed a jerk. I stepped out to have a check and found Veh B it. Front right portion collided onto rear left portion of my stationary taxi.

01 male passenger on board my taxi. No injury reported in this accident.

## 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)

Reporting Centre Personnel's Signature  
Name:

# IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

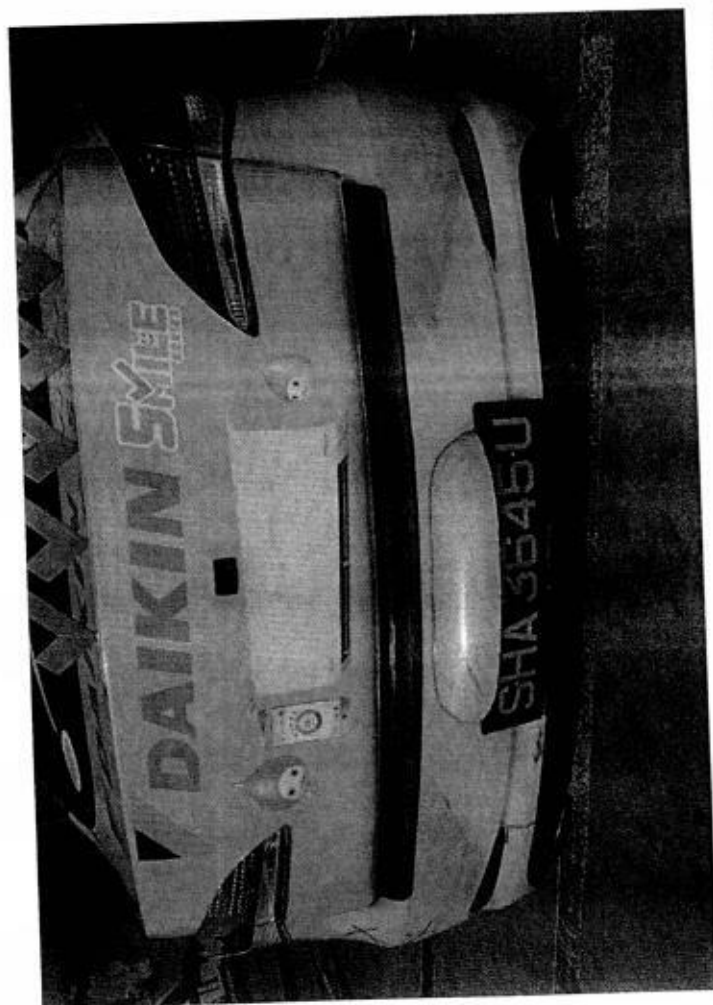
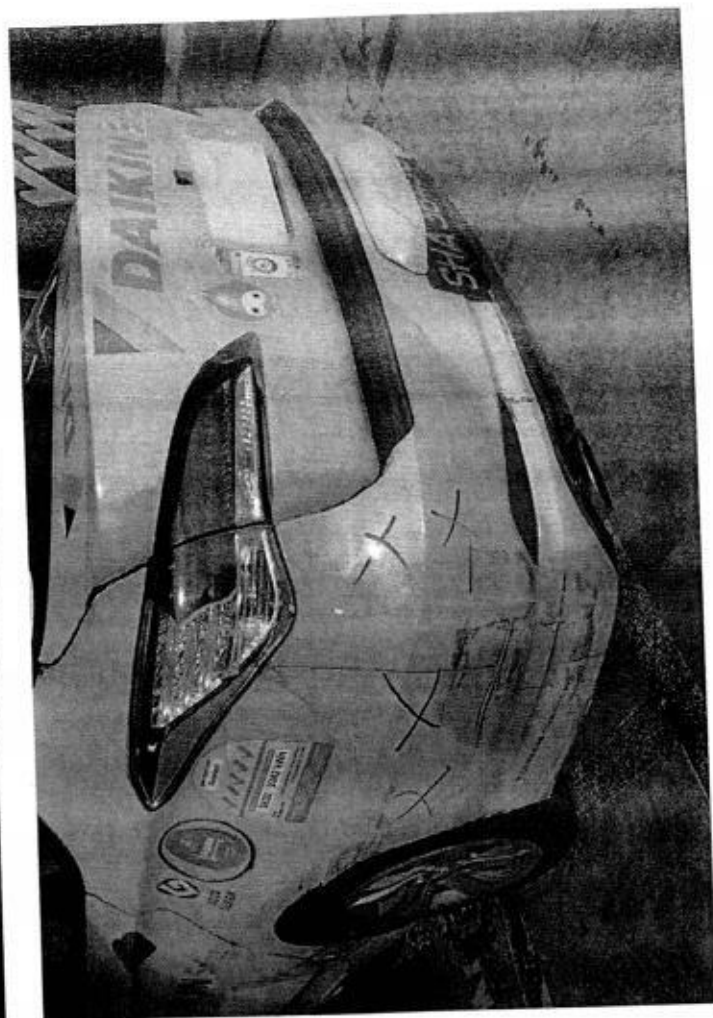
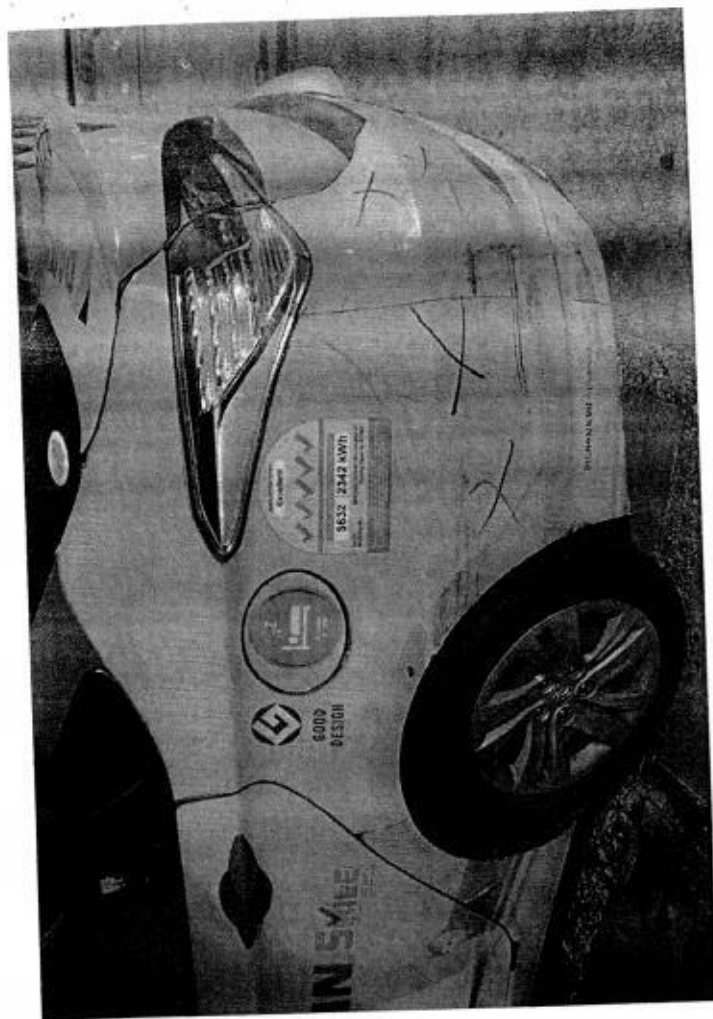
PORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

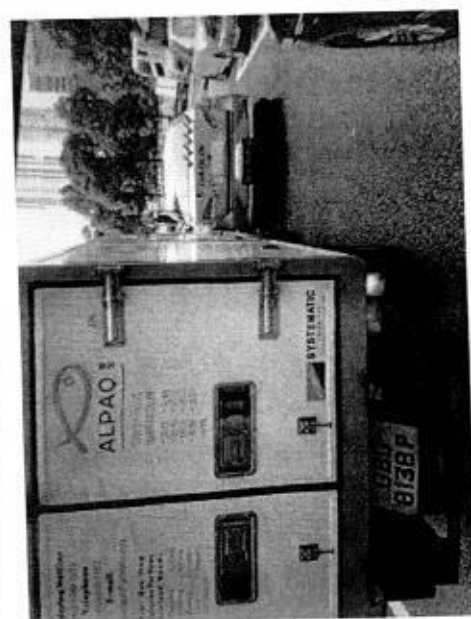
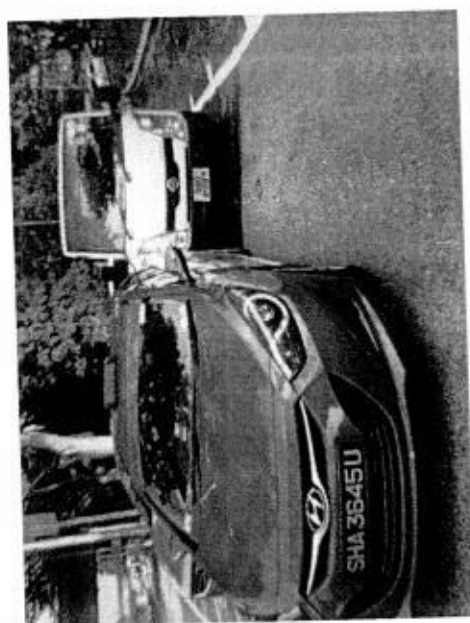
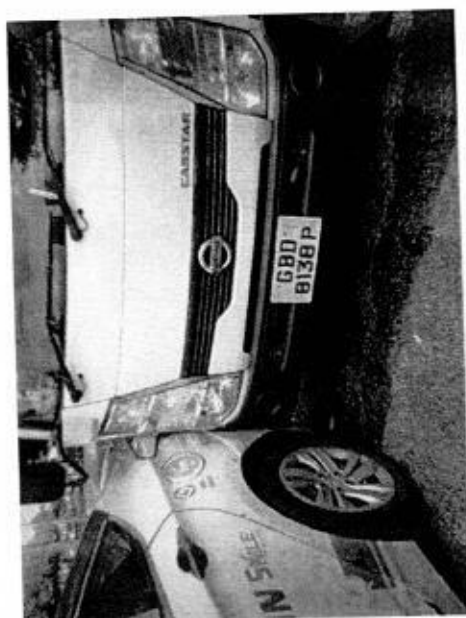
Policyholder's Signature  
Date & Time:

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

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







**ComfortDelGro Engineering Pte Ltd** (Co Reg No: 199506048W)  
 59 Loyang Drive  
 Singapore 508969  
 Tel: 6214 8300

**TP INSURER:** Tokyo Marine Insurance Singapore Ltd (HQ)  
**COMFORT TRANSPORTATION PTE LTD**

Singapore

**PARTICULARS OF CLAIM**

<b>Claim Type:</b>	THIRD PARTY	<b>Ref. No:</b>	
<b>Policy No:</b>		<b>Date of Loss:</b>	18/08/2018
<b>Vehicle Reg. No.:</b>	SHA3645U	<b>Driveable?</b>	YES
<b>Party At Fault:</b>	UNKNOWN		
<b>Make/Model:</b>	HYUNDAI I40, 1.7 D CRDI (A)	<b>Vehicle Reg. Date:</b>	18/06/2015
<b>Vehicle Colour:</b>	BLUE	<b>Gen Condition:</b>	GOOD
<b>Engine No:</b>	D4FDFU504361	<b>Chassis No:</b>	KMHLB41UMFU069541
<b>Odometer:</b>	505285 KM		
<b>Paint Type:</b>			
<b>List Item Discount:</b>	20.00 %		
<b>Total Loss?</b>	NO		
<b>Est. Duration of Repair (day)</b>	4		
<b>Present Location:</b>	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	2,647.20
Miscellaneous Items	10.00
Labour	770.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>3,427.20</b>
<b>+ GST 7.00% (S\$)</b>	<b>239.90</b>
<b>Nett Amount (S\$)</b>	<b>3,667.10</b>

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: 20 Aug 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/SHA3645U/20/08/2018 15:23  
**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 <i>X Rep</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT <i>X su</i>	20.00	0.00	*504.35 FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET - LH/RH <i>X su</i>	20.00	0.00	*360.00 FL
4	2		*REAR BUMPER SIDE BRACKET - LH/RH <i>X su</i>	20.00	0.00	*98.00 FL
5	10		*REAR BUMPER CLIPS <i>X su</i>	20.00	0.00	*22.00 FL
6	1		*REAR BUMPER SPONGE <i>X su</i>	20.00	0.00	*143.40 FL
7	1		*REAR BUMPER UNDERCOVER <i>X su</i>	20.00	0.00	*225.00 FL
8	1		*TAIL LAMP - LH <i>LA</i>	20.00	0.00	*565.60 FL
9	1		*LICENCES LAMP GARNISH <i>X su</i>	20.00	0.00	*380.80 FL
10	1		*REAR NUMBER PLATE <i>X su</i>	0	0.00	*25.00 FS
11	1		*REAR NUMBER RUBBER MAT <i>X su</i>	0	0.00	*50.00 FS
12	1		*ADVERTISEMENT - REAR BUMPER <i>su</i>	0	0.00	*50.00 FS
13	2		*ADVERTISEMENT - REAR FENDERS - LH/RH <i>su</i>	0	0.00	*200.00 FS

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

Sub Total (S\$)	3,227.75
- List Item Discount on L Items (S\$)	580.55
<b>Total Parts (S\$)</b>	<b>2,647.20</b>

ComfortDelGro Engineering Pte Ltd/SHA3645U/20/08/2018 15:23. Not valid without Reference section.  
 Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			10.00
1	1	OD/TP Case (Insurer)	
Sub Total (S\$)			10.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			100
1	PANEL BEATING	New	350.00
2	SPRAY PAINTING	New	250.00 200
3	REMOVE / REFIX REVERSE SENSOR	New	120.00 X 1
4	WIRING CHARGE	New	50.00 X 2
Gross Labour Cost (S\$)			770.00

ComfortDelGro Engineering Pte Ltd/SHA3645U/20/08/2018 15:23. Not valid without Reference section.  
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< END OF ESTIMATES >

Katun 11/11/14

20/8/18 1535h

20/8/18

4/5

After Repair y lto

LK's Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "without prejudice" basis
- No illegal modification is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

A member of COMFORTDELGRO

Date/Time: 20.08.2018 09:52

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305201825

ISTOMER

COMFORT TRANSPORTATION PTE LTD

VAR

3/MS

7010045

ISTOMER NO.

383 SIN MING DRIVE

IDRESS

Singapore SINGAPORE 575717

65508755

(O)

L (R)

(P)

3COUNT CARD NO.

REGN NO.:

SHA3645U

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

18.08.2018 09:40

YR OF MANU.

18.06.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU069541

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 18.08.2018

NATURE: 3P 18.08.2018

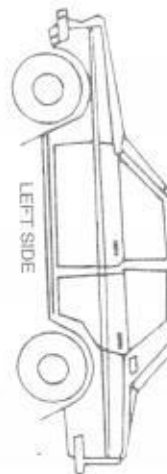
S/NO

LABOR CODE

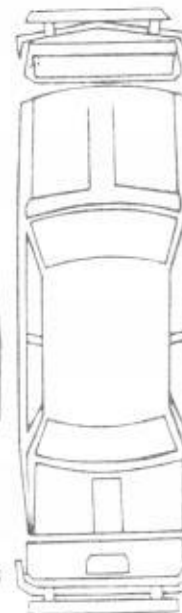
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FRONT

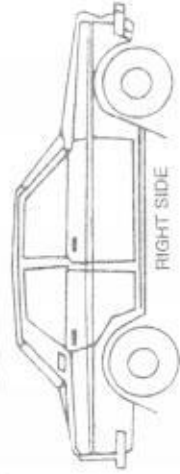
TOKIO - Rear Left damage  
LFIC/



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Signature

Vehicle No.:

Vehicle No.:

SHA3645U

LARRY

Vehicle No.:

SHA3645U

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

Our Job Ref No : 305201825  
Date : 23. Aug. 2018

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No : SHA3645U


Fax :


Date of Accident: 18. Aug. 2018

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

1. The repair job shall bill to: TOKIO GBD8138P
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 : Kalin  
Date : 23/8/18

### 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				
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/TMI18015119/K1SBN2  
Date: 30/08/2018

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MW008553
Claimant Vehicle No :	SHA3645U	Insured Vehicle No :	GBD8138P
Date of Loss:	18/08/2018	Nature of Claim:	TP
		Claim No:	M1804170

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHA3645U	Engine No:	D4DFDU596625
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMFU069541
Reg. Date:	18/06/2015 (Man. Year: 2015)	Odometer:	505286 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

## CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,647.20	702.48	1,944.72	73.46
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	770.00	300.00	470.00	61.04
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>3,427.20</b>	<b>1,012.48</b>	<b>2,414.72</b>	<b>70.46</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>800.00</b>		
<b>(S\$)</b>	<b>3,427.20</b>	<b>800.00</b>	<b>2,627.20</b>	<b>76.66</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>239.90</b>	<b>56.00</b>	<b>183.90</b>	<b>76.66</b>
<b>Nett Amount (S\$)</b>	<b>3,667.10</b>	<b>856.00</b>	<b>2,811.10</b>	<b>76.66</b>

## INSPECTION

Date of Assignment:	23/08/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	20/08/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: Hiew May Fung



*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

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 30 Aug 2018)
<b>Parts:</b>	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHA3645U)	
<b>Validity:</b>	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	
<b>Further Info:</b>	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	1	*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2	*REAR BUMPER REINFORCEMENT BRACKET - LH/RH	Serviceable	360.00 FL	*- FL
4	2	*REAR BUMPER SIDE BRACKET - LH/RH	Serviceable	98.00 FL	*- FL
5	10	*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
6	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1	*REAR BUMPER UNDERCOVER	Serviceable	225.00 FL	*- FL
8	1	*TAIL LAMP - LH	Cracked	565.60 FL	*565.60 FL
9	1	*LICENCES LAMP GARNISH	Serviceable	380.80 FL	*- FL
10	1	*REAR NUMBER PLATE	Serviceable	25.00 FS	*- FS
11	1	*REAR NUMBER RUBBER MAT	Not Necessary	50.00 FS	*- FS
12	1	*ADVERTISEMENT - REAR BUMPER	Necessary	50.00 FS	*50.00 FS
13	2	*ADVERTISEMENT - REAR FENDERS - LH/RH	Necessary	200.00 FS	*200.00 FS
F=Franchise part. S=SpcNett. L=ListItemDisc.					
			<b>Sub Total (\$\$)</b>	<b>3,227.75</b>	<b>815.60</b>
			<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>580.55</b>	<b>113.12</b>
			<b>Total Parts (\$\$)</b>	<b>2,647.20</b>	<b>702.48</b>

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	350.00	100.00
2	SPRAY PAINTING	New	250.00	200.00
3	REMOVE / REFIX REVERSE SENSOR	New	120.00	-
4	WIRING CHARGE	New	50.00	-
Gross Labour Cost (\$\$)			770.00	300.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;