

(08/11/13)

Surveyor: Kelvin

REF: CC3/TMI18015483/KITd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. MT103579

Claims No. M1804219

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: SHC3401X Yr Regn: 27 Mar 2014

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

Truck / Trailer or

Make: Hyundai Z40 c.c. 1685

Colour: Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 662724 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLB414AE4053010

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Campion

Front: _____ Rear: _____

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

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

D.O.A. 23/8/8 D.O.I. 24/8/8

Survey held at CDHE (Loyang)

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

o/s Frnt.

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

Date / Time Action / Instruction

8HC3401X - NA/INC10019/66/WL DOA: 24/9/2010 Tokyo

GFE11781-X 4s

28/8/8 Lubricant 4s \$2350/387. (Red. 1213.84, 34%)

RECEIVED 29 AUG 2018

Date/Time, File Pass to?

11/29/8 Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$) 2350

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

250

10

260

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 28 August 2018 2:43 PM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD DOA: 23/8/2018, SHC 3401X (TP VEHICLE), GBF 1178J (OI VEHICLE)
Attachments: estimate shc 3401x.pdf; gia shc 3401x.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle **SHC 3401X** M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111.

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

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

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

| | |
|----------------------------|-----------------------------|
| Date Of Report | 23/08/2018 15:00 |
| Date Of Accident | 23/08/2018 11:30 |
| Exact Location Of Accident | CLAYMORE RD TWDS ORCHARD RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC3401X |
| 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 | MOHD ZAHEID BIN AHMAD |
| NRIC No | S1716411B |
| Date Of Birth | 21/10/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/05/2014 |
| Driving Experience | 4 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93892253 |
| Fax Number | |
| Contact Number | |
| Email Address | AMAT929@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 118 CORPORATION DRIVE #07-462 |
| Postcode | 610118 |
| 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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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 | GBF1178J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | LOW PECK MONG |
| NRIC/Passport Number | S1138484F |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Nature Of Damage | LEFT REAR |
| No. Of Passenger (Including Driver) | |

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. 199203321R

Policyholder's Signature
Date & Time:

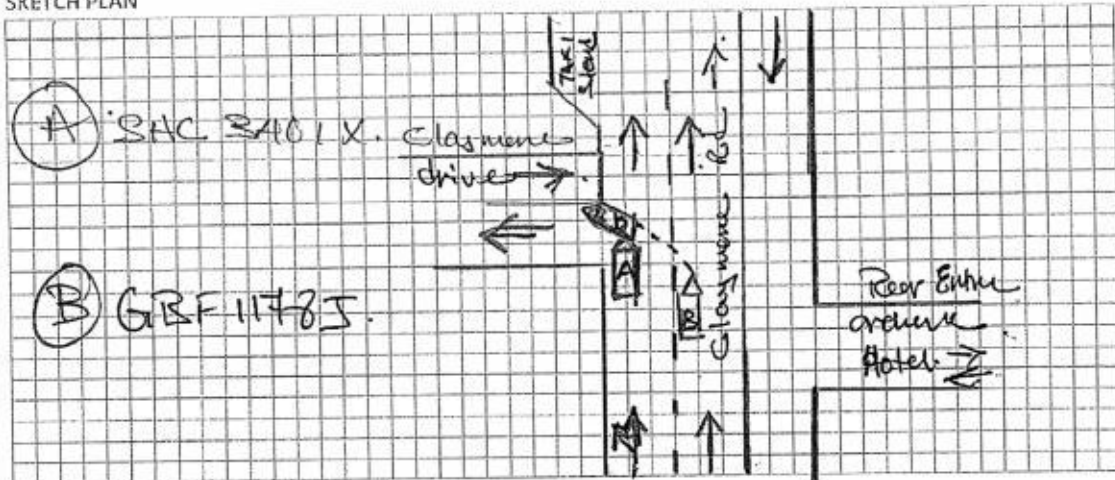
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/MAC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 Aug 2018 @ 11:20 hrs

I VEH A moving very slow on the going straight.

above location. Suddenly VEH B from lane 1

- Dash in and cut across to lane 2

Claymore drive. at the point of accident

NO PARK on VEH A. VEH A damage on Right front.

DECLARATION

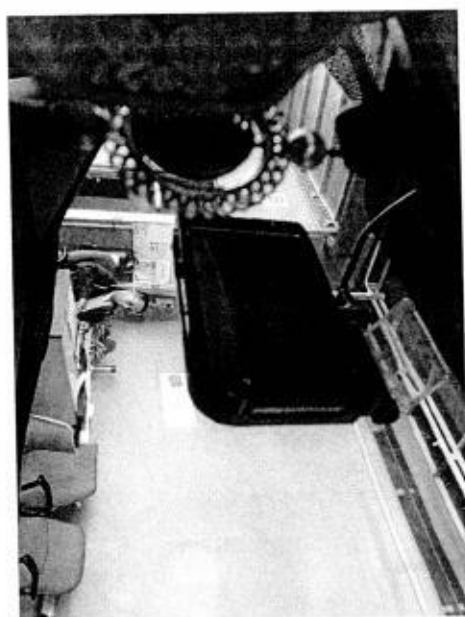
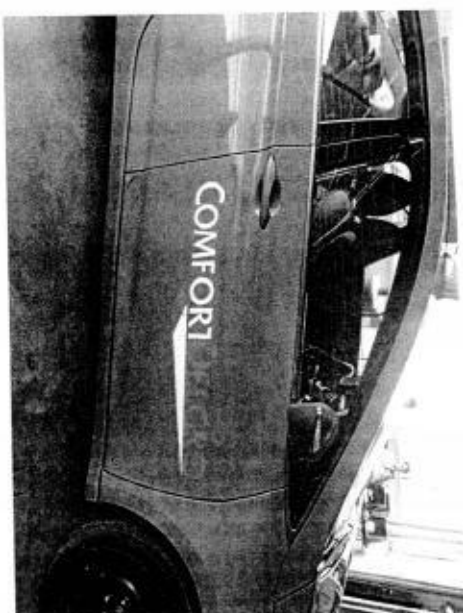
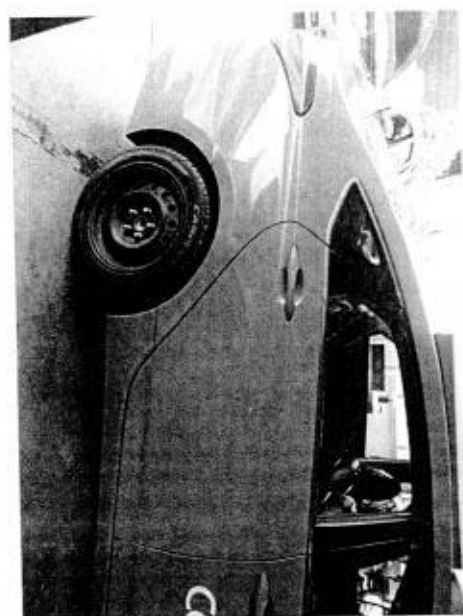
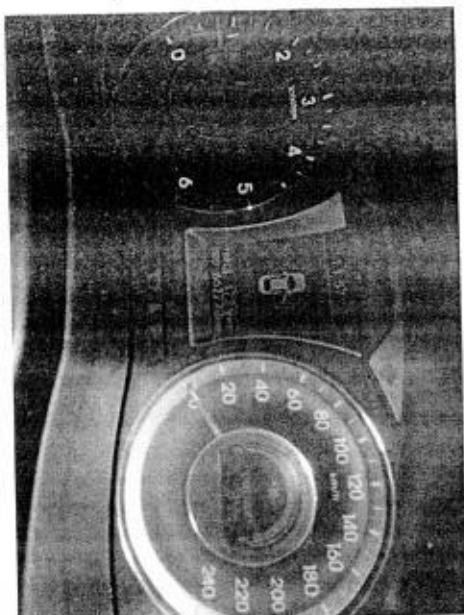
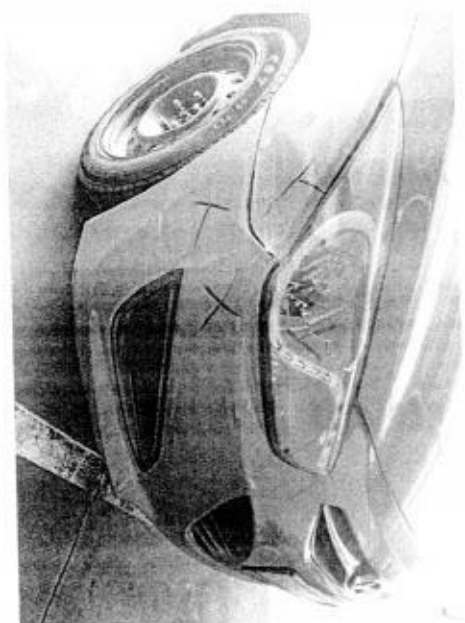
I/We declare the foregoing particulars are true in every respect.

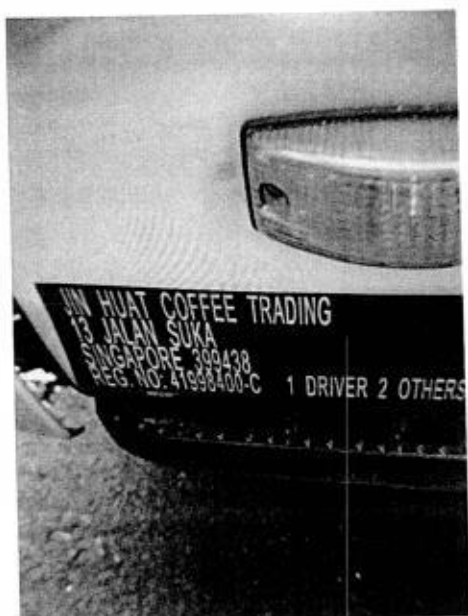
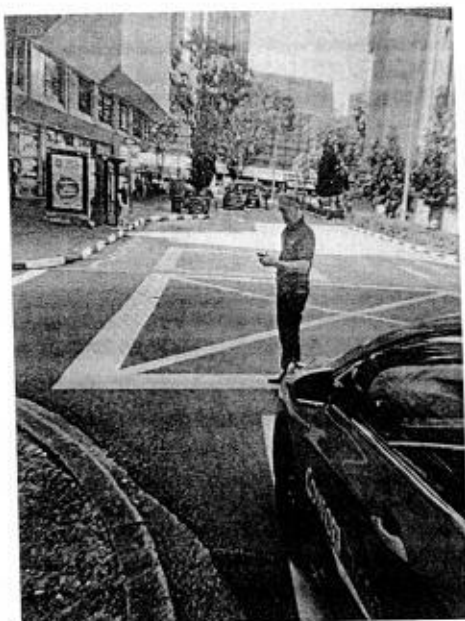
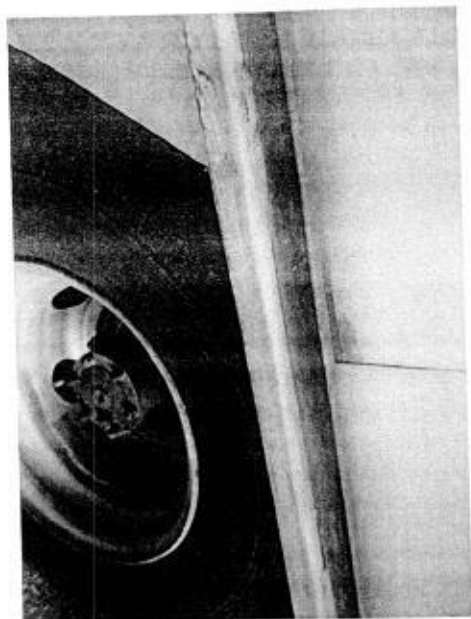
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199203321R

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.:





ComfortDelGro Engineering Pte Ltd (Co. Reg. No. 199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

T₂

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

Singapore

Claimant Insurer: India International Insurance Pte Ltd

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|---|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 23/08/2018 |
| Vehicle Reg. No.: | SHC3401X | Driveable? | NO |
| Party At Fault: | UNKNOWN | | |
| Driver (TP): | MOHD ZAHEID BIN AHMAD | | |
| Make/Model: | HYUNDAI I40, 1.7 D CRDI (A) | Vehicle Reg. Date: | 27/03/2014 |
| Vehicle Colour: | BLUE | Gen Condition: | FAIR |
| Engine No: | D4FDEU411834 | Chassis No: | KMHLB41UMEU053010 |
| Odometer: | 300000 KM | | |
| Paint Type: | | | |
| List Item Discount: | 20.00 % | | |
| Total Loss? | NO | | |
| Est. Duration of Repair (day) | 6 | | |
| Description of Accident/Loss | PLS REFER TO ATTACHED / TYPE OF ACCIDENT : HEAD TO SIDE | | |
| Present Location: | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) | | |

| COST OF CLAIMS | Amount |
|---------------------|----------|
| Parts | 2,253.84 |
| Miscellaneous Items | 10.00 |
| Labour | 1,300.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | 3,563.84 |
| + GST 7.00% (S\$) | 249.47 |
| Nett Amount (S\$) | 3,813.31 |

This claim is handled by: FAUZY BIN MOKHTAR

Generated using Merimen e-Claims Internet Estimation & Adjusting System

T₂

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 23 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/SHC3401X/23/08/2018 18:10
 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 | | *FRONT BUMPER — <i>Adel</i> | 20.00 | 0.00 | *562.30 FL |
| 2 | 1 | | *FRONT BUMPER BRACKET TOP RH <i>Xin</i> | 20.00 | 0.00 | *22.40 FL |
| 3 | 1 | | *FRONT BUMPER BRACKET RH <i>Xin</i> | 20.00 | 0.00 | *24.60 FL |
| 4 | 1 | | *HEADLAMP RH — <i>cro</i> | 20.00 | 0.00 | *1,388.00 FL |
| 5 | 1 | | *FRONT FENDER RH — <i>Adel</i> | 20.00 | 0.00 | *619.00 FL |
| 6 | 1 | | *FRONT FENDER SHIELD RH <i>Xin</i> | 20.00 | 0.00 | *169.80 FL |
| 7 | 1 | | *FRONT FENDER RETAINER RH <i>Ben</i> | 20.00 | 0.00 | *9.20 FL |
| 8 | 10 | | *FRONT BUMPER CLIPS — <i>ne</i> | 20.00 | 0.00 | *22.00 FL |

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) 2,817.30
 - List Item Discount on L Items (S\$) 563.46
 Total Parts (S\$) 2,253.84

ComfortDelGro Engineering Pte Ltd/SHC3401X/23/08/2018 18:10. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

T₂

Estimates on Miscellaneous Items

| No | Qty | Particulars | Amount |
|----------------------------|-----|----------------------|---------|
| Miscellaneous Items | | | |
| 1 | 1 | OD/TP Case (Insurer) | 10.00 ✓ |
| Sub Total (S\$) | | | 10.00 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|-------------------------|-----------------------|----------|----------------------------------|
| Labour Items | | | |
| 1 | PANEL BEATING | New | 600.00 ⁴⁰⁰ |
| 2 | SPRAY PAINTING CHARGE | New | 600.00 ⁴⁰⁰ |
| 3 | WIRING CHARGE | New | 50.00 ²⁰ |
| 4 | TUFF KOTE | New | 50.00 ²⁰ |
| Gross Labour Cost (S\$) | | | 1,300.00 |

ComfortDelGro Engineering Pte Ltd/SHC3401X/23/08/2018 18:10. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalin 100%
24/8/18 1050h
3 P7
4/5
After Repair

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- display damaged parts during resurvey
- Parts prices are based on market value
- Third party claims are on a "no win no fee" basis
- No illegal claims
- Support documents must be submitted
- It is the Repairer's responsibility to ensure all documents are submitted

Acknowledged: _____
Signature: _____
Date: _____

Date/Time: 23.08.2018 17:43

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3850305

JC NO.: 305203618

TOMER

REGN NO.:

SHC3401X

MILEAGE

MS

COMFORT TRANSPORTATION PTE LTD

7010045

TOMER NO.

RESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

23.08.2018 11:55

YR OF MANU

27.03.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU053010

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

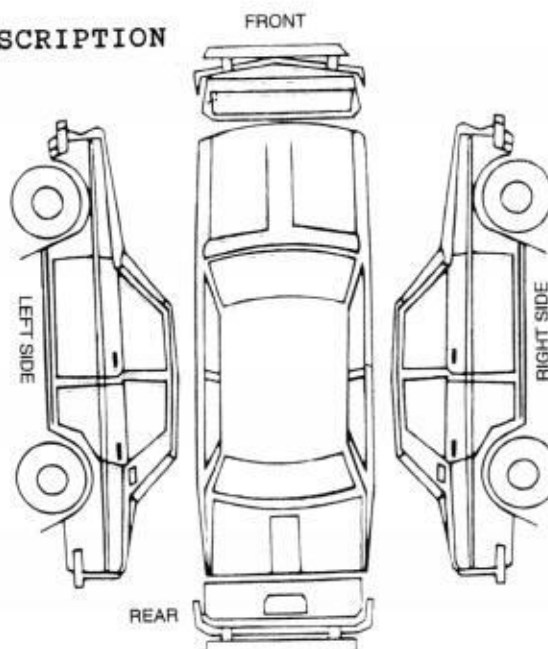
Accident Date: 23.08.2018

NATURE: 3P 23.08.18/C

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.:

SHC3401X

FZ T-MARINE

Vehicle No.:

SHC3401X

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 : 305203618
Date : 27.08.2018

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHC3401X Date of Accident : 23.08.2018

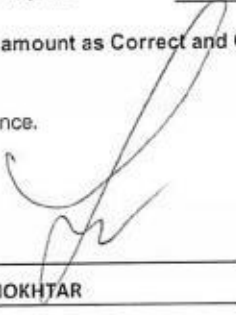
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-


1. The repair job shall bill to: TOKIO MARINE --- GBF1178J
2. The finalized amount shall be:

| | |
|---|-------------------|
| (a) Spare Parts after List discount | \$0.00 |
| (b) Labour Charges | \$0.00 |
| Total for Part-By-Part Repair Cost | \$0.00 |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: 20% | \$2,350.00 |
| Final Lumpsum Repair cost | \$2,350.00 |

3. Estimated normal period for repairs: 3 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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 28/8/18

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:

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/TMI18015483/K1TD3N2

Date: 31/08/2018

REFERENCE

| | | | |
|-----------------------|--------------------------------------|----------------------|----------|
| Handling Insurer: | Tokio Marine Insurance Singapore Ltd | Policy No: | MT103579 |
| Claimant Vehicle No : | SHC3401X | Insured Vehicle No : | GBF1178J |
| Date of Loss: | 23/08/2018 | Nature of Claim: | TP |
| | | Claim No: | M1804219 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|------------------------------|-------------|-------------------|
| Reg No: | SHC3401X | Engine No: | D4FDEU449423 |
| Make & Model: | HYUNDAI I40, 1.7 D CRDi (A) | Chassis No: | KMHLB41UMEU053010 |
| Reg. Date: | 27/03/2014 (Man. Year: 2014) | Odometer: | 662724 km |
| Colour: | Blue | | |
| Engine Capacity: | 1685 cc | | |
| Market Value/New Car Price: | N/A | | |
| Sum Insured (\$\$): | Market Value/New Car Price | | |

CONDITION OF VEHICLE AT THE TIME OF SURVEY

| | | | | | |
|--------------------------|------|-------------------------|-----|--------------------------|---------|
| General Condition: | Fair | 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: | Campeon 7 mm | Rear Left Side: | Campeon 7 mm |
| Front Right Side: | Campeon 7 mm | Rear Right Side: | Campeon 7 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|------------------------------------|------------|------------|------------|--------|
| Parts | 2,253.84 | 2,073.04 | 180.80 | 8.02 |
| Miscellaneous Items | 10.00 | 10.00 | 0.00 | 0.00 |
| Labour | 1,300.00 | 840.00 | 460.00 | 35.38 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (\$\$) | 3,563.84 | 2,923.04 | 640.80 | 17.98 |
| Approved Total (Overridden) (\$\$) | | 2,350.00 | | |
| (\$\$) | 3,563.84 | 2,350.00 | 1,213.84 | 34.06 |
| + GST 7.00/7.00% (\$\$) | 249.47 | 164.50 | 84.97 | 34.06 |
| Nett Amount (\$\$) | 3,813.31 | 2,514.50 | 1,298.81 | 34.06 |

INSPECTION

| | | | |
|-----------------------------|------------|-------------------|---|
| Date of Assignment: | 28/08/2018 | Present Location: | ComfortDelGro Engineering Pte Ltd (Loyang) |
| Date Inspected: | 24/08/2018 | Inspected At: | ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969 |
| Estimated Period of Repair: | 3.0 days | | |

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

| | |
|--|--|
| Part Source: MRM-SG | Version: 1.0 (Last Synchronised: 31 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: (Unsubmitted, no print-code for SHC3401X) | |
| Validity: | These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page |
| Further Info: | Items/values not in reference catalogue are prefixed with an asterisk * |

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-----|-----|----------|------------------------------|-------------|-------------|--------------|
| 1 | 1 | | *FRONT BUMPER | Deformed | 562.30 FL | *562.30 FL |
| 2 | 1 | | *FRONT BUMPER BRACKET TOP RH | Serviceable | 22.40 FL | *- FL |
| 3 | 1 | | *FRONT BUMPER BRACKET RH | Serviceable | 24.60 FL | *- FL |
| 4 | 1 | | *HEADLAMP RH | Cracked | 1,388.00 FL | *1,388.00 FL |
| 5 | 1 | | *FRONT FENDER RH | Dented | 619.00 FL | *619.00 FL |
| 6 | 1 | | *FRONT FENDER SHIELD RH | Serviceable | 169.80 FL | *- FL |
| 7 | 1 | | *FRONT FENDER RETAINER RH | Serviceable | 9.20 FL | *- FL |
| 8 | 10 | | *FRONT BUMPER CLIPS | Necessary | 22.00 FL | *22.00 FL |

F=Franchise part. L=ListItemDisc.

| | | |
|--|-----------------|-----------------|
| Sub Total (\$\$) | 2,817.30 | 2,591.30 |
| - List Item Discount on L Items 20.00/20.00% (\$\$) | 563.46 | 518.26 |
| Total Parts (\$\$) | 2,253.84 | 2,073.04 |

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 | 600.00 | 400.00 |
| 2 | SPRAY PAINTING CHARGE | New | 600.00 | 400.00 |
| 3 | WIRING CHARGE | New | 50.00 | 20.00 |
| 4 | TUFF KOTE | New | 50.00 | 20.00 |
| Gross Labour Cost (\$\$) | | | 1,300.00 | 840.00 |

| |
|---|
| Report was unsubmitted during this print-out. |
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< END OF ESTIMATES >