(08/11/13)		
-Binoila.	Kalvin	-

# REF: CC3 TMI18017377/KIrd3ez

	ASSIGNMENT
From: Date: .	Veh No: SHB 4287 H Yr Regn: 2 Apr , 2015
EstimatedCost	Type: M.Car / M.Cycle / Bus / Van / Lorry / T 1 Prime Mover /
ODITP WS ITP RESIDD RESIEVA I INVIMV	Truck / Trailer or
To Insped Vehicle No:	Make: _ Munder 240 0.0 1685"
at Workshop m/s	Colour Bhe A/C: Insubdistd/NI/NA
of	Sp.Reading 763 Y 63 T/Radio: Institut 1 Std / NI / NA
Insured:	Eng/No:
Policy No. MT103505	CINO: KIMHLBYIUMF4067881
Claims No. MISVY745	Gen. Cond: Good / FAD / Poor / Burnt
SumInsured: Excess: #6	Steering: Inorgan / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STO A/Rim or
	Tyre Size: F: 201/60116
(Policy Condition)	R:
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA /-MIC / DHTSU / PIR /-SUMI /
repair at the time of Inspection.	TOYO/YOKO or Wetler
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	RVBal. 7 mm RVBal. 7 mm .
GIA / PR Seen: Consistent? : Yes or No	UBal. T mm UBal. T mm
Est. Repairs: days Res.: Yes or No	D.O.A. 23 /1/8 D.O.I. 25/9/c8
Lum Sum: % 3 Val.: Yes or No	Survey held at CDRE (Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle:	IN/OUT Res.
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
SHB 4287H- CS/FCT 1701	3591/Rlibn2 DOA: 8/7/17 Tokis
8MA 64 GA A V	4.
26/9/18 Calend 4/5 \$1150 / 21	A
(Red : \$ 923.54, 45%	:
RECE	EIVED 0 1 OCT 2018
***	
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
1) typuf : Final Report	Resurvey No. of Trip: \ Survey Fee: 250
Date/Time, File Return to?	Transportation:
2)	Add Fee: :Site Insp (\$ )_s+Rs_s
40	: Interview (\$5) Photos
Report Format:	: Tech: Invs (\$) Others
Lump Sum /LBd: (\$ USo	:Weekend (\$
	760

# OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

# ComfortDelGro Engineering Pte Ltd

205 9raddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

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

Date/Time200b24009ap20189 10:30 Page: 1

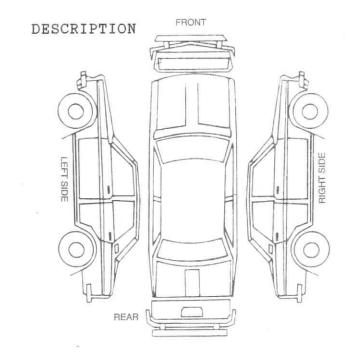
Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305216306
OMER	-		REGN NO.: SHB4287H	MILEAGE
S OMER NO.	COMFORT TRANSPORTATION PTE 7010045		MAKE: HYUNDAI	FUEL EF
ESS	383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL I-40	23.09.2018 08:45
(R) (P)	65508755		YR OF MANU. 02.04.2015	TARGET DATE
OUNT CAR	DNO.	Marine	CHASSIS CODE KMHLB41UMFU067881	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 23.09.2018 NATURE: 3P 23.09.2018

S/NO

LABOR CODE



CKED & PASSED OUT BY:	()	-		
3	4			
SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
wledgement Slip : SHB4287H	LKE Kalvin	Exit Pass  Vehicle No.:  SHB4287H		
No.: STE#20711				
of Service Advisor	Signature/Date	Name of Service Advisor	Date	
eturned to Service Reception upon collect	ion	To be kept by Security Guard		

 MCD618123210 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 24/09/2018 08:24 SUBMITTED BY: Janet Lim Siang Gek

#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	51 (1904) A 17 (1904) (	
	ACCIDENT STATEMENT	
Date Of Report	24/09/2018 08:24	
Date Of Accident	23/09/2018 00:40	
Exact Location Of Accident	Location Of Accident LOYANG AVE > LOYANG VALLEY AFTER TAMPINES AVE 7	
ountry/State of Loss SINGAPORE		
A STATE OF THE STA	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB4287H	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	
Co Reg No	199303821R	

Email Address Mobile Phone No

Alternative Phone No OFFICE-65508768

**Vehicle Particulars** 

Manufacturer HYUNDAI Model 140

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?

(7)5(-5)

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company
Type Of Coverage

MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT

FLEETSAFETY@CDGTAXI.COM.SG

Fleet Policy

YES

Policy Number

D-18088936MFSH

Cover Note Number

Driver

Name of Driver CHENG LAI TECK

 NRIC No
 \$1385998A

 Date Of Birth
 26/08/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/03/1981

Driving Experience 37 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81821260

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 759 WOODLANDS AVENUE 6 Address

#07-34

730759 Postcode

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

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

NO Was any foreign vehicle involved in this accident?

2 Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

YES

NO

2

NO

NO

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

YES

YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMA8467A Vehicle Registration Number

Vehicle Make/Model/Colour

HONDA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

EDWIN BONG KOK WE

NRIC/Passport Number

S8934459Z

Contact Number

S8934459Z

Address

Postcode

Insurance Company Name

Nature Of Damage

**FRONT** 

No. Of Passenger (Including Driver)

. . . . . .

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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:
  - 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:
  - 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. 18930382 IR

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnei's Signature

Name:

NRIC/FIN No.:

GIARNIC SketchPlanForm\_V3

¥ ....

6

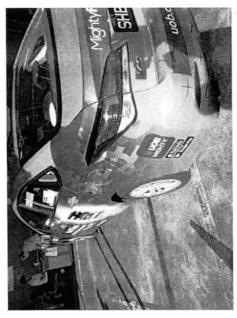
# Sketch Plan Pg. 2

SKETCH PLAN		
A: SHB43871 B: SIMA 8467	Loyang Ave 2 / Loyang Valley Z after Tempina E	
DESCRIBE CIRCUMSTANCES OF THE		001110 1000 1
<u> </u>	3 all at about	00-40 ms, 1
was driving alor	ng above said 1	ocation with a
Lemale passing	er.	
Shorting o	xfer veh infrun	+ switched on
hazard and ele	owed down, and	1 doing 80 -
A split second	later, I felt a	n impact from my
toxi behind. 1	went down to c	hecked Veh B
front portion a	ellided onto the	rear portion of.
my taxi		
No injum	at the point of	- accident
DECLARATION  I/We declare the foregoing particulars and COMFORT TRANSPORTATION PT CO. REG. NO. 199303821R	e true in every respect.  Clf KMG	Left. Wei Yieng
Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

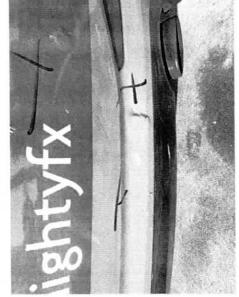
Date & Time:

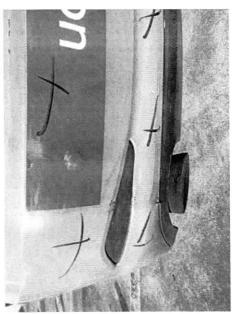
CIARMAC SketchFlanForm\_V3

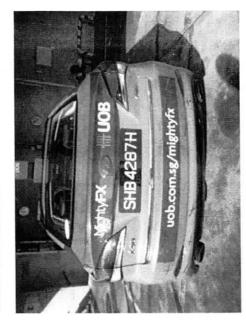


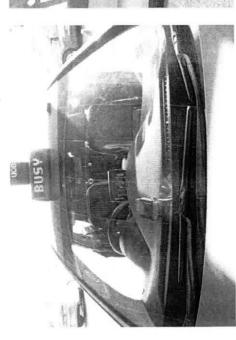












# COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO: SHB 4287H

MAKE

MODEL : HYUNDAI i40

DATE 24/9/2018 10:17

Kalvin 48um
18 10:17
CO Topio Mach

Qty	Parts Description/ Labour	Type	Unit Price	Amount	1
	Rear Bumper / Deforal			\$ 553.00	1
	Rear Bumper Reinforcement	12		\$ 428.40	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 80.30	\$ 160.60	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Bracket		\$ 35.60	\$ 71.20	
	Rear Bumper Sponge			\$ 103.50	
	Rear Bumper Under Cover —			\$ 228.00	
	Rear Bumper Reflector Lamp (LH)	old BA	21/	\$ 30.60	
	real Bumper Reflector Eamp (Err)	0.00	30		
	SUB TOTAL			\$ 1,597.30	1
	LESS 20%			\$ 319.46	
	DISCOUNTED TOTAL			\$ 1,277.84	1
	DISCOUNTED TOTAL			5 1,2//.04	
	n n nec			50.00	
	Rear Bumper Advertisement Logo			\$ 50.00	1
	Rear Bumper Reverse Sensor		,	\$ 135.70	Nett
	Rear Bumper Reverse Sensor  Par Ferde Adversiseral log.		\$200		4
				\$ 185.70	4
	Labour Charge			200	
	Panel Beating			\$ 220.00	1,
	Spray Painting Charge			\$ 220.00	200
	Wiring Charge			\$ 50.00	X
	Remove/Refix Reverse Sensor			\$ 120.00	130
	merin fee \$10				
	TOTAL LABOUR		notify	<b>\$</b> 610.00	
		Consultants	hence notify lowing:	\	
	ESTIMATE TOTAL	Consultants irer of the fo	spray painting	\$ 2,073.54	
	To resur	- NOTOLETIC	Luning I but	\	1
	(a/Vin (UC)4	sices are subje	"Without Prejudit	1 2562 31/	
	• Paris	party survey is	in a "Willowed n(s) is allowed (s) must be resurveyed <u>and</u> proval from Insurance Comp proval from Insurance	2293.54	
	1/ 14/9/18 1/10 hor NOIT	egal mountary item	n(s) is allowed (s) must be resurveyed and proval from Insurance Compi proval from Insurance	Ĭ \	
	Sup is s	inject to final a	hio	\	
	2 Pres.	nowledged by F	epairer	1	
	Ack	nature:			
	45	ite:			
	111 Repair photo				
	Able Repair photo Di				
	,				
					4

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No	305216306		ComfortDelGro Engineering Pte Ltd			
Date : 26/09/18			59 Loy	ang Drive Singapore 508969 546 8156		
FINALIZATION FORM						
Го :	LKK	_	Fax:			
Attn : Mr	KALVIN ANG					
Vehicle Reg No. SHB4:	287H CTPL		-	23.09.18		
The survey and estimates of the	ne repairs of the above-mention	oned vehicle ar	e as follows:-			
. The repair job shall bill t	TOKIO	MARINE		SMA8467A		
2. The finalized amount sh	nall be:					
(a) Spare Parts after	r List discount					
(b) Labour Charges						
Total for Part-B	y-Part Repair Cost					
(c.) Lumpsum Repai Total for Lumpsu Final Lumpsum	ım repair cost after Less:	20%		\$1,150.00 <b>\$1,150.00</b>		
Estimated normal period	d for repairs:	wo	rking days.			
We shall treat the abo 7 working days	ove amount as Correct and	Confirmed if	there is no re	ply from you within		
5. Thank you for your ass	istance.		e confirm the e alized amount	stimates and		
Signature :		Sig	gnature :			
Name : LIM KWO	K ENG	– Na	ime :	Kaluz		
Tel : 6214831	vor	– Da	ite :	26/9/8		
Fax : 6546815		_				
For Official Use Only						
Of Official Ose Offig		D				
Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks		
Rental Rate P/Day		YES				
2. Loss of Income Paid		NO				
3. Survey Fees						
4. LTA Search Fee	\$7.49					
5. Medical Fees (on behalf						
of driver, if applicable)  6 Overrun						
Remarks:			'			

# ...CLAIM SUBFOLDER...(Pending for Survey Report)

LAIM SUB	FOLDER TRAC	KING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Submitted	Ins Auth'ed	Status	
Main	24 Sep 2018 Sendback Est	24 Sep 2018 13:59 <b>\$\$2,283.54</b>	25 Sep 2018 10:55 Edit Adj Rpt	<b>S\$1,15</b> Edit E	0.00 stimates	S\$1,150.00 View Rpt		Pending fo Report Cancel Cas	
	Main	Ref	erence	CI	aim Detail	· \	Documents		Show All
CLAIM SU	JBFOLDER DET	AILS							
Insured:	BONG KOK	WEI EDWIN, ID	: S8934459Z						
Main Claimant:	COMFORT	TRANSPORTATIO	N PTE LTD, Co.	Reg. No.:	199303821	**			
Vehicle Re No.:	g. SHB4287	н			Date of Los	s: [23/09/2018   [ <b>41</b> Months a	00:00 - :59 and <b>21</b> Days From LT	A Reg Date (	Man Yr)]
Claim Type	E: <b>TP</b> / M180	4745			Policy/Cove Note No.:		Comprehensive) 1/06/2018 - 20/06/20	019	
Vehicle Re No. (Insured):	SMA8467A				Policy No. (Claimant):				
					Excess:	S\$600.00			
Repairer:	ComfortDe	IGro Engineering	Pte Ltd (Loyang)	59 Loyan	Drive, 508	969 Loyang - Te	d: 6214 8300		
Handling Insurer:							g Hanyang - 659264		
Adjuster:	04/10/201		td (HQ) - Tel: 6256	6-3561	[Handled by	KALVIN ANG	WEI KUN ] [Fina	I Rpt due	
Adj Asg. Remarks:	OUR INSURE	ED HAVE NOT REP	ORT THE ACCIDENT	. PLS. CHE	CK CONSIS	TENCY OF THE D	DAMAGE.THKS		
ASSOCIA	TED MAIL REC	EIVED					View All	Compose	Case Mail
There are	no mail for this c	ase.							
ALL ASS	OCIATED TASK	s⊟				View All Se	arch Tasks Create	New Task	Complete
Due Dat		Type Task G	roup Subject	Handl	er Ass	gned By	Completed On	Created On	Done?

Page 1 of 2

### **Claim Documents**

SHB4287H (M1804745)

[SMA8467A]

TP

COMFORT TRANSPORTATION PTE LTD

Sep 23 2018 12:00AM

[BONG KOK WEI EDWIN]

ComfortDelGro Engineering Pte Ltd

Δss	essment Reports		1 per page		~
	-	Comfort Dol Coo Fusing principles (1 over 1)		nbnail	
No 1	Finalized On 24/09/18 13:59	ComfortDelGro Engineering Pte Ltd (Loyang)  Repairer Estimates		HTM	Pilli
-	21/03/10 13:33	Trapeller assimates			
Pho	otos/Images		3 per page	V	<b>✓</b>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thum	nbnail	Prin
1	25/09/18 19:27	General View	■ Load	JPG	<b>√</b>
2	25/09/18 19:27	General View	1 Load	JPG	<b>✓</b>
3	25/09/18 19:27	General View	<b>⚠</b> Load	JPG	~
4	25/09/18 19:27	General View	1 Load	JPG	<b>V</b>
5	25/09/18 19:27	General View	1 Load	JPG	~
6	25/09/18 19:27	General View	1 Load	JPG	✓
7	25/09/18 19:27	General View	1 Load	JPG	~
8	25/09/18 19:27	General View	1 Load	JPG	V
	72:91 81/90/52	General View	1 Load	JPG	<b>V</b>
10	25/09/18 19:27	General View	1 Load	JPG	V
11	25/09/18 19:27	General View	1 Load	JPG	V
12	25/09/18 19:27	General View	1 Load	JPG	~
13	25/09/18 19:27	General View	1 Load	JPG	~
14	25/09/18 19:27	General View	1 Load	JPG	V
15	25/09/18 19:27	General View	1 Load	JPG	<b>V</b>
16	25/09/18 19:27	General View	1 Load	JPG	V
17	25/09/18 19:27	General View	1 Load	JPG	~
18	25/09/18 19:38	Reinspection Photo	1 Load	JPG	V
19	25/09/18 19:38	Reinspection Photo	1 Load	JPG	~
20	25/09/18 19:38	Reinspection Photo		JPG	~
		•			
Doc	cumentation		1 per page	V	~
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)		nbnail	Prin
1	04/10/18 11:12	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee		PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		nbnail	Prin
1	24/09/18 14:11	E-filed GIA report		PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		nbnail	Prin
1	08/10/18 13:00	Letter of Demand from Third Party	1 Load	d TIF	

# **Documents Checklist**

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
	^
	~
Show Remarks To: Repairer Handling Insurer Note: Remarks are private unless you show it to other parties.	

Page 1 of 4 Adjuster Report

# LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25. Pava 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/TMI18017377/K1RD3E2

29/10/2018 Date:

Chassis No:

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd Claimant Vehicle SHB4287H

Policy No: MT103505

No:

Insured Vehicle No: SMA8467A

Date of Loss:

23/09/2018

Nature of Claim: TP Claim No: M1804745

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

SHB4287H Reg No:

Make & Model: HYUNDAI I40, 1.7 D CRDi (A) 02/04/2015 (Man. Year: 2015) Engine No: D4FDEU429961

KMHLB41UMFU067881

Reg. Date: Colour:

Blue

Odometer:

703463 km

**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

Yes Footbrake (Serviceable): Yes General Condition: Good Steering (Serviceable): Engine Modification: Pre-accident Condition: Good Yes

Handbrake (Serviceable):

CONDITION OF TYRES Front Tyre Size: 205/60 R16 Rear Tyre Size: 205/60 R16

Rear Left Side: West Lake 7 mm Front Left Side: West Lake 7 mm Rear Right Side: West Lake 7 mm Front 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	1,663.54	1,028.10	635.44	38.20
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	610.00	430.00	180.00	29.51
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,283.54	1,468.10	815.44	35.71
Approved Total (Overridden) (S\$)		1,150.00		
(S\$)	2,283.54	1,150.00	1,133.54	49.64
+ GST 7.00/7.00% (S\$)	159.85	80.50	79.35	49.64
Nett Amount (S\$)	2,443.39	1,230.50	1,212.89	49.64

INSPECTION

ComfortDelGro Engineering Pte Ltd Date of Assignment: 25/09/2018 Present Location:

(Loyang)

ComfortDelGro Engineering Pte Ltd Date Inspected: 24/09/2018 Inspected At:

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster:	KAI VIN ANG WEI KUN	Manager: Janice Lee Si Hua

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.

Adjuster Report Page 3 of 4

# REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 29 Oct 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 SHB4287H)

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		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	428.40 FL	*- FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH	Serviceable	80.30 FL	*- FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	80.30 FL	*-FL
5	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1		*REAR BUMPER SIDE BRACKET LH	Serviceable	35.60 FL	*- FL
7	1		*REAR BUMPER SIDE BRACKET RH	Serviceable	35.60 FL	*- FL
8	1		*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
9	1		*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL
10	1		*REAR BUMPER REFLECTOR LH (CRACKED)	Old Damage	30.60 FL	*-FL
11	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 FS
12	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 F	*135.70 FS
13	1		*REAR BUMPER ADVERTISEMENT LOGO LH	Necessary	100.00 F	*100.00 FS
14	1		*REAR BUMPER ADVERTISEMENT LOGO RH	Necessary	100.00 F	*100.00 FS
F=Fra	anchise	part. S=Spc	Nett. L=ListItemDisc.	Sub Total (S\$)	1,983.00	1,188.70
	- List Item Discount on L Items 20.00/20.00% (S\$)			319.46	160.60	
				Total Parts (S\$)	1,663.54	1,028.10

Report was unsubmitted during this print-out.

430.00

# Recommended Miscellaneous Items

No	Qty Particulars		Repairer's	Amount
Misc	ellaneous Items			
1	1 OD/TP Case (Insurer)		10.00	10.00
		Sub Total (S\$)	10.00	10.00
Re	commended Labour			
No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING	New	220.00	200.00
2	SPRAY PAINTING CHARGE	New	220.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00

Report was unsubmitted during this print-out.

Gross Labour Cost (S\$)

610.00

< END OF ESTIMATES >