Veh No: SHC7136K Yr Regn: Nor 315 StimatedCost: Type: M.Car / M.Cycle / Bus / Van / Lorry / Tarol Prime Mover / Truck / Trailler or Truck / Trailler or Make:		148F1081 THEMMENT		
Silne tellocit DI ITP INIO ITP RES I DRES JEVA LINY IMV Truck I Trailer or Make: M	8%	1	(11/ 7/1/ 1	26
Truck Trailer or Make: Trailer Make: Set Make: S				
The ped Vehicle No: Add Reservation on the Secretary of the Secretary of the Verkation on the Secretary of the Secretary of the Secretary of the Vehicle in Indian Na Secretary of the	Language and the second second and the second second			.orry / Tatal Prime Mover /
Colour YKL. AC: Infges 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 485 % T.Radio: Infgred 1 stot NITNA Sp. Reading 1 stot NITNA No. OIS Read 1 stot NITNA No. OIS Read 1 stot NITNA No. OIS No. OIS No. OIS No. OIS No. OIS No. OIS Read 1 stot NITNA No. OIS Read 1 stot NITNA No. OIS N	()	8	1/	7 //*
Sp. Reseing #855% TRadic Inglied / Std / Nil / Na Sp. Reseing #855% TRadic Inglied / Std / Nil / Na Sp. Reseing #855% TRadic Inglied / Std / Nil / Na Std / Na Std / Na Std / Na Std / Std / Na Std / Std / Std / Na Std / Std / Std / Std / Nil / Std / Std / Std / Nil / Std / Std / Std / Nil / Std / Std / Std / Std / Nil / Std / Std / Std / Std / Nil / Std / Std / Std / Std / Nil / Std / Nil / Std /	at Workshop m/s			
Policy No. Claims No. Sum Insused: Excess: C(Clarit's Record) Make of Veh; Remark: The veh had commenced its report of the vehicle in Nil I I I I I I I I I I I I I I I I I I I	of San			
Claims Na Claims	Insured: SIC 43866		- Kasi 10	Threador III Male 1 2/4 1 HI 1 HA
Claims Na Sum insure:			- 6	12 11 0 - 2
Sum in sure:	Claims No.			
Clarifer Record	Suminswed: . Excess:			7
Modi: Nil / SRim / STO APPIn or Tyre Size; F: 205 / 60 R/6 Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAG Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No UBal. 7 mm RBal. 7 mm LBal. 7 mm				
Tyre Size; Ft. 205 / 60 R/6 Remark: The veh had commenced its repair at the time of Inspection. Ball or Market Value: IDAG Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est Repairs: Vays Res.: Yes or No Lum Sunc: Na 3Val.: Yes or No Dalk: Person Contacted: Vehicle: IN/OUT The UIC I Chassis frame / Body Structure affected due to collision. Dalk: IN/OUT The Action / Instruction SIC ITACK RECEIVED 0 4 OCT 2018 Days Of Repair: Preli. Report Days Of Repair: Survey Fee: Inscription:	Make of Veh;		_	No.
Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value:	9 90			
Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAG Acident Root: Consistent? 'Yes or No GIA / PR Seen: Consistent? 'Yes or No Est Repairs: Daty: Person Contacted: Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date: Da	(Policy Condition)	Tyre olze;		
TOYO / YOKO or CAP / Park Bal or Market Value: IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: 7 days Res.: Yes or No Lum Sum: 8 3 Val.: Yes or No Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Sto Linding - Xeria Summer Body Structure affected due to collision. Date / Time Action / Instruction Sto Linding - Xeria Summer Body Structure affected due to collision. Date / Time Action / Instruction Sto Linding - Xeria Summer Body Structure affected due to collision. Date / Time Action / Instruction Sto Linding - Xeria Summer Body Structure affected due to collision. Date / Time Action / Instruction Sto Linding - Xeria Summer Body Structure affected due to collision. Date / Time Action / Instruction Sto Linding - Xeria Summer Body Structure affected due to collision. Date / Time Action / Instruction Sto Linding - Xeria Summer Body Structure affected due to collision. Date / Time Action / Instruction Sto Linding - Xeria Summer Body Structure affected due to collision. Date / Time Action / Instruction Resurvey No. of Trip: Summer Body Summer Body Structure affected due to collision. Date / Time Action / Instruction	Remark: The veh had commenced lifs N/S O	NS BS/DIN/F		A I-MIC LOHTSILL DIR LSUMI
Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est Repairs: Adays Res.: Yes or No CA / REV / REP. / 24 HRS Dale: Person Contacted: Dale / Time Action / Instruction SHC TIBLE SIN LIBBLE CATALLE SALE SALE SALE SALE SALE SALE SALE	repair at the time of Inspection.			1
DAC Accident Roort: Consistent?: Yes or No Consistent.: Yes or No	Bal, or Market Value:		-	
GIA / PR Seen: Consistent?: Yes or No Est Repairs:	IDAC Accident Rport: Consistent?: Yes or No	-	7	7
Est Repairs:	GIA / PR Seen; Consistent? : Yes or No	L/Bal,	7	1.0-1
Lum Sunt: Walt: Yes or No Survey held at Ch E (Loy ang)	Est Repairs; days Res.: Yes or No	D.O.A. 2	6/9/.2	
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date:	Lum Sum; % 3 Val.: Yes or No		at (
Date / Time Action / Instruction SHC 7136K CALAXA 16008724/140362 SHC 7136K CALAXA 16008724/140362 DA: 10082016 76166 SHC 1136K CALAXA 16008724/140362 DA: 10082016 76166 SHC 1136K CALAXA 16008724/140362 PAR 10082016 76166 RECEIVED 0 4 OCT 2018 Date Time, File Past 107 Prell. Report Days Of Repair: Resurvey No. of Trip: Deletine, File Return to? Add Fee: Site Insp (\$	CAT DEN / DED / SANDO	W. C.		
Date / Time Action / Instruction SHC TISHK - CCHIAXA LEDUSTILL/HABBY DAR: 10082016 766. SIGNATURE STATE ACTION OF THE SHALL	Vehicle: IN /	OUT	M	s Front
SHC TIBLE - COLLAXA IBUNSTALL / HABBY DA: 10052016 76100 SLC LIBBLE - X PIT 28/9/-8 & Chros J PIT & MISS & X / 2 Pz. (Rad & 93264, 18%) RECEIVED 0 4 OCT 2018 Coalestine, File Pass to? 1) D4/10 Miss : Final Report Days Of Repair: Calculate the file Return to? Add Fee: Site Insp (\$) s+RS_SI Interview (\$) Photos Report Format: Report Format: Report Format: CILIAXA IBUNSTALL / HABBY PIT PIT Add Fee: Site Insp (\$) photos Photos Ciliate Insp (\$) photos	Dale:Person Contacted:	-	/ Chassis frame / B	ody Structure affected due to collision.
Sta 19867 - X Mail 80 4.29 m small symmetre & GIA support to Tom. 28/9/2 Chros J PITS 4315-8 x /2 Pz, (Rad & 93264, 18%) RECEIVED 0 4 OCT 2018 Catertine, File Pass to? 1) 04/10 miss : Final Report Days Of Repair: 2 Survey Fee: Transportation: 2 Add Fee: Site Insp (\$ s+88_\$) Interview (\$ Photos Photos Report Format: Report Format: Tech. Invs (\$) Others		7.11		
Datestine, File Return to? Preli. Report Days Of Repair: Survey Fee:	SHE TISEK - CULTAXA LEONST	24/1-169342	· WA:	
Date/Time, File Return to? Prell. Report Days of Repair: Survey Fee: Transportation: Transportation: Survey Fee: Survey Fee: Transportation: Survey Fee: Transportation: Survey Fee: Transportation: Survey Fee: Su	28/01/80 4.29m tour transmer 3	an world	ha Tour	PIF
Prell. Report Days Of Repair: Prell. Report Prell. Report Resurvey No. of Trip: Dals/Time, File Return to? Add Fee: Survey Fee: Transportation: Add Fee: Site Insp (\$	28/9/18 Chrast P/8 \$ 21.71584	1:20 (Re		18%) Amonth
Date/Time, File Pass to? 1) 04 10 turist : Final Report Days Of Repair: 1) 04 10 turist : Final Report Resurvey No. of Trip: Survey Fee: Transportation: 2) Add Fee: : Site Insp (\$	114451567	1 -117	10 1/201/	1
Date/Time, File Pass to? 1) 04 10 turist : Final Report Days Of Repair: 1) 04 10 turist : Final Report Resurvey No. of Trip: Survey Fee: Transportation: 2) Add Fee: : Site Insp (\$	DE	ĆEIVEDO	4 OCT 2018	13/0/2
Dale/Time, File Return to? Content Conten	- RI	CLIVEDO	1 001 201	1 +04
Dale/Time, File Return to? Content Conten		* ·		
DaleTime, File Return to? Survey Fee:	Date/fine, File Pass to? Pass II Donort	Davis Of B	enals: '2-	
Date/Time, File Return to?	. Frem. Report	4000	The second secon	Survey Fee
2) Add Fee: :Site Insp (\$) _s+Rs_si :Interview (\$) Photos :Tech: Invs (\$) Others	T T TOP S	Kezurvey	No. of Trip.	
: Interview (\$		d Fee: Tosite	e Insp (\$	
Report Format: 7 :Tech: Invs (\$) Others			1.7	
	Report Format: 7P		17.5	
The state of the s		1		- Control
TOTAL				

Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Thursday, 27 September 2018 4:27 PM

To:

Motor Claims

Cc:

SUR

Subject:

DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING

PTE LTD, DOA: 26/09/2018, SHC 7136K (TP VEHICLE), SLC 4786G (OI VEHICLE)

Attachments:

SHC7136 GIA.pdf; SHC7136 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 7136K M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 26/09/2018.

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,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | 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.
- 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 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.

ACCI	DENIT	CTV.	TCM	141	п
ACC	DEN	SIA		1	ш

Date Of Report

26/09/2018 14:17

Date Of Accident

26/09/2018 12:10

Exact Location Of Accident

AIRPORT BOULEVARD NEAR T2 ARRIVAL EXIT

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC7136K

Insured/Policyholder

Name Of Registered Owner

CITYCAB PTE LTD

Co Reg No

199502839G

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer

Model

HYUNDAI

Exact Purpose for which vehicle was being used at

time of accident

140

Are you claiming under your own insurance policy

NO

for repair to your vehicle? If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

D-18088937MFSH

Cover Note Number

Driver

Name of Driver

GOH KHIOK BOON

NRIC No

S00536671

Date Of Birth

27/07/1954

Occupation

OUTDOOR

Date Of Driving Pass

15/05/1975

Driving Experience

43 YEARS AND 4 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-98198213

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

157 05-575 BEDOK SOUTH AVENUE 3

Postcode

460157

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

OTHER - TAXI DRIVER

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.

Number of Passengers (Including Driver)

NO 5

Passenger 1

NAME: GENDER:

: FEMALE

Passenger 2

NAME:

GENDER:

: FEMALE

Passenger 3

NAME:

GENDER:

: MALE

Passenger 4

NAME:

8004

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

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

SLC4786G

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FRT RHT

Sketch Plan Pg. 1

Air port Boullevard

A - SHC 7136K.

B - SLC 4786G.

Along T2 Boulevard Twds Departure Hall Near T2 Arrival Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CO. REG. NO. 199303821R

Policyholder's Signature

On 26.09.2018 at about 12:10 hrs, I was travelling along T2 Boulevard towards de	eparture hall near T2
Arrival Exit with 4 passengers (2 female and 2 kids) on board.	
I was travelling on the extreme right lane. Suddenly, veh (B) (SLC 4786G) cut into r	my lane and hit my
taxi (A) front left portion.	
I have company video fixed in my taxi and photos taken at scene to support my claim	ns.
Veh (B) (SLC 4786G). Male driver.	
No injury in this accident.	
DECLARATION /We declare the foregoing particulars are true in every respect.	1

Driver Signature

Page 4 of 16

Reporting Centre Personnel's Signature

Sketch Plan Pg. 2

SKETCH PLAN

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.
- 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.
- 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)

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;
 - 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.

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

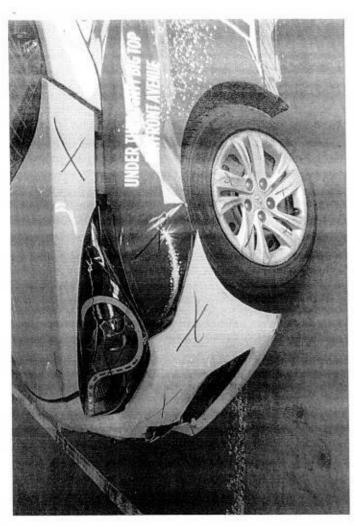
Driver's Signature

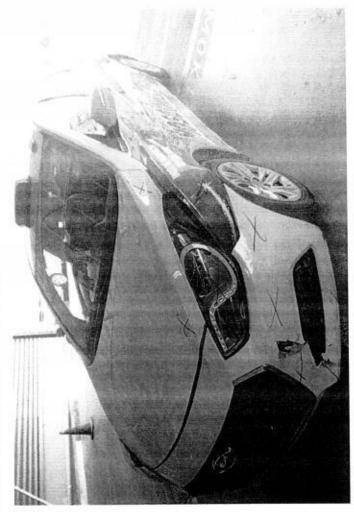
(If driver is not the policyholder)

Date & Time: 26.09.2018 @ 13:00 Hrs

Reporting Centre Personnel's Signature Name:

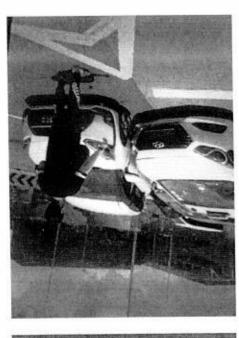
NRIC/FIN No.:









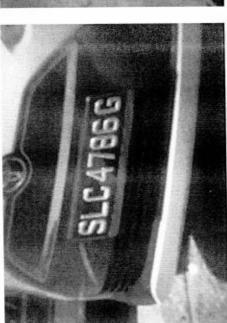












OMFORTDELGRO ENGINEERING

member of COMFORIDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6363 6280 Facsimile + 66 0260 9755

Workshops 59 Loyang Drive Singapore 508968 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 809286

24 Senoka Loop Singapore 798166 7 Sungel Kadut Way Singapore 726791 501 Yishun Industrial Park A Singapore 758732

Date/Time: 26.09.2018 15:07

Page : 1

JOB CARD ARC Repair TP(CFSO)1 Sales Order: JC NO.: 305217950 Team: REGN NO.: SHC7136K MILEAGE OMER CITYCAB PTE LTD MAKE: 7010070 HYUNDAI OMERNO.
383 SIN MING DRIVE E.....F DATE/TIME IN 26.09.2018 12:35 MODEL I - 40Singapore SINGAPORE 575717 65551188 YR OF MANU. 26.11.2015 TARGET DATE (0) CHASSIS CODE KMHLB41UMGU080730 COMPLETION DATE/TIME: DUNT CARD NO.

JOB DESCRIPTION

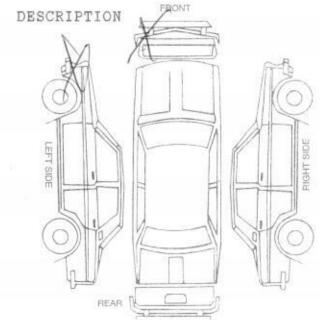
Accident Date: 26.09.2018

NATURE: 3P 26.09.18

turned to Service Reception upon collection

S/NO

LABOR CODE



KED & PASSED OUT BY:				
SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
SOMETIMES AND MEMBERS		18		
ledgement Slip		Exit Pass		
		Vehicle No.:		
No.: SHC7136K	JU TOKIO		SHC7136K	
f Service Advisor	Signature/Date	Name of Service Advisor	Date	

To be kept by Security Guard

CITY CAB PTE LTD REPAIR ESTIMATE*

VEHICLE NO: SHC 7136K

DATE 26/9/2018 15:40

Takio

MAKE

MODEL

: HYUNDAI i40 Qty Parts Description/ Labour Type **Unit Price** Amount Bonnet Hinge (LH/RH) \$ 41.00 \$ 82.00 Radiator Grille 8 1,110.10 Radiator Grille H Emblem * 7 S 39.50 Front Bumper Cover - Wal 1,052.20 Front Bumper Sponge 2/63 5 99.20 Front Bumper Reinforcement 7500 \$ 402.10 Front Bumper Grille (LH) * SAL 41.60 Front Bumper Bracket Top (LH) 5 22.40 Front Bumper Bracket (LH) 7 24.60 Headlamp (LH) 1,388.00 Front Fender (LH) / Ont 566.30 Front Fender Shield (LH) X544 S 175.90 Front Fender Retainer 24.60 Frt Wheel Hub Cap, LH X 107.10 SUB TOTAL 5,135.60 LESS 20% 1,027.12 DISCOUNTED TOTAL 4,108.48 Front Fender Advertisement Logo (LH) S 100.00 Nett 100.00 LKK Auto Consultar the Repairer of the Labour Charge 300 Panel Beating Spray Painting Charge \$ Wiring 5 Tuff Kote 15 SUDJECT TO Frt Wheel Alignment Acknowledged TOTAL LABOUR 1,040.00 Kalma (CK4)
ESTIMATE TOTAL

26/9/8 1600 bs.

2/7

PIP

Before Part plots 5,248.48 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

Dur J	ob Ref	No : 30521	7950		-	NGINEERING
ate	AP (2.15 (3.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15 (4.15		/2018			DelGro Engineering Pte Ltd ng Drive Singapore 50896
INA	LIZATI	ON FORM			Fax: 654	
Го	; _	LH	KK		Fax:	
Attn	:	KA	ALVIN			
		: SHC713	36K	Date	of Accident :	26/09/2018
The s	survey	and estimates of the	repairs of the a	bove-mentioned	vehicle are as t	follows:-
	The	repair job shall bill to	:	NO INS		SLC4786G
2.	The t	finalized amount sha	ıll be:		###	
	(a)	Spare Parts after	List discount			\$3,475.84
	(b)	Labour Charges		###		\$840.00
		Total for Part-By-	-Part Repair Co	st		\$4,315.84
	(c.)	Lumpsum Repair Total for Lumpsum Final Lumpsum I	n repair cost afte	r Less: 20%		
311	Wes		Same-		rking days irmed if there is	s no reply from you
4.	We s	1276	e amount as Co	errect and Confi	(5)	
4.	We swith Than Sign Nam	shali treat the abov In 7 working days ok you for your assis nature :	stance.	we find Sig	confirm the estalized amount	timates and
4.	We swith	shall treat the above In 7 working days the you for your assistant the state of the	e amount as Co	we find Sig	e confirm the es alized amount	timates and
4.	We swith Than Sign Nam Tel Fax	shall treat the above In 7 working days the you for your assistant ature : JUMANI	stance.	we find Sig	confirm the estalized amount	timates and
4.	We swith Than Sign Nam Tel Fax	shall treat the above In 7 working days onk you for your assistant ature: in : JUMANI in : 6	stance.	we find Sig	confirm the estalized amount	timates and
4. 55.	We swith Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days onk you for your assistature : in : JUMANI : 66 it Use Only	e amount as Co stance. 214 8315 5468156	Sig Na Da	confirm the estalized amount gnature: me :	Kelin 28/9/e
4. 5.	We swith Than Sign Nam Tel Fax Officia	shall treat the above In 7 working days onk you for your assistature : ine : JUMANI in the control of the co	e amount as Co stance. 214 8315 5468156	Prect and Confi	confirm the estalized amount gnature: me :	Kelin 28/9/e
1. For	We swith Than Sign Nam Tel Fax Officia Rental Loss of	shali treat the abov In 7 working days In 8 working days Ink you for your assis Interest in a stature : Interest in a stature in a stat	e amount as Co stance. 214 8315 5468156	Document Attached Yes or No	confirm the estalized amount gnature: me :	Kelin 28/9/e
1. F 2. L 3. S 4. I	We swith Than Sign Nam Tel Fax Officia Rental Loss of Survey LTA Se	shall treat the above In 7 working days onk you for your assist that the statute in the statute	e amount as Co stance. 214 8315 5468156	Document Attached Yes or No	confirm the estalized amount gnature : the : Confirm By	Kelin 28/9/e

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.09.2018 Time: 14:38:44

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO REGN NO MILEAGE : 305217950 : SHC7136K

MAKE

: 0000000000 : HYUNDAI

MODEL

: I-40

DATE OF REGN DATE/TIME IN

: 26.11.2015 : 26.09.2018 12:35

ACCIDENT DATE : 26.09.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A I40V3 BUMPER W LIP & FOG 1 1,052.20 20.00 841.76

1 566.30 20.00 453.04 0002 04-01-0103-0574-A I40VC PANEL-FENDER LH+

0003 04-01-0103-2164-G I40V3 GRILLE ASSY-RADIATO 1 1,110.10 20.00 888.08

0004 04-01-0103-2294-G I40V3 ABSORBER-FRONT BUMP 1 99.20 20.00 79.36

0005 04-01-0103-0781-A I40V2 LAMP ASSY-HEAD LH# 1 1,388.00 20.00 1,110.40

0006 04-01-0103-0639-G I40VC BRACKET-FR BUMPER S 1 22.40 20.00 17.92

0007 04-01-0103-0637-G I40V2 BRKT ASSY-FR BPR UP 1 24.60 20.00 19.68

0008 04-01-0103-0651-G I40VC HINGE ASSY-BONNET L 1 41.00 20.00 32.80

32.80

SUB-TOTAL : 3,475.84

JOB NATURE

PANEL BEATING- FRT. 0000 L

300.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA

400.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.09.2018 Time: 14:38:44

REPAIR ESTIMATE

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO

: 305217950

REGN NO

: SHC7136K

MILEAGE MAKE

: 00000000000

: HYUNDAI

MODEL

: I-40

DATE OF REGN : 26.11.2015 DATE/TIME IN : 26.09.2018 12:35

ACCIDENT DATE : 26.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 17-01

CHECK ALL LIGHTING

20.00

0003 20-00

TUFF COAT ON AFFECTED PARTS.

20.00

0004 20-05

DATE:

RENEW ADVERTISMENT STICKER-

100.00

SUB-TOTAL: 840.00

TOTAL : 4,315.84

MVA NAME & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

1513		Affiliated to Federation Interna	ationale Des Experts En Autom	nobile
CON	MFORTDELGRO E	NGINEERING PTE LTD	Ref : CS/QW180175	41/K1qbs2
59 L	OYANG DRIVESII	NGAPORE 508969	Date: 04-10-2018 Code: QW007	
		Policy Particula	rs :- THIRD PARTY CLAI	M
	Insured Veh.	SLC 4786G	Veh. Inspected	SHC 7136K
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From		Assign Date	26/09/2018
		Vehicle Pa	rticulars & Condition	M. Bartistan and St. St.
	Make & Model	HYUNDAI 140	c.c	1685
	Engine No.	HIDDEN	Year of Reg.	2015
	Chassis No.	KMHLB41UMGU080730	Colour	YELLOW
	Odometer	488540	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
		Cond	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	205/60R16	CAMPEON	7 mm
	L/H Front Tyre	205/60R16	CAMPEON	7 mm
	R/H Rear Tyre	205/60R16	CAMPEON	7 mm
	L/H Rear Tyre	205/60R16	CAMPEON	7 mm
			otion of Damages	
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE N ETAILS.	I/S FRONT PORTION.	
		Gene	eral Information	
	Accident Date	26/09/2018	Inspection Date	26/09/2018
	Survey held at	COMFORTDELGRO ENGINE	EERING PTE LTD	
		59 LOYANG DRIVE SINGAPORE 508969		
a.			Remarks	
		ON WAS CONDUCTED ON A"VICE TO YOUR INSTRUCTIONS,		
b.		Estima	te Days of Repair	
	ESTIMATED NORMAL PERIOD FOR REPAIR: 2 Working Days			



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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7136K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
2	BONNET HINGE (LH/RH) @ \$41.00	BENT	82.00	82.00
1	RADIATOR GRILLE	CRACKED	1,110.10	1,110.10
1	RADIATOR GRILLE H EMBLEM	NOT NECESSARY	39.50	
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	TORN	99.20	99.20
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	,
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	41.60	
1	FRONT BUMPER BRACKET TOP (LH)	CRACKED	22.40	22.40
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	
1	FRT WHEEL HUB CAP, LH	SERVICEABLE	107.10	
	LESS 20% DISCOUNT		-1,027.12	-868.96
			4,108.48	3,475.84
	SPECIAL NETT ITEMS			
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
	VI (1400) W		100.00	100.00
	LABOUR			
	PANEL BEATING.		440.00	300.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	
- 55			1,040.00	740.00
	GRAND TOTAL		5,248.48	4,315.84

RECOMMENDED COST OF REPAIRS	4 315 84
RECOMMENDED COOT OF REPAIRS	4,313.04

Report Ref No. CS/QW18017541/K1qbs2

KALVIN ANG WEI KUN

ADRIAN LING WAI PING

Automotive Assessor / Investigator

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES: This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or fort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.