

ASS. SEC. BY:

REF: CS/TML18020144/Kivbnz

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

Melmed

From (Person):

Telma Gomez

of

TML

Date/Time: 07-11-2018 354pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 8944G

Insured:

SFM 179D

at Workshop m/s

Comfort Delgro

Tel:

of

59 Wyang Drive

Policy No:

MT001374

Claim No:

M1805648

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06-11-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

07-11-2018

Person Contacted:

Lamy

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SH 8944G - P19 / III 17004686 / Gulg3g2

DIA: 051317

SFM 179D - x

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No _____

Claims No _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 89446 Yr Regn: 14 Apr 2011

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

Truck / Trailer or

Make: Hyundai Santa Fe c.c. 1991

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

Sp. Reading: 52636 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HET41V MBA 807381

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 / Rim or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Hankook

Front: _____ Rear: _____

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

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

D.O.A. 6/11/08 D.O.I. 7/11/08

Survey held at CDGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooltop or

o/s Frnt

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

Date / Time	Action / Instruction
8/11/08	Advised L/S \$900 / 20% (Red 2743.20, 7590 To Kio 4%)

RECEIVED 09 NOV 2018

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 8/11 - typist

Report Format: merimen

Lump Sum / I.B.I. (\$) 900/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

250
10
260

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Nov 2018 14:37 Sendback Est	07 Nov 2018 14:42 S\$3,643.20	07 Nov 2018 15:54 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS

Insured:	WONG LING GUAN (HUANG LINGYUAN), Co. Reg. No.: S7827532D		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SH8944G	Date of Loss:	06/11/2018 18:00 - :59 [90 Months and 23 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1805648	Policy/Cover Note No.:	MT001374 (Comprehensive) Coverage: 07/03/2018 - 06/03/2020
Vehicle Reg. No. (Insured):	SFM179D	Policy No. (Claimant):	MCOM0015
		Excess:	\$50.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Telma Gomez - 65926402]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 16/11/2018]		
Adj Asg. Remarks:	PLS CHECK CONSISTENCY OF THE DAMAGE. THKS		

View All

Compose Case Mail

ASSOCIATED MAIL RECEIVED

There are no mail for this case.



ALL ASSOCIATED TASKS

View All

Search Tasks

Create New Task

Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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 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. 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	07/11/2018 11:20
Date Of Accident	06/11/2018 18:30
Exact Location Of Accident	HDB SERVICE ROAD OUTSIDE BLK 745 PASIR RIS ST 71
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8944G
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	SONATA-2.0 (A)

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	CHUA CHAI SENG
NRIC No	S1311966Z
Date Of Birth	01/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91881306
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 842G TAMPINES STREET 82 #11-88
Postcode	527842
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 ON COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

REFER ATTACHED

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	SFM179D
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	91820620
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH
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. 199303021R

Policyholder's Signature
Date & Time:

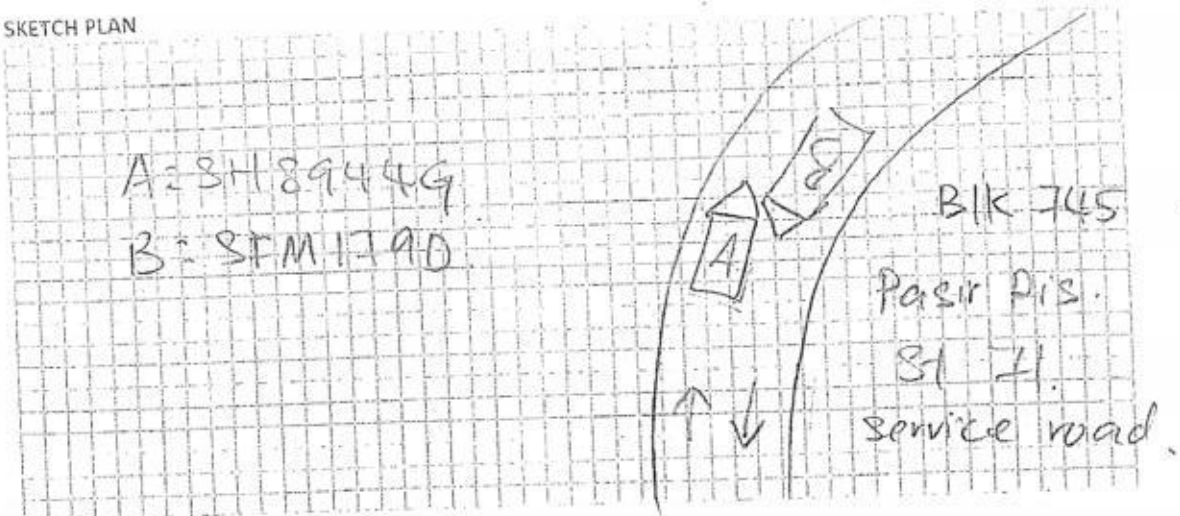
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/RMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

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)
Date & Time:

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

Describe Circumstances of the Accident.

On 06/11/2018 at about 1830hrs, I was driving along HDB service road outside Blk 745 Pasir

Ris St 71 to pick up a oncall booking . Raining weather and no traffic.

Upon approaching a bend road, a car SFM179D incoming from opposite direction.

As it took place so fast, I could not take evasive action to prevent the collision. Due to this my taxi front right portion collided onto the front right portion of the said vehicle.

No passenger on board my taxi. No injury reported at the point of the accident.

Declaration

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

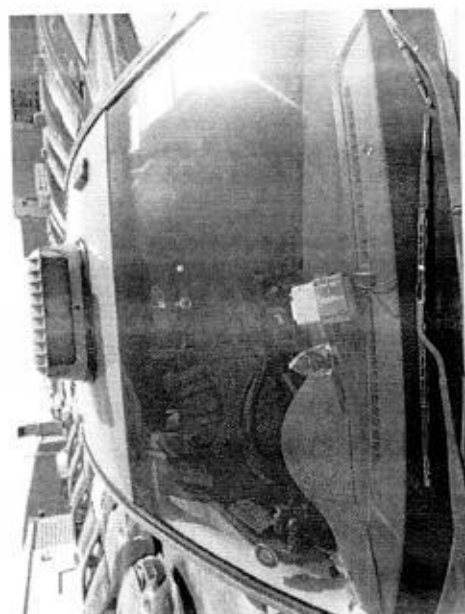
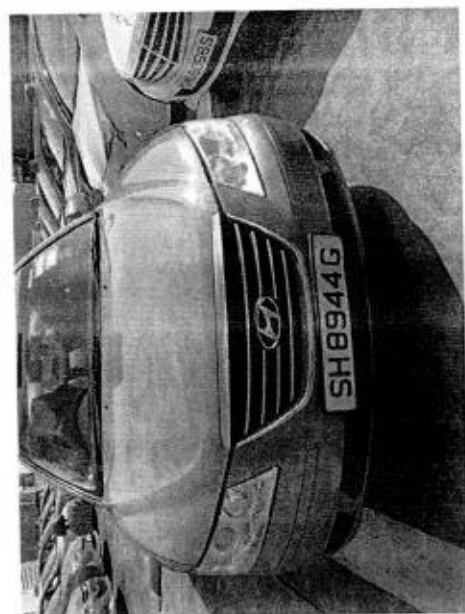
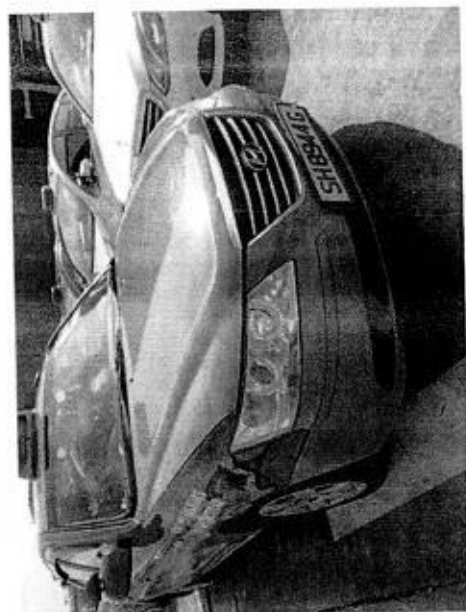
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature/Date &
Time

Driver's Signature(if driver is not the policyholder)/Date
& Time

Loka Wan Yieng

Witnessed by Reporting
Centre Personnel



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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

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**
Policy No:
Vehicle Reg. No.: **SH8944G**
Party At Fault: **UNKNOWN**
Driver (TP): **CHUA CHAI SENG**

Ref. No:
Date of Loss: **06/11/2018**
Driveable? **YES**

Make/Model: **HYUNDAI SONATA, 2.0 (A)**
Vehicle Colour: **BLUE**
Engine No: **D4EAB944567**
Odometer: **526736 KM**

Vehicle Reg. Date: **14/04/2011**
Gen Condition: **GOOD**
Chassis No: **KMHET41VMBA807381**

Paint Type:
List Item Discount: **20.00 %**
Total Loss? **NO**
Est. Duration of Repair (day) **3**

Description of Accident/Loss: **REFER ATTACHED**
Present Location: **COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)**

COST OF CLAIMS

	Amount
Parts	2,503.20
Miscellaneous Items	10.00
Labour	1,130.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,643.20
+ GST 7.00% (S\$)	255.02
Nett Amount (S\$)	3,898.22

Larry Ng

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: 07 Nov 2018)
 Parts: 143 HYUNDAI SONATA 2.0 (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SH8944G/07/11/2018 14:42
 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>Return</i>	20.00	0.00	*538.80 FL
2	1		*FRONT BUMPER TOP BRACKET - RH <i>Return</i>	20.00	0.00	*20.10 FL
3	1		*FRONT BUMPER RETAINER - RH <i>Return</i>	20.00	0.00	*9.20 FL
4	10		*FRONT BUMPER CLIPS <i>Return</i>	20.00	0.00	*22.00 FL
5	1		*FRONT FENDER - RH <i>X</i>	20.00	0.00	*593.00 FL
6	1		*HEADLAMP - RH <i>X</i>	20.00	0.00	*797.90 FL
7	1		*HEADLAMP SUPPORT PANEL <i>X</i>	20.00	0.00	*1,023.00 FL
8	1		*ADVERTISEMENT - RHF FENDER <i>X</i>	0	0.00	*100.00 FS

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

Sub Total (\$\$)

3,104.00

- List Item Discount on L Items (\$\$)

600.80

Total Parts (\$\$)

2,503.20

ComfortDelGro Engineering Pte Ltd/SH8944G/07/11/2018 14:42. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Larry Ng

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>			
1	PANEL BEATING	New	500.00 200
2	SPRAY PAINTING	New	500.00 400
3	WIRING CHARGE	New	50.00 10
4	TUFF KOTE	New	80.00 10
Gross Labour Cost (S\$)			1,130.00

ComfortDelGro Engineering Pte Ltd/SH8944G/07/11/2018 14:42. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Kalvi 10/11/18

7/11/18 1505hrs

2 hrs

4/5

Aflr Parar p 1/10

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after repair/repainting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Date/Time: 07.11.2018 12:15

Page : 1

Team: IN ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305235551

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

VAR26

VMS

7010045

CUSTOMER NO.

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

65508755

L (R)

(O)

(P)

REGN NO.: SH 8944G

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL SONATA

DATE/TIME IN 07.11.2018 10:00

YR OF MANU 14.04.2011

TARGET DATE

CHASSIS CODE KMHT41VMB807381

COMPLETION DATE/TIME:

3 COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.11.2018

NATURE: 3P 06.11.2018 (C)

S/NO

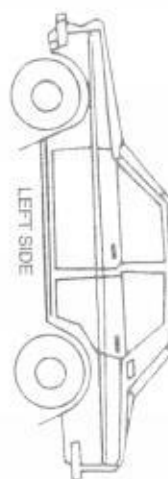
LABOR CODE

DESCRIPTION

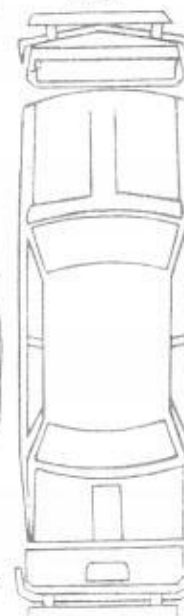
FRONT

to KIO - Front Right damage

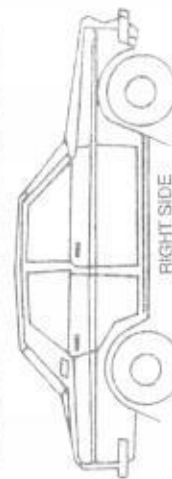
LKIC/Kelvin -



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SH 8944G

LARRY

Vehicle No.:

SH 8944G

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305235551
Date : 8. Nov. 2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 8944G


Fax :


Date of Accident: 6. Nov. 2018

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

1. The repair job shall bill to: TOKIO SFM179D
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: \$900.00
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 : Kalvin
Date : 8/11/18

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: CS/TMI18020144/K1VBN2
Date: 12/11/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT001374
Claimant Vehicle No :	SH8944G	Insured Vehicle No :	SFM179D
Date of Loss:	06/11/2018	Nature of Claim:	TP
		Claim No:	M1805648

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH8944G	Engine No:	D4EAA912665
Make & Model:	HYUNDAI SONATA, 2.0 (A)	Chassis No:	KMHET41VMBA807381
Reg. Date:	14/04/2011 (Man. Year: 2011)	Odometer:	526736 km
Colour:	Blue		
Engine Capacity:	1991 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:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,503.20	548.64	1,954.56	78.08
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,130.00	600.00	530.00	46.90
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,643.20	1,158.64	2,484.56	68.20
Approved Total (Overridden) (S\$)		900.00		
(S\$)	3,643.20	900.00	2,743.20	75.30
+ GST 7.00/7.00% (S\$)	255.02	63.00	192.02	75.30
Nett Amount (S\$)	3,898.22	963.00	2,935.22	75.30

INSPECTION

Date of Assignment:	07/11/2018 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	07/11/2018 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: VERON CHEN

Adjuster Report

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: 12 Nov 2018)
Parts: 143	HYUNDAI SONATA 2.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SH8944G)	
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	538.80 FL	*538.80 FL
2	1		*FRONT BUMPER TOP BRACKET - RH	Serviceable	20.10 FL	*- FL
3	1		*FRONT BUMPER RETAINER - RH	Serviceable	9.20 FL	*- FL
4	10		*FRONT BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
5	1		*FRONT FENDER - RH	Repair	593.00 FL	*- FL
6	1		*HEADLAMP - RH	Serviceable	797.90 FL	*- FL
7	1		*HEADLAMP SUPPORT PANEL	Serviceable	1,023.00 FL	*- FL
8	1		*ADVERTISEMENT - RHF FENDER	Necessary	100.00 FS	*100.00 FS
					Sub Total (\$\$)	3,104.00 660.80
					- List Item Discount on L Items 20.00/20.00% (\$\$)	600.80 112.16
					Total Parts (\$\$)	2,503.20 548.64

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

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 (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	500.00	200.00
2	SPRAY PAINTING	New	500.00	400.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	80.00	-
Gross Labour Cost (S\$)			1,130.00	600.00

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