

ASS. REC. BY:

REF CS/SMO18020514/K19d3n2 Special Instructions:

Surveyor
menmen

Kalvin

ASSIGNMENT (Office)

From (Person):

Thelma Choo

of

SMO

Date/Time: 13/11/18 @ 3:03pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 7227S

Insured:

GBC 5298K

at Workshop in/s

Comfort Delgro

Tel:

6214 8300

of

59 Loyang Drive

Policy No:

DI8MTHCVE000155

Claim No:

CMTD1804915

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 10/11/2018

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time:

3:12pm @ 13/11/18

Person Contacted:

Fauzy

Vehicle IN OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 7227S - X

GBC 5298K - X

14/11/18 @ 11:58am revised to Thelma Choo via menmen.

Surveyor: Kelvin

REF:

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. _____

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: 7 days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 72275 Yr Regn: 6 Jan 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /

Truck / Trailer or _____

Make: Hyundai I40 C.C. 1685

Colour: Blue A/C: 6 Insured / Std / NI / NA

Sp. Reading: 589940 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: KMHLB414AE4054028

Gen. Cond: Good / 6 / Poor / Burnt

Steering: In order / 6 / Jammed / Leaked / Burnt or

Brake: In order / 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 / or

Tyre Size: F: 205/6.0R16

R: _____

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

TOYO / YOKO or Harbert

Front _____ Rear _____

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

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

D.O.A. 10/11/18 D.O.I. 13/11/18

Survey held at CDGE (Loyang)

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

Front

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

Date / Time	Action / Instruction
16/11/18	Advised R/p \$355 / 20 days (Red 61316.40, 79%) <u>Sampa 45.</u>

RECEIVED 16 NOV 2018

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

1) 16/11/18 transfer ☐ : Final Report

Date/Time, File Return to?

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

Report Format: MPR-TP

Lump Sum / I.B.I: (\$ 355)

Note: This document has not been finalised.

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

To: Somp Insurance Singapore Pte. Ltd.
50 Raffles Place
#05-01/06, Singapore Land Tower
Singapore 048623From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Thelma Choo

Date: 14 Nov 2018

Preliminary Advice

Insured Vehicle No	: GBC5298K	Accident Date	: 10/11/2018
TP Vehicle No	: SHA7227S	Assignment Date	: 13/11/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 13/11/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,671.96
Revised Amount	:S\$	355.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	355.00

Lump Sum Repair :S\$

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- () Other comments :

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Nov 2018		13 Nov 2018 15:03 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS	[Created by insurer]
Insured: ETHOZ GROUP LTD , Co. Reg. No.: 198104531H	
Main Claimant: COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R	
Vehicle Reg. No.: SHA7227S	Date of Loss: 10/11/2018 00:00 - :59 [53 Months and 4 Days From LTA Reg Date (Man Yr)]
Claim Type: TP / CMTD1804915	Policy/Cover Note No.: D18MTHCVE000155 (Third Party Only)
Vehicle Reg. No. (Insured): GBC5298K	Policy No. (Claimant):
	Excess:
Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300	
Handling Insurer: Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Thelma Choo - 6322 4681]	
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 22/11/2018]	
Adj Asg. Remarks: -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT	

ASSOCIATED MAIL RECEIVED

[View All](#)
[Compose Case Mail](#)

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	12/11/2018 08:52
Date Of Accident	10/11/2018 23:45
Exact Location Of Accident	JLN BESAR TWDS BENCOOLEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7227S
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	YEU KIM SENG
NRIC No	S1702235J
Date Of Birth	01/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98269945
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 224D COMPASSVALE WALK #12-601
Postcode	544224
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : 3P REVERSE

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	GBC5298K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JOHN XAVIER
NRIC/Passport Number	G7591504M
Contact Number	
Address	
Postcode	

Insurance Company Name

SOMPO INSURANCE SINGAPORE PTE. LTD.

Nature Of Damage

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. 199203921R

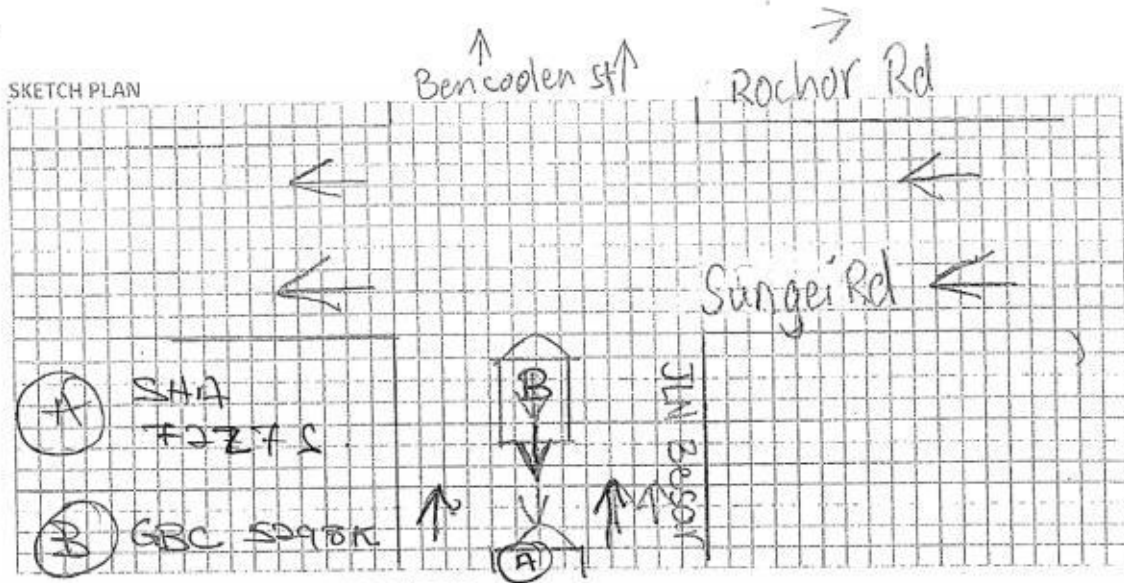
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 10 NOV 2018 @ 22.42 hrs I

VEH A slow down and stop at the

traffic light. During interval of VEH

B. Suddenly veh. B. Reverses back and

hit VEH A front. at the point of

accident VEH A carry 2 more pax.

not injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO 199203921R

Policyholder's Signature

Date & Time:

Driver's Signature

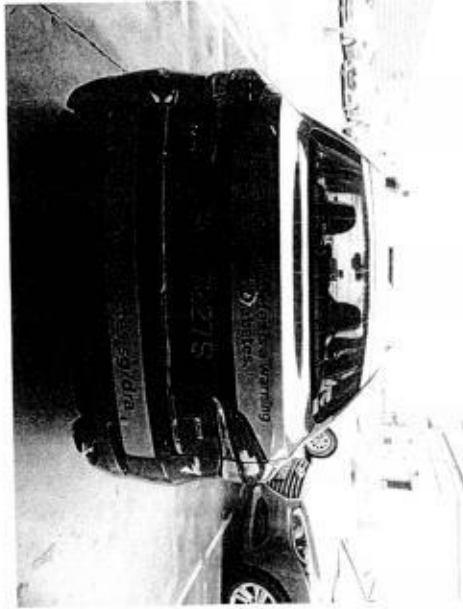
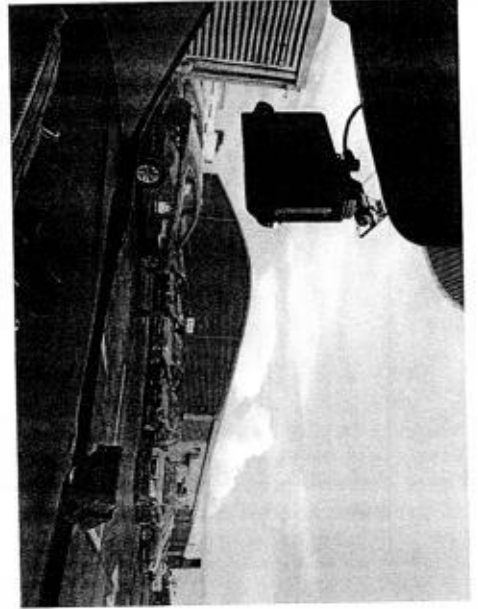
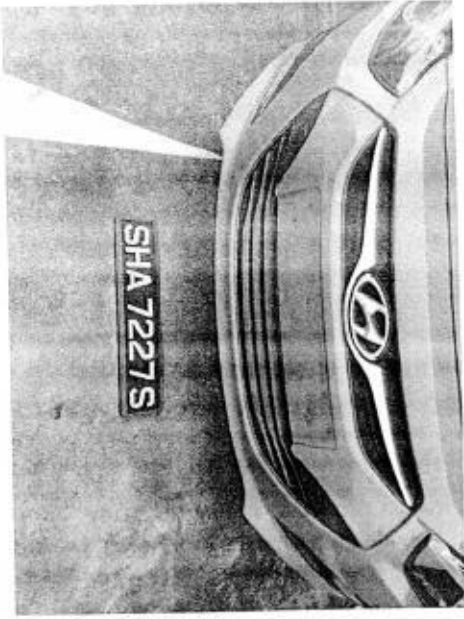
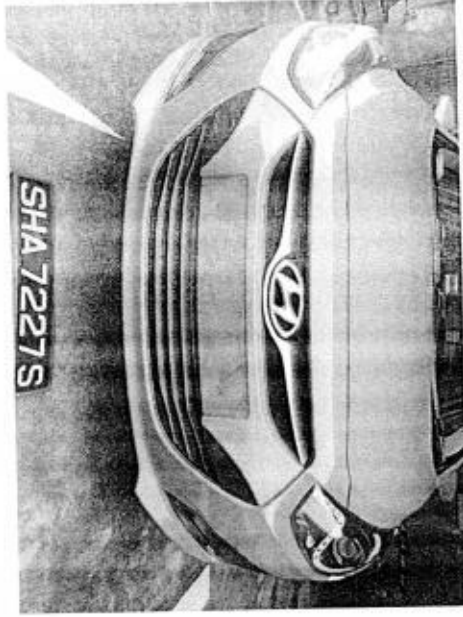
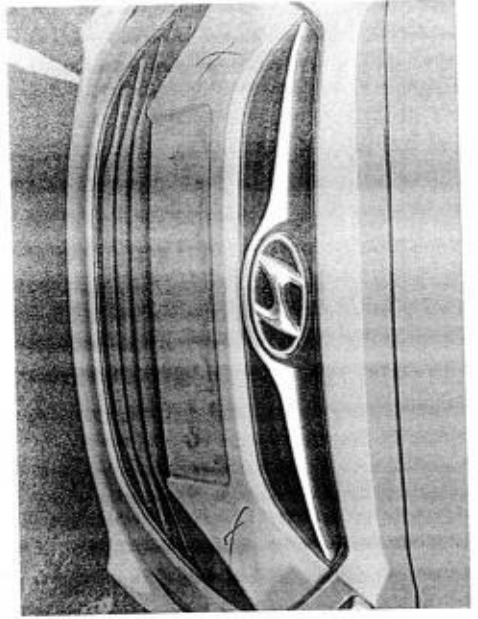
(If driver is not the policyholder)

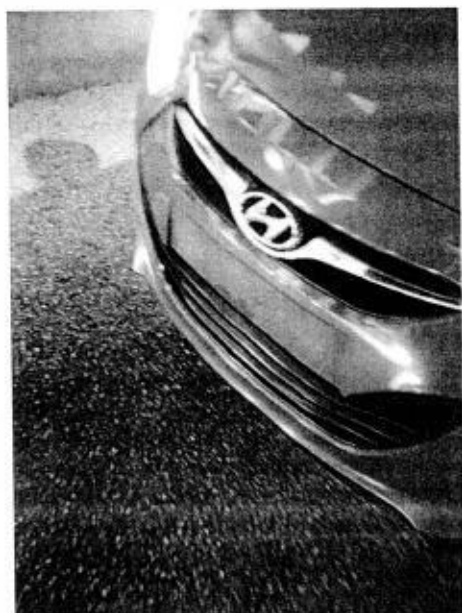
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





SOMPO / FRONT

T2

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover X repair			\$ 1,052.20	
	Front Bumper Bracket Top (LH/RH) X sc		\$ 22.40	\$ 44.80	
	Front Bumper Bracket (LH/RH) X sc		\$ 24.60	\$ 49.20	
	SUB TOTAL			\$ 1,146.20	
	LESS 20%			\$ 229.24	
	DISCOUNTED TOTAL			\$ 916.96	
	Front Number Plate			\$ 25.00	Nett
	Front No Plate Trim Cover			\$ 30.00	Nett
				\$ 55.00	
	Labour Charge				
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 300.00	
				200	
	TOTAL LABOUR			\$ 700.00	
	ESTIMATE TOTAL			\$ 1,671.96	
<p>Kalun 16/11/18</p> <p>13/11/18 1515hrs.</p> <p>2 Day</p> <p>4s</p> <p>After Rep do photo.</p> <p>LKK Auto Consultancy & Insurance notify the Reparer of the following:</p> <ul style="list-style-type: none"> • To resurvey & adjust the amount of the survey • To disburse the amount of the survey • Parts & labour charges without prejudice to the insurance company • Through the insurance company • No claim to be resurveyed and from Insurance Company 					
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.					

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3872417

JC NO.: 305237523

CUSTOMER
MS
CUSTOMER NO.
ADDRESS
(R)
(P)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

COUNT CARD NO.

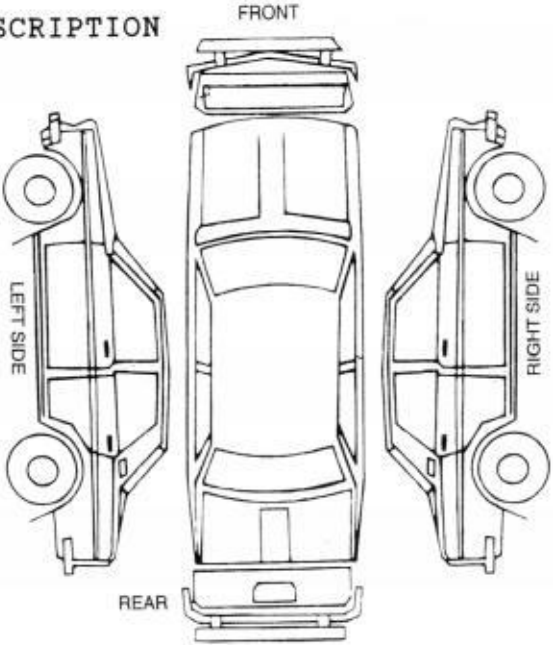
REGN NO.: SHA7227S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 11.11.2018 10:30
YR OF MANU 06.06.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU054028	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 10.11.2018
NATURE: 3P 10.11.18/B

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7227S FZ SOMPO

Vehicle No.: SHA7227S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305237523

Date : 15.11.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA7227S

Date of Accident : 10.11.2018

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

1. The repair job shall bill to: SOMPO --- GBC5298K
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$55.00</u>
(b) Labour Charges	<u>\$300.00</u>
Total for Part-By-Part Repair Cost	<u>\$355.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost	<u>\$0.00</u>

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 16/11/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305237523
REGN NO : SHA7227S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 06.06.2014
DATE/TIME IN : 11.11.2018 10:30
ACCIDENT DATE : 10.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS NO PLATE(S) 1 N 55.00 0.00 55.00

SUB-TOTAL : 55.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 L SPRAY PAINTING CHARGE 200.00

SUB-TOTAL : 300.00

TOTAL : 355.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

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/SMO18020514/K1QD3N2

Date: 16/11/2018

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTHCVE000155
Claimant Vehicle No :	SHA7227S	Insured Vehicle No :	GBC5298K
Date of Loss:	10/11/2018	Nature of Claim:	TP
		Claim No:	CMTD1804915

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA7227S	Engine No:	D4FDEU429851
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMEU054028
Reg. Date:	06/06/2014 (Man. Year: 2014)	Odometer:	589940 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	205/60 R16	Rear Tyre Size:	205/60 R16
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	971.96	55.00	916.96	94.34
Miscellaneous Items	0.00	0.00	0.00	
Labour	700.00	300.00	400.00	57.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	1,671.96	355.00	1,316.96	78.77
+ GST 7.00/7.00% (\$\$)	117.04	24.85	92.19	78.77
Nett Amount (\$\$)	1,789.00	379.85	1,409.15	78.77

INSPECTION

Date of Assignment:	13/11/2018	
Date Inspected:	13/11/2018 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: SHIAU CHAN

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: 16 Nov 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA7227S)	
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 COVER	Repair	1,052.20 FL	*- FL
2	2		*FRONT BUMPER BRACKET TOP (LH/RH)	Serviceable	44.80 FL	*- FL
3	2		*FRONT BUMPER BRACKET (LH/RH)	Serviceable	49.20 FL	*- FL
4	1		*FRONT NUMBER PLATE	Cracked	25.00 FS	*25.00 FS
5	1		*FRONT NO PLATE TRIM COVER	Cracked	30.00 FS	*30.00 FS
						F=Franchise part. S=SpcNett. L=ListItemDisc.
					Sub Total (S\$)	1,201.20 55.00
					- List Item Discount on L Items 20.00/20.00% (S\$)	229.24 0.00
					Total Parts (S\$)	971.96 55.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	100.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
Gross Labour Cost (\$\$)			700.00	300.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >