

22/03/2002

ASS. REC. BY:

REF: CS/GNUS020641/KHber

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Kelvyn

of

GAR

Date/Time:

14/11/2018 5:30pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 7814L

Insured:

Ym 77X

at Workshop m/s

Comfort Delgro

Tel:

62148398

of

59 Loyang Drive

Policy No:

Claim No:

CLMOMVC000003555

Sum Insured:

Excess:

Make of Veh:

D.O.A.

13/11/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

15.11.2018

H.O.D. Endorsement:

Date/Time:

14/11/2018 5:30pm

Person Contacted:

Lim

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHC 7814L - NS/INC 1807766/KHber

D.A: 26092018

Ym 77X - X

19/11/2018 3:07pm revised to Kelvyn by email.

Director Kaluh

REF: GAI

ASSIGNMENT

From: Date: 15/11/2018

Estimated Cost:

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

To inspect Vehicle No: SHC 7814L

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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 7814L Yr Regn: 18 July 2013
Type: M.Car / M.Cycle / Bus / Van / Lorry / T6 / Prime Mover /

Truck / Trailer or

Make: Hyundai Sonata C.C. 1991

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

Sp. Reading: 535928 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHE741VMPA 834588

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60 R16

R:

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

TOYO / YOKO or West lake

Front

Rear

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

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

D.O.A. 13/11/8 D.O.I. 15/11/8

Survey held at CDE (Loyang)

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

o/s Frnt

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

Date / Time

Action / Instruction

19/11/8

Checked 4/5 of 4300 / 3 Rgs. Used 54779.56, 531.7

4.

RECEIVED 22 NOV 2018

Date/Time, File Pass to?

☐

: Preli. Report

1) 21/11/18

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format : TP

Lump Sum / I.B.I. (\$

4300

250

250

Catherine Chong (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Wednesday, 14 November, 2018 5:13 PM
To: Admin-D (LKKAuto); 'Admin A'
Subject: TP survey - Accident involving SHC7814L and insured YM 779Y dated 13.11.18
Attachments: img-Y14141101-0001.pdf

Hi team

TP survey. Insured has not report.

Thanks
Kelvyna

From: Lim Tien Siong <limts@cdge.com.sg>
Sent: Wednesday, November 14, 2018 4:07 PM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: [External] Re: Accident involving SHC7814L and your insured YM 779Y dated 13.11.18

Hi Kelvyna,

No.5 (LKK Auto)

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148398 / Fax:65468156

From: Lim Tien Siong <limts@cdge.com.sg>
Sent: Wednesday, November 14, 2018 2:22 PM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Cc: Motor Claims <MotorClaims@sg.gaig.com>
Subject: [External] Accident involving SHC7814L and your insured YM 779Y dated 13.11.18

Hi Kelvyna,

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148398 / Fax:65468156

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to

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SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Monday, 19 November 2018 3:07 PM
To: 'Ngian, Kelvyna'
Cc: SUR; assignments
Subject: RE: TP survey - Accident involving SHC7814L and insured YM 779Y dated 13.11.18
Attachments: CSGAI18020641K1tb.pdf

Dear Kelvyna,

Enclosed herewith preliminary advice of SHC 7814L.

Kindly provide us the claim number of above mentioned.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Wednesday, 14 November 2018 6:33 PM
To: 'Ngian, Kelvyna' <Kelvyna.Ngian@sg.gaig.com>
Cc: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: TP survey - Accident involving SHC7814L and insured YM 779Y dated 13.11.18

Dear Kelvyna,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Ngian, Kelvyna [<mailto:Kelvyna.Ngian@sg.gaig.com>]
Sent: Wednesday, 14 November, 2018 5:13 PM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; 'Admin A' <admin-a@lkkauto.com>
Subject: TP survey - Accident involving SHC7814L and insured YM 779Y dated 13.11.18

Hi team

TP survey. Insured has not report.

Thanks
Kelvyna

From: Lim Tien Siong <limts@cdge.com.sg>
Sent: Wednesday, November 14, 2018 4:07 PM



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: YM 779Y

Date: 19th November 2018

Our Ref: CS/GAI18020641/K1tb

The Motor Claims Department
Great American Insurance Company

Attn: Kelvyna

Dear Sirs/Mdm

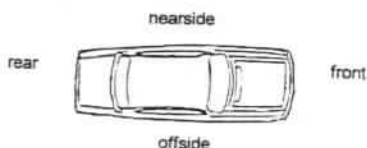
PRELIMINARY ADVICE OF VEHICLE NO. SHC 7814L

We thank you for the instruction on 14/11/2018.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 15/11/2018 at the premises of M/s COMFORTDELGRO and have the following to report:-

Workshop Estimate Amount	: S\$ <u>9,079.56</u>
Revised Estimate Amount	: S\$ <u>5,376.44</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
Salvage Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:
The vehicle sustained damages at the
o/s front portion.



Comments/ Present Status:
Damages consistent.
We have NOT authorise repair.

Yours faithfully

Kalvin Ang
Automotive Assessor

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	14/11/2018 08:50
Date Of Accident	13/11/2018 13:05
Exact Location Of Accident	NEIL RD TURNING TO KAMPUNG BAHRU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7814L
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	HYUNDAI
Model	SONATA
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LOH KOON TONG
NRIC No	S1619152C
Date Of Birth	28/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1981
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96388683
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address,	BLK 258 JURONG EAST STREET 24 #08-365
Postcode	600258
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

PLS REFER TO ATTACHED

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	YM779Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	LEFT CENTRE
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
-----------------------------	--

Vehicle Make/Model/Colour	
Details Of Properties	ROAD KERB
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOH KOON TONG
Approximate Age	55
Injuries Sustain	NECK AND SHOULDER PAIN
Injured person in which vehicle?	SHC7814L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

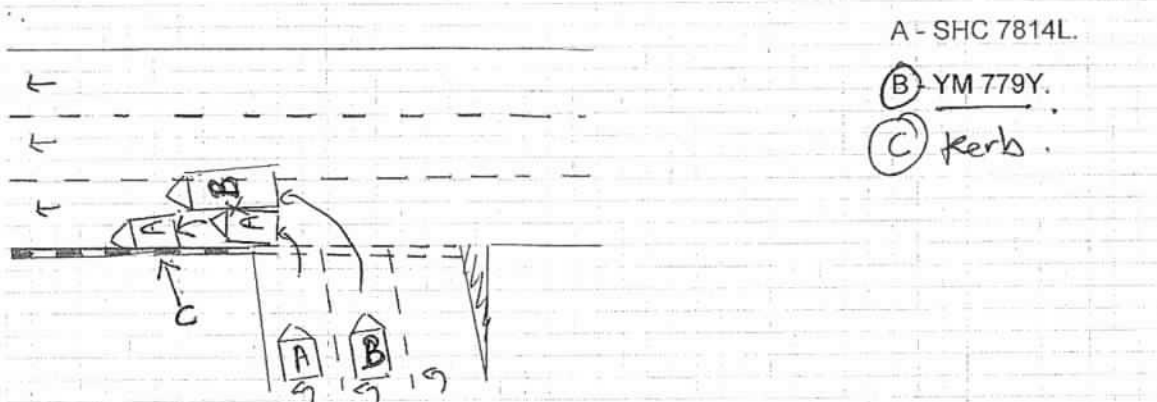
Policyholder's Signature
Date & Time:

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



Along Neil Rd Turning to Kampung Bahru Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13.11.2018 about 13:05 hrs, I was travelling along Neil Rd turning to Kampung Bahru Rd
with no passenger on board.
I was travelling on the extreme left lane. After ensuring the road was clear, I proceeded to turn
right within my lane. As I proceeded to turn slowly, veh (B) (YM 779Y) encroached into my lane
and hit my taxi (A) front right portion. Due to the impact, my taxi (A) hit the road kerb and therefore
my taxi (A) also sustain damages on front left portion.
I have company video fixed in my taxi and photos taken at scene to support my claims.
Veh (B) (YM 779Y). Male driver.
After the accident, I suffered pain on my neck and shoulder. I will consult doctor later on.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13.11.2018 @ 16:00 Hrs

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

COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6260, Facsimile + 65 6260 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
829 Ubi Road 3 Singapore 401599
24 Senoko Loop Singapore 758156
7 Sungel Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

A member of COMFORTDELGRO

Date/Time: 14.11.2018 10:57 Page : 1

Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305238902
TOMER	REGN NO.: SHC7814L	MILEAGE	
MS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL	
7010070		E.....1/2.....F	
TOMER NO. 383 SIN MING DRIVE	MODEL SONATA	DATE/TIME IN 13.11.2018 13:05	
RESS Singapore SINGAPORE 575717	YR OF MANU 18.07.2013	TARGET DATE	
65551188	CHASSIS CODE KMHET41VMDA834588	COMPLETION DATE/TIME:	
(R)			
(P)			
COUNT CARD NO.			

Accident Date: 13.11.2018
NATURE: 3P 13.11.18

JOB DESCRIPTION

GAIC - YM 779Y

NO	LABOR CODE	DESCRIPTION	FRONT
		up kerb	
		LEFT SIDE	RIGHT SIDE
		REAR	

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Wedge ment Slip

Exit Pass

No.: SHC7814L LIMITS

Vehicle No.: SHC7814L

Signature/Date of Service Advisor Name of Service Advisor Date

Returned to Service Reception upon collection To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7814L

MAKE :

MODEL : HYUNDAI SONATA

DATE 14/11/2018

GAI C (45) 15
1430

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet <i>Repl</i>			\$ 1,151.80
	Front Bumper Cover <i>ca</i>			\$ 538.80
	Front Bumper Bracket Top (RH) <i>ca</i>			\$ 22.40
	Front Bumper Protector (RH) <i>x repair</i>			\$ 29.20
	Headlamp Support Panel Assy <i>ca</i>			\$ 1,023.00
	Headlamp (RH) <i>ca</i>			\$ 797.90
	Front Fender (RH) <i>Repl</i>			\$ 593.00
	Front Fender Apron Panel (RH) <i>x repair</i>			\$ 1,120.50
	Front Fender Shield (LH/RH) <i>fix</i>		\$ 86.00	\$ 172.00
	Front Fender Mudflap (RH) <i>x su</i>			\$ 15.50
	Front Fender Signal Lamp (RH) <i>ca</i>			\$ 45.40
	Front Fender Retainer <i>x su</i>			\$ 9.20
	Front Door (RH) <i>x repair</i>			\$ 1,345.00
	Wiper Container <i>x su</i>			\$ 59.00
	Wiper Container Motor <i>x su</i>			\$ 63.00
	Front Wheel Hub Cap (LH/RH) <i>CH x RH hand</i>		\$ 145.00	\$ 290.00
	SUB TOTAL			\$ 7,275.70
	LESS 20%			\$ 1,455.14
	DISCOUNTED TOTAL			\$ 5,820.56
	Front Door City Cab Logo (RH) <i>ca</i>			\$ 75.00 Nett
	Front Tyre (LH/RH) <i>x su</i>		\$ 207.00	\$ 414.00 Nett
	Labour Charge			\$ 489.00
	Panel Beating			\$ 800.00 <i>600</i>
	Spray Painting Charge			\$ 1,500.00 <i>800</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Transfer of Door			\$ 120.00 <i>x m</i>
	FRT Wheel Alignment			\$ 120.00 <i>60</i>
	Remove/Refix Aircon & Refill Gas			\$ 150.00 <i>60</i>
	Vehicle Tow / crank up			\$ 200.00 <i>150</i>
	TOTAL LABOUR			\$ 2,770.00
	ESTIMATE TOTAL			\$ 9,079.56
	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.			



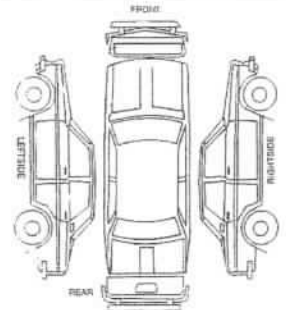
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>13/11/13</u> Time Received:		3. Vehicle Type:		4. Type of Towing:	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr Lim</u> Contact No. : <u>96388683</u> Vehicle No. : <u>96388683</u> Make / Model / Colour : <u>Yellow Barch</u> Email :		<input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		<input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input checked="" type="checkbox"/> Crane-up	
		5. Nature of Service:		6. Parts Replaced/Remarks:	
		<input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery			
7. Location: <u>Hospital Dr</u>			8. Vehicle Tow - In Workshop:		
9. Preferred Workshop:			<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		
<input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:					

10. Odometer Reading : _____
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scratched O : Missing

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☒ TZ ☐ YISHUN ☐ OTHERS
 Name of Driver : Jimmy Tay
 Vehicle No. : YS 6235
 Time Dispatch : 1318
 Time of Arrival : 1430
 Time Completed : 1515

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
 b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
 c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

13/11/13

Date

1435

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305238902

Date : 19/11/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC7814L

Date of Accident : 13-Nov-18

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

1. The repair job shall bill to: Great American Ins Co --- YM 779Y

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: 20% \$4,300.00

Final Lumpsum Repair cost \$4,300.00

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 19/11/18

Fax : 65468156

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:




LKK Auto Consultants Pte Ltd

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

Affiliated to Federation Internationale Des Experts En Automobile				
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18020641/K1tbe2		
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 19-12-2018		
		Code : GAI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YM 779Y	Veh. Inspected	SHC 7814L	
Policy No.		Coverage (\$)	0.00	
Claim No.	CLMOMVC000003555	Excess (\$)	0.00	
Assign From	KELVYNA	Assign Date	14/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	KMHET41VMDA834588	Colour	YELLOW	
Odometer	535928	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/11/2018	Inspection Date	15/11/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7814L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BONNET	DENTED	1,151.80	1,151.80
1	FRONT BUMPER COVER	CRACKED	538.80	538.80
1	FRONT BUMPER BRACKET TOP (RH)	CRACKED	22.40	22.40
1	FRONT BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	29.20	-
1	HEADLAMP SUPPORT PANEL ASSY	CRACKED	1,023.00	1,023.00
1	HEADLAMP (RH)	CRACKED	797.90	797.90
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER APRON PANEL (RH)	TO REPAIR SEE LABOUR	1,120.50	-
2	FRONT FENDER SHIELD (LH/RH) @\$86.00	TORN	172.00	172.00
1	FRONT FENDER MUDFLAP (RH)	SERVICEABLE	15.50	-
1	FRONT FENDER SIGNAL LAMP (RH)	CRACKED	45.40	45.40
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT DOOR (RH)	TO REPAIR SEE LABOUR	1,345.00	-
1	WIPER CONTAINER	SERVICEABLE	59.00	-
1	WIPER CONTAINER MOTOR	SERVICEABLE	63.00	-
2	FRONT WHEEL HUB CAP (LH/RH) @\$145.00	N/S SERVICEABLE / O/S GRAZED	290.00	145.00
	LESS 20% DISCOUNT		-1,455.14	-897.86
			5,820.56	3,591.44
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR CITY CAB LOGO (RH) (SN)	NECESSARY	75.00	75.00
2	FRONT TYRE (LH/RH) @\$207.00 (SN)	SERVICEABLE	414.00	-
			489.00	75.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER PROTECTOR (RH), FRONT FENDER APRON PANEL (RH) AND FRONT DOOR (RH).		800.00	600.00
	SPRAY PAINTING CHARGE.		1,500.00	800.00
	WIRING CHARGE.		30.00	20.00

Report Ref No. CS/GAI18020641/K1tbe2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TUFF KOTE.	NOT NECESSARY	50.00	20.00
	TRANSFER OF DOOR.		120.00	-
	FRT WHEEL ALIGNMENT.		120.00	60.00
	REMOVE / REFIX AIRCON & REFILL GAS.		150.00	60.00
	VEHICLE TOW / CRANK UP.		200.00	150.00
			2,970.00	1,710.00
GRAND TOTAL			9,279.56	5,376.44
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,300.00

Report Ref No. CS/GAI18020641/K1tbe2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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