

22/03/2002

ASS. REC. BY:

REF: CS/SMD18021231/Khg2

Special Instruction:

Survivor  
Mafman

Kalm

## ASSIGNMENT (Office)

From (Person):

Thelma Choo

of

SMD

Date/Time:

23/12/08 3:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 6052T

Insured:

SMD 7306Y

at Workshop m/s

Comfort Delgo

Tel:

of

59 Layang Drive

Policy No:

DISMTPV01014950

Claim No:

CMTD1805151

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/12/08

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time:

23/12/08 3:27pm

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction ( ✓ ) Estimate

SH 6052T - CS/ III 16012042 / Khg2

DIA: 25062016

SMD 7306Y - X

26/11/08@1.52pm Reused to Thelma Choo via Mafman.

Surveyor: Kalvin

REF:

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Insp'd Vehicle No: \_\_\_\_\_

at Workshop no: \_\_\_\_\_

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: 3 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 6052 T Yr Regn: 3' My 2011

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

Truck / Trailer or

Make: Hyundai Santa Fe c.c. 1991

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

Sp. Reading: 541545 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHET41MBAB10145

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inorder / 6 / Jammed / Leaked / Burnt or

Brake: Inorder / 6 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or West Hk.

Front \_\_\_\_\_ Rear \_\_\_\_\_

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

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

D.O.A. 23/11/8 D.O.I. 23/11/8

Survey held at C D G E (Loyang)

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

Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
27/11/8	Subvented up \$1100 / 3 days Cred @ 4204.90, 79%

RECEIVED 20 NOV 2010

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

11/28/11 Inspector ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: WEP-TP

Lump Sum / L.S.I: (\$) 1100

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

250
10
260

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: Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place  
#05-01/06, Singapore Land Tower  
Singapore 048623

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Thelma Choo

Date: 26 Nov 2018

## Preliminary Advice

Insured Vehicle No	: SMD7306Y	Accident Date	: 23/11/2018
TP Vehicle No	: SH6052T	Assignment Date	: 23/11/2018
Make	: HYUNDAI SONATA	Est. Duration of Repair	: 3.00
Date of Inspection	: 23/11/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

### Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	5,304.90
Revised Amount	:S\$	1,433.53
Check Items (Estimated)	:S\$	465.53
Total	:S\$	1,899.06

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	23 Nov 2018		23 Nov 2018 15:14 Assign				<b>New Assignment</b> Cancel Case

Main

Reference

Claim Details

Documents

Show All

## CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	MCALLISTER DANIEL JACKSON, ID: S2771980E		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SH6052T	Date of Loss:	23/11/2018 00:00 - :59
Claim Type:	TP / CMTD1805151	Policy/Cover Note No.:	D18MTPV01014950 (Comprehensive)
Vehicle Reg. No. (Insured):	SMD7306Y	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 04/12/2018]		

## 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	23/11/2018 10:44
Date Of Accident	23/11/2018 08:15
Exact Location Of Accident	KEPPEL RD TWDS AYE.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6052T
<b>Insured/Policyholder</b>	
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
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	SOH BENG HONG
NRIC No	S0932062H
Date Of Birth	22/08/1949
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1967
Driving Experience	51 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96379782
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	63B 13-354 LENGKOK BAHRU
Postcode	152063
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)	2
Passenger 1	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

SEE ATTACH.

#### Attachment(s)

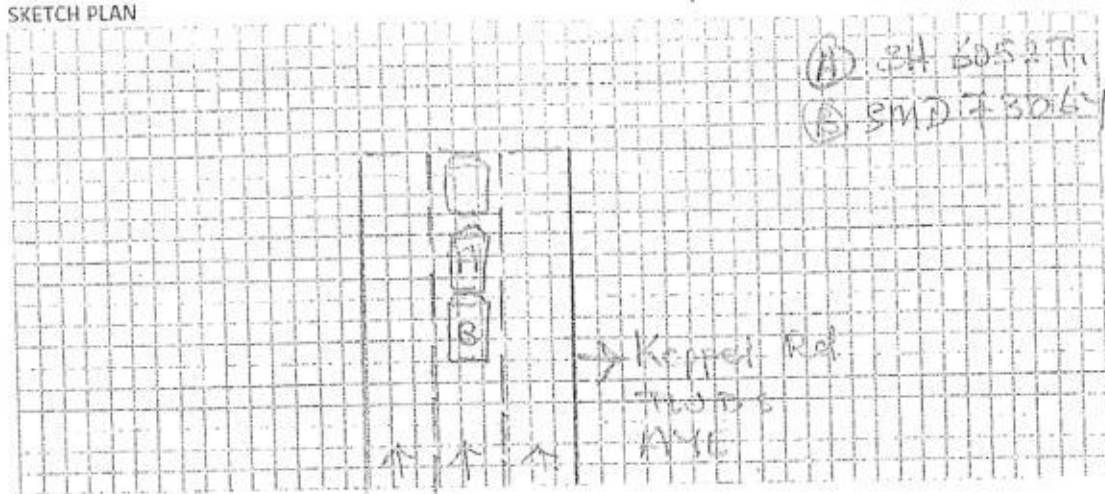
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD7306Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/11/2018 at about 0815 hrs, I vehicle A  
 was stationary behind the front vehicle about  
 one and half car length. While I waiting to move  
 vehicle B came from my back and hit onto  
 vehicle A rear portion. My Taxi sustain  
 rear damage.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
 CO REG NO 19900321R

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature  
 Name:

23/11/18  
 Jackson Heng  
 CSO



## Sketch Plan Pg. 2

### 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.

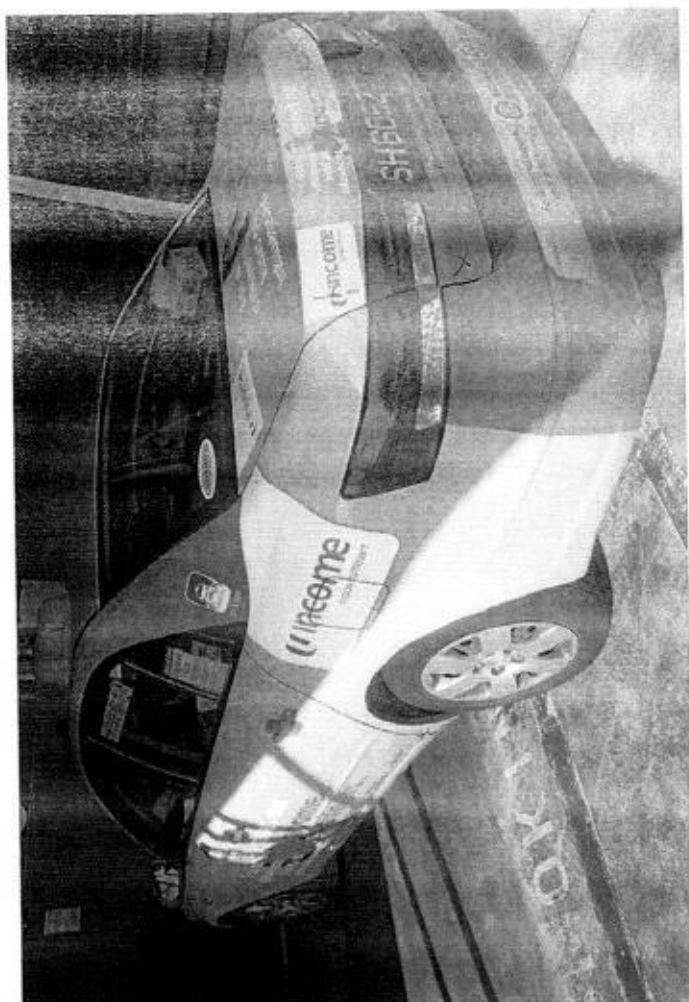
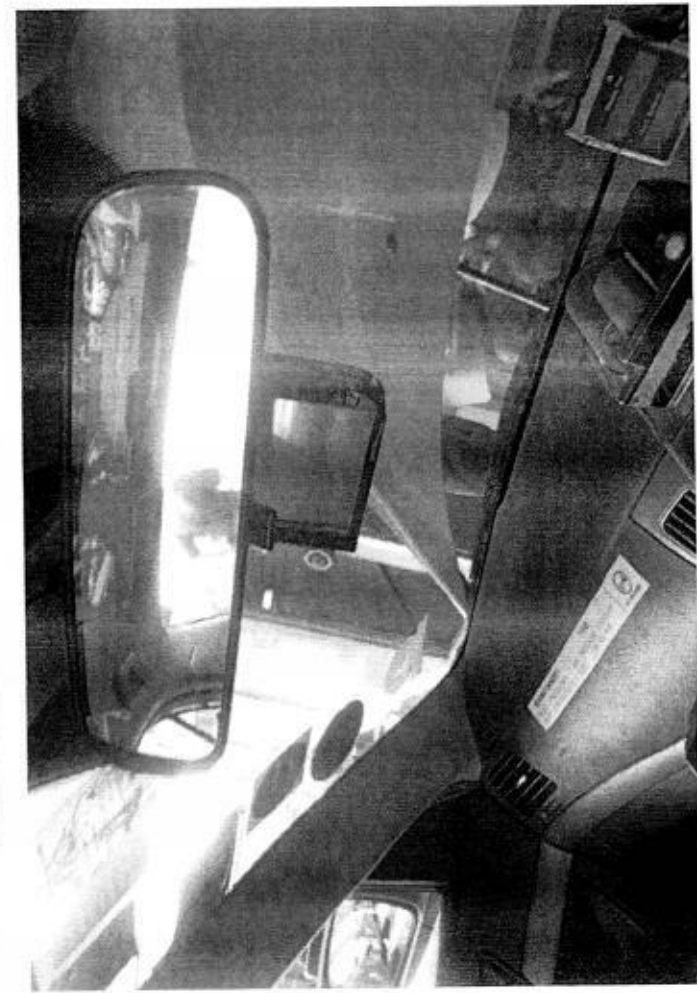
COMFORT TRANSPORTATION PTE LTD  
CORPORATION NO. 199703231R

Policyholder's Signature  
Date & Time:

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

23/11/18  
Jackson Henry  
CSO

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



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 6052T

DATE 23/11/2018 10:53

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X repair</i>			\$ 1,349.50
	Boot Lid Lock Upper <i>X see</i>			\$ 132.10
	Boot Lid Lock Lower <i>X see</i>			\$ 30.30
	Boot Lid Sonata Plate <i>- see</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>X see</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>X see</i>			\$ 26.10
	Boot Lid CRDI Plate <i>- see</i>			\$ 22.70
	Rear Bumper <i>Deformed</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X see</i>			\$ 483.30
	Rear Bumper Clip <i>X see</i>			\$ 22.00
	Rear Bumper Sponge <i>X see</i>			\$ 137.40
	Rear Bumper Under Cover <i>X see</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X see</i>	\$	38.00	\$ 76.00
	Rear Panel <i>X see</i>			\$ 391.80
	Rear Panel Garnish <i>X see</i>			\$ 95.80
	<b>SUB TOTAL</b>	<b>25%</b>		<b>\$ 3,599.00</b>
	<b>LESS 10%</b>			<b>\$ 719.80</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,879.20</b>
	Boot Lid Comfort Logo & Tel No. Sticker <i>X see</i>			\$ 30.00 <b>Nett</b>
	Boot Lid Advertisement Logo <i>X see</i>			\$ 100.00 <b>Nett</b>
	Rear Bumper Reverse Sensor <i>X see</i>			\$ 135.70 <b>Nett</b>
	Rear Bumper Advertisement Logo <i>- see</i>			\$ 50.00 <b>Nett</b>
	Rear Bumper Rubber Mat <i>X see</i>			\$ 50.00 <b>Nett</b>
	Rear Fender Advertisement Logo (LH/RH) <i>- see</i>	\$	100.00	\$ 200.00 <b>Nett</b>
				<b>\$ 565.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>800.00</del> <sup>300</sup>
	Spray Painting Charge			\$ <del>900.00</del> <sup>400</sup>
	Wiring Charge			\$ <del>30.00</del> <sup>X see</sup>
	Tuff Kote			\$ <del>50.00</del> <sup>X see</sup>
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <sup>X see</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 1,860.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,304.90</b>
<p>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.</p>				

Team: WE ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305242614

STOMER  
COMFORT TRANSPORTATION PTE LTD  
VMS 7010045  
STOMER NO. 383 SIN MING DRIVE  
DRESS Singapore SINGAPORE 575717  
65508755 (O)

REGN NO.: SH 6052T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 23.11.2018 09:45
YR OF MANU 31.05.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA810145	COMPLETION DATE/TIME:

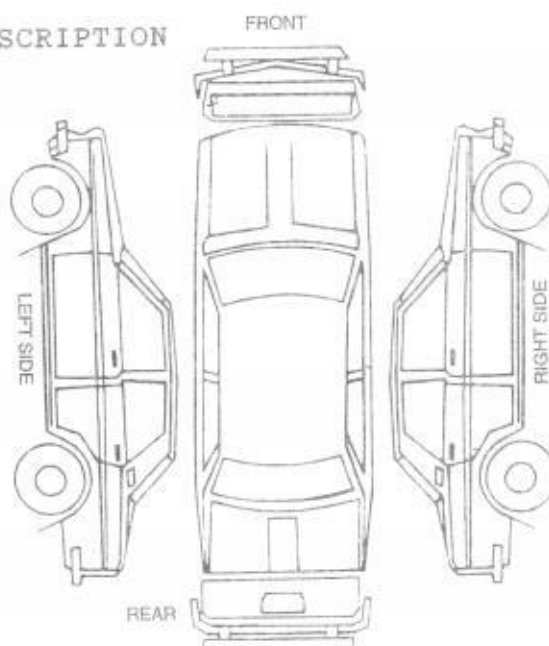
3COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 23.11.2018  
NATURE: 3P 23.11.2018

S/NO LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SH 6052T CHIANG

Vehicle No.: SH 6052T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305242614  
Date : 26/11/18

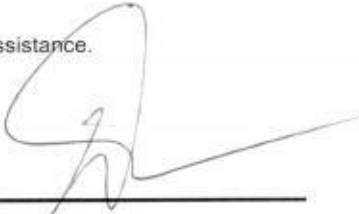
## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SH 6052T  
Fax :  
23/11/2018

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

1. The repair job shall bill to: SOMPO SMD7306Y
  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:  
**Final Lumpsum Repair cost** \$1,100.00
  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.  
  
Signature :  
Name : CHIANG  
Tel : 62148314  
Fax : 65468156
- We confirm the estimates and finalized amount  
  
Signature :  
Name : KALVIN  
Date : 27/11/18

### 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:

## 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/SMO18021231/K1QBN2

Date: 28/11/2018

## REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTPV01014950
Claimant Vehicle No :	SH6052T	Insured Vehicle No :	SMD7306Y
Date of Loss:	23/11/2018	Nature of Claim:	TP
		Claim No:	CMTD1805151

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SH6052T	Engine No:	D4EAB959699
Make & Model:	HYUNDAI SONATA, 2.0 (A)	Chassis No:	KMHET41VMBA810145
Reg. Date:	31/05/2011 (Man. Year: 2011)	Odometer:	541545 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	215/60 R16	Rear Tyre Size:	215/60 R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,444.90	733.52	2,711.38	78.71
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,860.00	700.00	1,160.00	62.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>5,304.90</b>	<b>1,433.52</b>	<b>3,871.38</b>	<b>72.98</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,100.00</b>		
(S\$)	5,304.90	1,100.00	4,204.90	79.26
+ GST 7.00/7.00% (S\$)	371.34	77.00	294.34	79.26
<b>Nett Amount (S\$)</b>	<b>5,676.24</b>	<b>1,177.00</b>	<b>4,499.24</b>	<b>79.26</b>

## INSPECTION

Date of Assignment:	23/11/2018	
Date Inspected:	23/11/2018 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969

Estimated Period of Repair: 3.0 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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 28 Nov 2018)
<b>Parts:</b> 143	HYUNDAI SONATA 2.0 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SH6052T)	
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BOOT LID	Repair	1,349.50 FL	*- FL
2	1		*BOOT LID LOCK UPPER	Serviceable	132.10 FL	*- FL
3	1		*BOOT LID LOCK LOWER	Serviceable	30.30 FL	*- FL
4	1		*BOOT LID SONATA PLATE	Necessary	43.60 FL	*43.60 FL
5	1		*BOOT LID HYUNDAI PLATE	Not Necessary	24.20 FL	*- FL
6	1		*BOOT LID H EMBLEM	Not Necessary	26.10 FL	*- FL
7	1		*BOOT LID CRDI PLATE	Necessary	22.70 FL	*22.70 FL
8	1		*REAR BUMPER	Deformed	578.40 FL	*578.40 FL
9	1		*REAR BUMPER REINFORCEMENT	Serviceable	483.30 FL	*- FL
10	10		*REAR BUMPER CLIP	Not Necessary	22.00 FL	*- FL
11	1		*REAR BUMPER SPONGE	Serviceable	137.40 FL	*- FL
12	1		*REAR BUMPER UNDER COVER	Serviceable	185.80 FL	*- FL
13	2		*REAR BUMPER PROTECTOR (LH/RH)	Serviceable	76.00 FL	*- FL
14	1		*REAR PANEL	Serviceable	391.80 FL	*- FL
15	1		*REAR PANEL GARNISH	Serviceable	95.80 FL	*- FL
16	1		*BOOT LID COMFORT LOGO & TEL NO STICKER	Not Necessary	30.00 FS	*- FS
17	1		*BOOT LID ADVERTISEMENT LOGO	Not Necessary	100.00 FS	*- FS
18	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
19	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
20	1		*REAR BUMPER RUBBER MAT	Not Necessary	50.00 FS	*- FS
21	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 FS	*200.00 FS

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

<b>Sub Total (\$\$)</b>	<b>4,164.70</b>	<b>894.70</b>
<b>- List Item Discount on L Items 20.00/25.00% (\$\$)</b>	<b>719.80</b>	<b>161.18</b>
<b>Total Parts (\$\$)</b>	<b>3,444.90</b>	<b>733.52</b>

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	800.00	300.00
2	SPRAY PAINTING CHARGE	New	900.00	400.00
3	WIRING CHARGE	New	30.00	-
4	TUFF KOTE	New	50.00	-
5	REMOVE/REFIX REVERSE SENSOR	New	80.00	-
Gross Labour Cost (\$\$)			1,860.00	700.00

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;