

22/03/2002

ASS. REC. BY:

REF:

CS/SMO18021404/KLSd3 n2

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): meimen

Chen Shu Hui Agnes

of

SMO

Date/Time:

27/11/18 @ 11:46am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 823S

Insured:

GBB 97L

at Workshop m/s

comfort Delgro

Tel:

G214 8300

of

59 Loyang Drive

Policy No:

Claim No:

CMTD1805193

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/11/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

27/11/18 @ 12:03pm

Person Contacted:

Vehicle

IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 823S - NS/INC120/1183/11y/r2
	GBB 97L - x
28/11/18	@ 15:50 p.m. revised IA to Chen Shu Hui Agnes via meimen.

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: \_\_\_\_\_ 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: SHA 8235 Yr Regt: 24 Mar, 2015  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / ☒ Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai cc 1.685  
 Colour: Yellow A/C: ☒ Std / Nil / NA  
 Sp. Reading: 514 666 T/Radio: ☒ Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHCBX1W4MF406828  
 Gen. Cond: Good / ☒ Poor / Burnt  
 Steering: In order / ☒ Jammed / Leaked / Burnt or  
 Brake: In order / ☒ Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD ☒ or  
 Tyre Size: F: 205 / 60 R16  
 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. 26/11/8 D.O.I. 27/11/8  
 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
28/11/8	Confirmed L/S \$850/2 hrs. <span style="float: right;">Somp</span>
28/11/8	Confirmed L/S \$850/- @ 2 days with Kelvin L/S. ( \$709.36 Red - 46% )

RECEIVED 29 NOV 2018

Date/Time, File Pass to?

29/11/8

1) Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 850/- L/S )

Days Of Repair: 2

Resurvey No. of Trip: 1

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

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

250
10
260

**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 048623

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

Attn: CHAN SHU HUI AGNES

Date: 28 Nov 2018

**Preliminary Advice**

Insured Vehicle No	: GBB97L	Accident Date	: 26/11/2018
TP Vehicle No	: SHA823S	Assignment Date	: 27/11/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 2 days
Date of Inspection	: 27/11/2018		
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\$	1,559.36
Revised Amount	:S\$	1,122.40
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,122.40

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.
- ( X ) Other comments : TP : WP

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Nov 2018		27 Nov 2018 11:46 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
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#### CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	SK ELECTRICAL CONSTRUCTION, Co. Reg. No.: 53105671J		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHA823S	Date of Loss:	26/11/2018 00:00 - :59
Claim Type:	TP / CMTD1805193	Policy/Cover Note No.:	D18MTPCVE001676 (TP, Fire & Theft)
Vehicle Reg. No. (Insured):	GBB97L	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 CHAN SHU HUI AGNES - 6329 5327]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 06/12/2018]		
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	27/11/2018 08:15
Date Of Accident	26/11/2018 09:45
Exact Location Of Accident	GRANDE VISTA AT 2 CACTUS DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA823S
<b>Insured/Policyholder</b>	
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	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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	SOH SEOW MENG
NRIC No	S1808991B
Date Of Birth	25/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1994
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97987325
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 473A FERNVALE STREET #21-13
Postcode	791473
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	2
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

REFER POLICE REPORT NO: G/20181126/2070

#### 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	GBB97L
Vehicle Make/Model/Colour	NISSAN VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHONG YIEW KIONG
NRIC/Passport Number	G7886531N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SOH SEOW MENG
Approximate Age	
Injuries Sustain	NECK AND SHOULDER
Injured person in which vehicle?	SHA823S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### 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

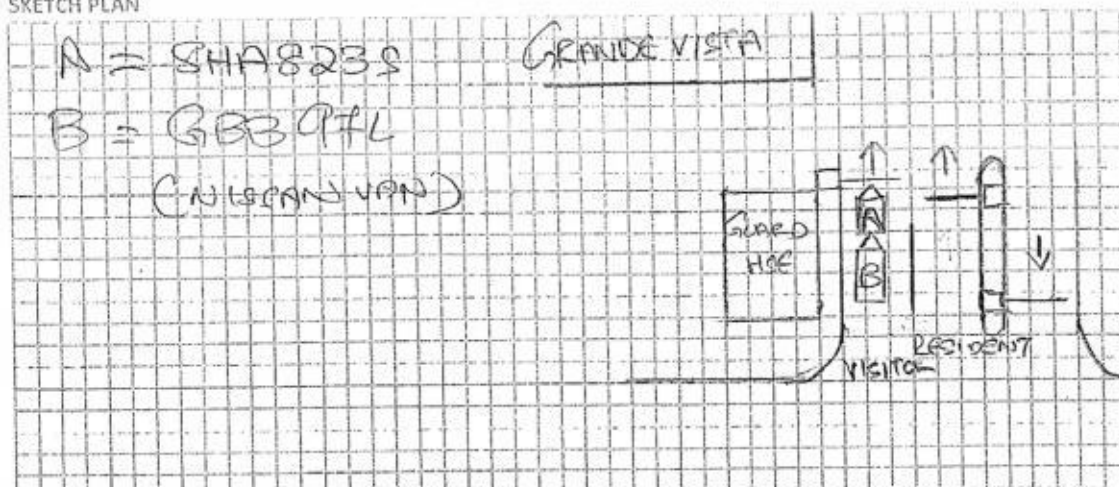
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report (u)

G/2018112612070

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:

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



**SINGAPORE  
POLICE FORCE**



G/20181126/2070

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20181126/2070

Police Station Of Origin  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Date/Time Report Made 26/11/2018 13:18	Vide Report No.	Station Diary No. 15
Name Of Informant SOH SEOW MENG	Address APT BLK 473A FERNVALE STREET #21-13 SINGAPORE 791473	
ID Type / ID No. NRIC NO / S1808991B	Contact No. Home/Office 97987325	Mobile
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 51
Institution/School Name	Date of Birth 25/06/1967	Race Chinese
Date/Time Of Incident 26/11/2018 09:45	Location Of Incident 2 CACTUS DRIVE GRANDE VISTA SINGAPORE 809683 At the Gantry	

**Brief details.**

On 26/11/2018 at about 0945hrs, I drove my taxi (SHA823S) to Cactus Drive, as I had accepted a call from a passenger in the 'Grande Vista'.

I was at the gantry near the guardhouse and was waiting for the security guard to open the gantry when suddenly, there was a collision from the rear. I did not manage to get off my vehicle to make a check

Signature Of Officer Recording The Report: G / Staff Sgt YANG JUNJIE, SAMUEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/11/2018 13:18
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP GABRIEL GOH SHYUE SIAN Contact No.: 62447200	Classification Of Case:
Authentication Stamp	

SINGAPORE  
POLICE FORCE

SIGNATURE



**SINGAPORE  
POLICE FORCE**



G/20181126/2070

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181126/2070

when the security guard told the other driver and myself to drive out to the road to settle the issue. The other party then told me that he wanted to make a delivery before settling the issue and he drove into the condominium to make his delivery.

After the other driver came out, we exchanged particulars and contact number. My taxi suffered damages like scratches at the rear bumper. I do not know what damage the other vehicle suffered.

After driving off, I felt aching at my neck and shoulder area, there was no nausea feeling. I then went to Chern Medical Clinic to consult a doctor and was given 3 days MC from 26/11/2018 to 28/11/2018. I am lodging this report for record purposes.

Signature Of Officer Recording The Report:

G / Staff Sgt YANG JUNJIE, SAMUEL

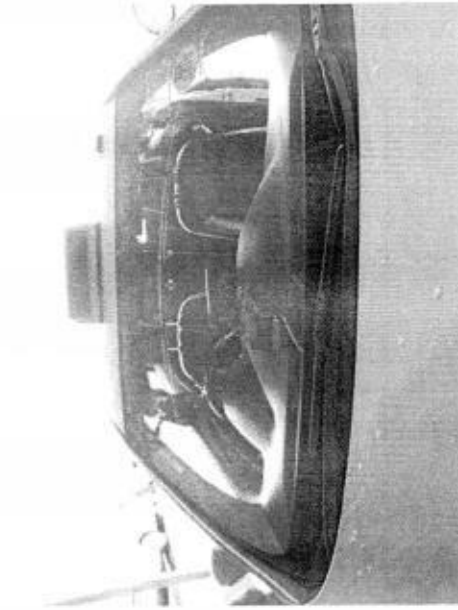
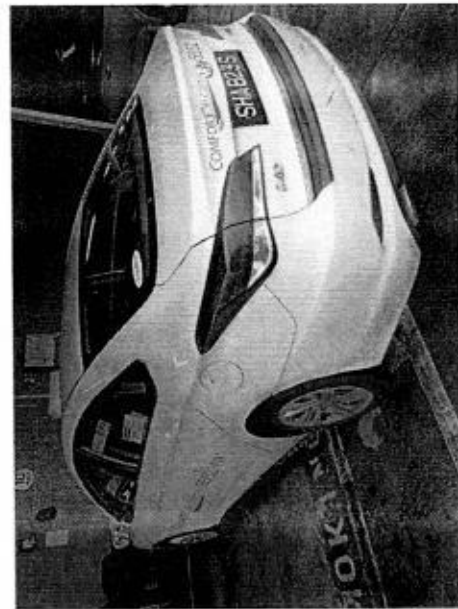
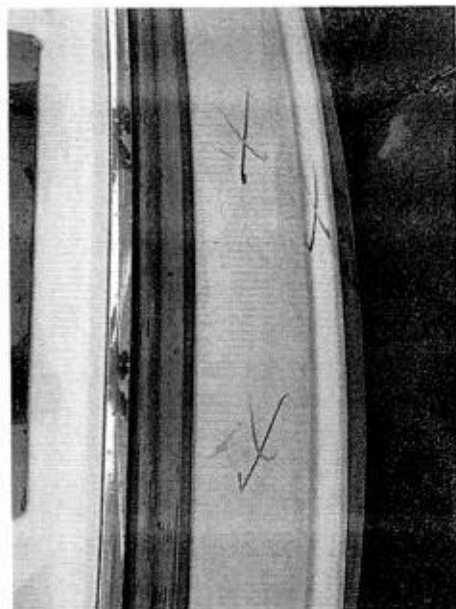
Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
26/11/2018 13:18Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
ASP GABRIEL GOH SHYUE SIAN  
Contact No.: 62447200

Classification Of Case:

Authentication Stamp





### REPAIR ESTIMATE\*

DATE 26/11/2018 14:10

MAKE :

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — Deformed			\$ 553.00
	Rear Bumper Clip 10 pcs — rec			\$ 22.00
	Rear Bumper Bracket X su		\$ 35.60	\$ 71.20
	Rear Bumper Under Cover — cut			\$ 228.00
	SUB TOTAL			\$ 874.20
	LESS 20% DISCOUNT			\$ 174.84
	DISCOUNTED TOTAL			\$ 699.36
	Rear Bumper Rubber Mat — ne			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,559.36

Nett

200

200

X n

30

Kalmar 1 Ullas

27/11/18 1220 hrs

2 Days

L/S

After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature: \_\_\_\_\_

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

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(CFSO)1

### JOB CARD

Sales Order:

JC NO.: 305244040

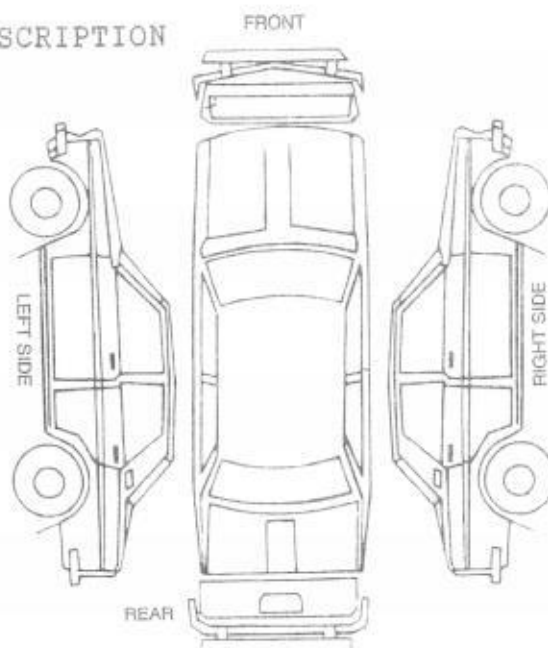
CUSTOMER:  VMS CUSTOMER NO. ADDRESS  L (R) (P)	CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O)		REGN NO.: SHA 823S	MILEAGE
			MAKE: HYUNDAI	FUEL E.....1/2.....F
			MODEL I-40	DATE/TIME IN 26.11.2018 13:55
			YR OF MANU 24.03.2015	TARGET DATE
			CHASSIS CODE KMHLB41UMFU068218	COMPLETION DATE/TIME:
COUNT CARD NO.				

### JOB DESCRIPTION

Accident Date: 26.11.2018  
NATURE: 3P 26.11.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA 823S  
Name: CHIANG

Vehicle No.: SHA 823S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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/SMO18021404/K1SD3N2

Date: 30/11/2018

## REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTPCVE001676
Claimant Vehicle No :	SHA823S	Insured Vehicle No :	GBB97L
Date of Loss:	26/11/2018	Nature of Claim:	TP
		Claim No:	CMTD1805193

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHA823S	Engine No:	D4FDEU451136
Make & Model:	HYUNDAI I40, 1.7 D (A)	Chassis No:	KMHLB41UMFU068218
Reg. Date:	24/03/2015 (Man. Year: 2015)	Odometer:	514666 km
Colour:	Yellow		
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:	205/60R16	Rear Tyre Size:	205/60R16
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	749.36	652.25	97.11	12.96
Miscellaneous Items	0.00	0.00	0.00	
Labour	810.00	430.00	380.00	46.91
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	1,559.36	1,082.25	477.11	30.60
Approved Total (Overridden) (\$\$)		850.00		
(\$\$)	1,559.36	850.00	709.36	45.49
+ GST 7.00/7.00% (\$\$)	109.16	59.50	49.66	45.49
Nett Amount (\$\$)	1,668.52	909.50	759.02	45.49

## INSPECTION

Date of Assignment:	27/11/2018	
Date Inspected:	27/11/2018	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: Hiew May Fung



*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: 30 Nov 2018)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHA823S)	
<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		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
3	2		*REAR BUMPER BRACKET	Serviceable	71.20 FL	*- FL
4	1		*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL
5	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
					<b>Sub Total (\$\$)</b>	<b>924.20 853.00</b>
					<b>- List Item Discount on L Items 20.00/25.00% (\$\$)</b>	<b>174.84 200.75</b>
					<b>Total Parts (\$\$)</b>	<b>749.36 652.25</b>

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

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
<b>Labour Items</b>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (\$\$)			810.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >