

ASS. REC. BY:

REF CS/SMO/8022132/K17d3

n2
Special Instruction:

Surveyor: Kalvin
Meimen

ASSIGNMENT (Office)

From (Person): Groh Paulong

of SMO

Date/Time: 10/12/18 @ 1:58pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC1480E

Insured: SKQ 6174Y

at Workshop m/s comfort Debro

Tel: 6214 8300

of 59 Ioyung Drive

Policy No: D18M TREN1000044

Claim No: CMTD1805416

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 9/12/18

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

H.O.D. Endorsement:

Date/Time: 2:5pm @ 10/12/18 Person Contacted:

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC1480E - X
	SKQ 6174Y - X

0001021

Appr: Kolvin

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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: **SHC 1480E** Yr Regn: **10 Aug 2018**

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

Truck / Trailer or

Make: **Hunter Zong** cc **1580**

Colour: **Blue** A/C: Insured / Std / Nil / NA

Sp. Reading: **53861** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **KMH C85 / CV K410 6523**

Gen. Cond: Good / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SIRim / STD / Rim or

Tyre Size: F: **195 / 65 R15**

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal: **7** mm R/Bal: **7** mm

L/Bal: **7** mm L/Bal: **7** mm

D.O.A. **9/12/18** D.O.I. **10/12/18**

Survey held at: **C D G E (Loyang)**

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

O/S Front

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

Date / Time	Action / Instruction
12/12/18	Whent PIP \$ 2580.60 / 2k3.. (Red: 149545; 3697)

RECEIVED 13 DEC 2018

Date/Time, File Pass to? : Preli. Report : Final Report

1) 13/12 Typist

Date/Time, File Return to? _____

2) _____

Report Format: **TP**

Lump Sum / O/S: \$ **2580.60**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: Site Insp (\$ _____) Interview (\$ _____) Tech. Invs (\$ _____) Weekend (\$ _____)

Survey Fee: _____

Transportation: **250**

S + RS: **10**

Photos _____

Others _____

TOTAL: **260**

Note: This document has not been finalised.**LKK Auto Consultants Pte Ltd** (Co.Reg.No:199607196R)

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: GNOH PAU LOONG

Date: 13 Dec 2018

Preliminary Advice

Insured Vehicle No	: SKQ6174Y	Accident Date	: 09/12/2018
TP Vehicle No	: SHC1480E	Assignment Date	: 10/12/2018
Make	: HYUNDAI IONIQ HYBRID	Est. Duration of Repair	: 2.00
Date of Inspection	: 10/12/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	4,076.04
Revised Amount	:S\$	2,580.60
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,580.60

Lump Sum Repair	:S\$	
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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 : Survey on "wp"

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Dec 2018		10 Dec 2018 13:58 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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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.:	SHC1480E	Date of Loss:	09/12/2018 00:00 - :59				
Claim Type:	TP / CMTD1805416	Policy/Cover Note No.:	D18MTRENT000044 (Third Party Only)				
Vehicle Reg. No. (Insured):	SKQ6174Y	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 GNOH PAU LOONG - 63295217]						
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 19/12/2018]						
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	09/12/2018 11:35
Date Of Accident	09/12/2018 04:55
Exact Location Of Accident	BEACH RD T-JUNCTION OF MIDDLE RD & NICHOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1480E
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	IONIQ HYBRID
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	ANG SOON HAI
NRIC No	S1163817A
Date Of Birth	15/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1975
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87771411
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 168 HOUGANG AVENUE 1 #06-1411
Postcode	530168
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

REFER ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ6174Y
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GARRICK PEH
NRIC/Passport Number	S9900720F

Contact Number 98510091

Address

Postcode

Insurance Company Name

Nature Of Damage LH FRONT

No. Of Passenger (Including Driver)

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.

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

Policyholder's Signature
Date & Time:

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

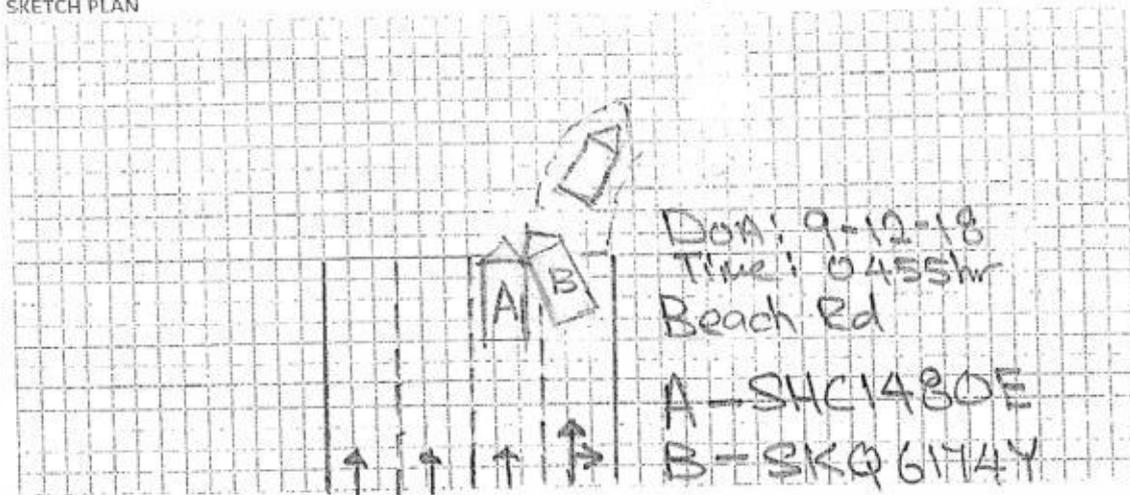
Reporting Centre Personnel's Signature
Name: Fauzy
NRIC/FIN No.:

GIA/IAAC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9-12-18 @ 0455hr, I was waiting at the junction for light turn green.

When light turn green I start approaching straight. Suddenly vehicle (B) SKQ6174Y change lane on my right and hit my taxi front right portion. Car damaged.

There is (3) Pax on board at my taxi and No injury.

There is video footage on the scene.

DECLARATION

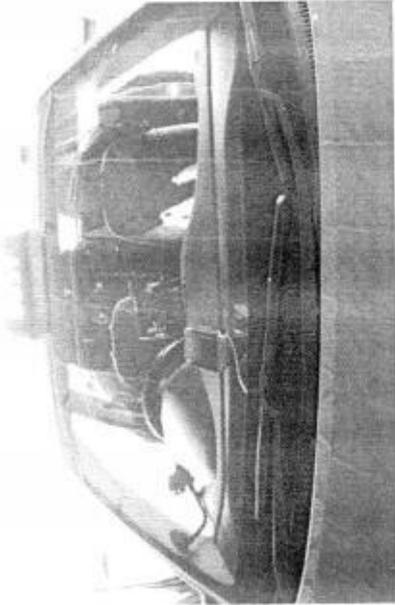
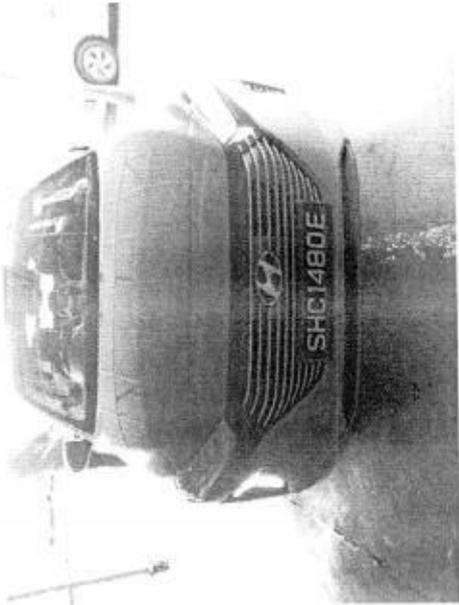
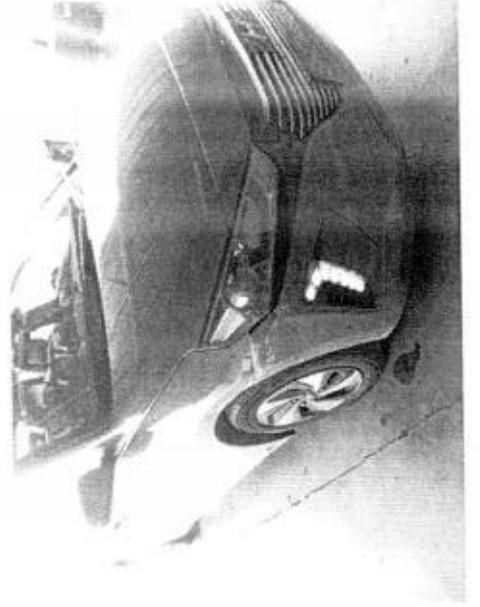
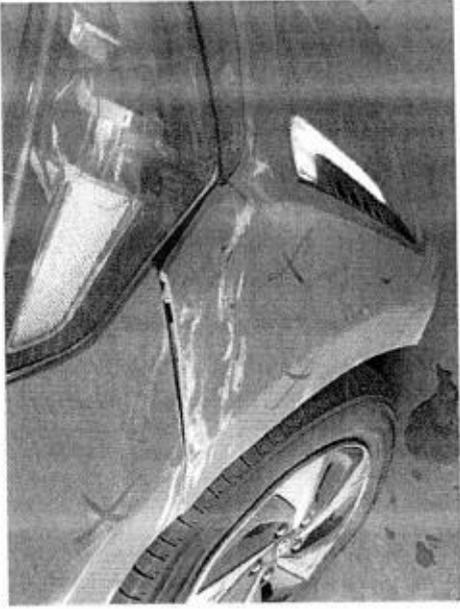
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION
CO., PEO. NO. 19921305

Policyholder's Signature
Date & Time:

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

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



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 1480E

DATE 10/12/2018 10:13

MAKE :

MODEL : HYUNDAI IONIQ

SOMPO

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>— ug</i>			\$ 418.30
	Front Bumper Bracket Top (RH) <i>X_{sm}</i>			\$ 12.00
	Front Bumper Bracket (RH) <i>X_{sm}</i>			\$ 28.00
	Headlamp (RH) <i>— h_{right}</i>			\$ 1,198.80
	Front Fender (RH) <i>— h_{rd}</i>			\$ 490.70
	Front Fender Shield (RH) <i>X_{sm}</i>			\$ 114.70
	Front Wheel Rim (RH) <i>X_{sm}</i>			\$ 1,124.20
	Front Wheel Hub Cap (RH) <i>— h_{right}</i>			\$ 346.40
	SUB TOTAL		<i>125%10</i>	\$ 3,561.80
	LESS 20% <i>25%</i>			\$ 712.36
	DISCOUNTED TOTAL			\$ 2,849.44
	Emblem-Blue Drive <i>— all</i>		<i>-25%</i>	\$ 26.60
	Labour Charge			
	Panel Beating			\$ 400.00 <i>300</i>
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>X 10</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	FRT Wheel Alignment			\$ 120.00 <i>X 1</i>
	TOTAL LABOUR			\$ 1,200.00
	ESTIMATE TOTAL			\$ 4,076.04
				<i>4213.68</i>

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 modifications/alterations
 • Supplementary items must be resurveyed and is subject to final approval from Insurance Company
 Acknowledged by Repairer
 Signature:

Ka hui lkk
10/12/18 15:15 hrs.
2 hrs
P/P
Before Part photo

Larry Ng

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.



F124 fx = 03-01-0104-2061-G

	A	B	C	D	E	F	G	H	I	J	K
1	SI	Part Number	Part Name	1st 50	Next 200	CDGE Part#	List Price Current	List Price Old	Difference		
124	1072	52960-G2300	CAP ASSY-WHEEL HUB	IU	IU	03-01-0104-2061-G	946.4				
125	1073	52973-G2000	CAP-WHEEL ACCENT		IU			44			
126	1074	54500-G2100	ARM COMPLETE-FR LWR,LH	IU	IU	03-01-0104-2802-G	296.8	296.8	0		
127	1075	54501-G2100	ARM COMPLETE-FR LWR,RH	IU	IU	03-01-0104-2902-G	296.8	296.8	0		
128	1076	54551-3X000	BUSH-FR LWR ARM"A"	IU	IU		31.9	31.9	0		
129	1084	54610-G2000	INSULATOR ASSY-STRUT	IU	IU	03-01-0104-2066-G	126.9	126.9	0		
130	1085	54612-C1000	BEARING-STRUT	IU	IU		89.2	89.2	0		
131	1086	54623-C1000	PAD-FRONT SPRING,UPR	IU			13.7	13.7	0		
132	1087	54623-D4000	PAD-FRONT SPRING,UPR		IU						
133	1088	54625-F2000	COVER-FR SUSPENSION STRUT DUST	IU	IU		28.4	28.4	0		
134	1089	54626-F2000	BUMPER-RUBBER	IU	IU		51.2	51.2	0		
135	1090	54627-C1000	COVER-INSULATOR DUST	IU	IU		4.8	4.8	0		
136	1091	54630-G5050	SPRING-FR	IU	IU		145.7	145.7	0		
137	1092	54633-F2000	PAD-FRONT SPRING,LWR	IU	IU		23.9	23.9	0		
138	1094	54651-G2200	STRUT ASSY-FR,LH	IU	IU	03-01-0104-2801-G	372.5	372.5	0		
139	1095	54661-G2200	STRUT ASSY-FR,RH	IU	IU	03-01-0104-2901-G	372.5	372.5	0		
140	1096	54810-G2000	BAR ASSY-FR STABILIZER	IU	IU		246.8	246.8	0		
141	1100	54830-F2000	LINK-STABILIZER	IU	IU	03-01-0104-0111-G	74.9	74.9	0		
142	1101	55100-G2100	ARM & BUSH ASSY-SUSP UPR,LH	IU	IU		112.2	112.2	0		
143	1102	55101-G2100	ARM & BUSH ASSY-SUSP UPR,RH	IU	IU		112.2	112.2	0		
144	1106	55210-G2100	ARM COMPLETE-RR LWR,LH	IU	IU		393.1	393.1	0		
145	1107	55220-G2100	ARM COMPLETE-RR LWR,RH	IU	IU		393.1	393.1	0		
146	1114	55260-G2100	ARM ASSY-RR ASSIST,RH	IU	IU		92.8	92.8	0		
147	1115	55270-G2000	ARM ASSY-RR TRAILING ARM,LH	IU	IU		121	121	0		
148	1116	55280-G2000	ARM ASSY-RR TRAILING ARM,RH	IU	IU		121	121	0		
149	1117	55290-G2000	BUSH-RR TRAILING ARM,LH	IU	IU			59.4			
150	1118	55290-G2100	BUSH-RR TRAILING ARM,RH	IU	IU			59.4			
151	1119	55310-G2400	SHOCK ABSORBER ASSY-REAR	IU	IU		230.5	230.5	0		
152	1120	55326-F2000	BUMPER-RUBBER	IU	IU		40	40	0		
153	1121	55330-G2100	BRACKET-SHOCK ABSORBER MTG		IU						
154	1122	55330-G7000	BRACKET-SHOCK ABSORBER MTG	IU			61.4				
155	1123	55339-F2000	COVER-INSULATOR DUST	IU	IU		5.1	5.1	0		
156	1124	55350-G2050	SPRING-RR	IU	IU		188.9	188.9	0		
157	1129	55410-G2100	CROSSMEMBER-RR	IU	IU		756.4	756.4	0		
158	1130	55447-C1100	BOLT	IU	IU		24.6	24.6	0		
159	1131	55448-3M000	BOLT	IU	IU		18.1	18.1	0		
160	1132	55510-G2100	BAR ASSY-RR STABILIZER	IU	IU		224	224	0		
161	1133	55513-A2000	BUSH-STABILIZER BAR	IU	IU		42.63	TBA			
162	1134	55514-3M101	BRACKET-STABILIZER BAR	IU	IU			13.4			
163	1135	55515-3M101	BRACKET-STABILIZER BAR,RH	IU	IU			11.5			
164	1136	55530-G2000	LINK ASSY-REAR STABILIZER	IU	IU		92.1	92.1	0		
165	1137	55850-G2500	RESERVOIR-MASTER CYLINDER	IU	IU						
166	1138	56100-G2180MBI	WHEEL ASSY-STEERING		IU		602.5				
167	1139	56100-G2480MBI	WHEEL ASSY-STEERING	IU				1354.3			
168	1140	56111-G2000MBI	BODY-STEERING WHEEL		IU						
169	1141	56111-G2300MBI	BODY-STEERING WHEEL	IU			843.8	843.8	0		
170	1146	56173-G2000	BLANKING COVER,LH	IU	IU			13.4			
171	1147	56174-G2000	BLANKING COVER,RH	IU	IU			13.4			

1st 50 Units X-Ref

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

JOB NO : 305249058
 REGN NO : SHC1480E
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 10.08.2018
 DATE/TIME IN : 09.12.2018 10:20
 ACCIDENT DATE : 09.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2534-G	IONIQV2 COVER-FR BUMPER#	1	418.30	25.00	334.64
0002	04-01-0104-2915-G	IONIQVC LAMP ASSY-HEAD RH	1	1,198.80	25.00	959.04
0003	04-01-0104-0573-G	IONIQVC PANEL-FENDER RH#	1	490.70	25.00	392.56
0004	04-01-0104-3913-G	IONIQ EMBLEM-BLUE DRIVE R	1	26.60	25.00	21.28
0005	03-01-0104-2061-G	IONIQV1/3 CAP ASSY-WHEEL	1	346.40	25.00	277.12

SUB-TOTAL : 1,984.64

JOB NATURE

0000	L	PANEL BEATING		300.00		
0001	23-502	SPRAYPAINT ON AFFECTED AREA				400.00
0002	20-00	TUFF COAT ON AFFECTED PARTS.				20.00

SUB-TOTAL : 720.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.12.2018

Time: 10:41:21

REPAIR ESTIMATE

Page: 2

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

JOB NO : 305249058
REGN NO : SHC1480E
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 10.08.2018
DATE/TIME IN : 09.12.2018 10:20
ACCIDENT DATE : 09.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,704.64

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305249058
Date : 12. Dec. 2018

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHC1480E Date of Accident: 9. Dec. 2018

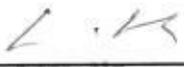
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: SOMPO SKQ6174Y
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$ 1860.60</u>
(b) Labour Charges	\$720.00
Total for Part-By-Part Repair Cost	<u>\$ 2580.60</u>
(c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: _____	
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 2 working days.
4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Calvin
Date : 12/12/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/SMO18022132/K1TD3N2
Date: 18/12/2018

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTRENT000044
Claimant Vehicle No :	SHC1480E	Insured Vehicle No :	SKQ6174Y
Date of Loss:	09/12/2018	Nature of Claim:	TP
		Claim No:	CMTD1805416

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC1480E	Engine No:	G4LEJU076125
Make & Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Chassis No:	KMHC851CVKU106523
Reg. Date:	10/08/2018 (Man. Year: 2018)	Odometer:	53861 km
Colour:	Blue		
Engine Capacity:	1580 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):	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Michelin 7 mm	Rear Left Side:	Michelin 7 mm
Front Right Side:	Michelin 7 mm	Rear Right Side:	Michelin 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,013.08	1,860.60	1,152.48	38.25
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,200.00	720.00	480.00	40.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,213.08	2,580.60	1,632.48	38.75
+ GST 7.00/7.00% (S\$)	294.92	180.64	114.28	38.75
Nett Amount (S\$)	4,508.00	2,761.24	1,746.76	38.75

INSPECTION

Date of Assignment:	10/12/2018	
Date Inspected:	10/12/2018	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: DENISE TAY KWEE CHENG

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: 18 Dec 2018)
Parts: 192	HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC1480E)
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	Cracked	418.30 FL	*418.30 FL
2	1		*FRONT BUMPER BRACKET TOP (RH)	Serviceable	12.00 FL	*- FL
3	1		*FRONT BUMPER BRACKET (RH)	Serviceable	28.00 FL	*- FL
4	1		*HEADLAMP (RH)	Grazed	1,198.80 FL	*1,198.80 FL
5	1		*FRONT FENDER (RH)	Dented	490.70 FL	*490.70 FL
6	1		*FRONT FENDER SHIELD (RH)	Serviceable	114.70 FL	*- FL
7	1		*FRONT WHEEL RIM (RH)	Serviceable	1,124.20 FL	*- FL
8	1		*FRONT WHEEL HUB CAP (RH)	Grazed	346.40 FL	*346.40 FL
9	1		*EMBLEM-BLUE DRIVE	Necessary	26.60 F	*26.60 FN
Sub Total (S\$)					3,759.70	2,480.80
- List Item Discount on L Items 20.00/25.00% (S\$)					746.62	613.55
- Nett Item Discount on N Items 0.00/25.00% (S\$)					0.00	6.65
Total Parts (S\$)					3,013.08	1,860.60

F=Franchise part. L=ListItemDisc. N=NettItemDisc.

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	300.00
2	SPRAY PAINTING CHARGE	New	600.00	400.00
3	WIRING CHARGE	New	30.00	-
4	TUFF KOTE	New	50.00	20.00
5	FRT WHEEL ALIGNMENT	New	120.00	-
Gross Labour Cost (\$\$)			1,200.00	720.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >