

ASS. REC. BY:

REF:

CS/ICS18022690/Klgbn2

Special Instruction:

Surveyor:

KALVIN

ASSIGNMENT (Office)

From (Person):

Desmond Lee

of

ICS

Date/Time:

17.12.2018 4.29pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 2967Y

Insured:

SKD 8670L

at Workshop m/s

Comfort Delgro

Tel:

of

59 Layang Drive

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16.12.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Jumani

Vehicle ~~IN~~/OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 2967X - CS/FCL16015389/migh3c2

DUF: 11.03.2016

SKD 8670L - X

19/12/18 Issued revised to Desmond Lee via Meisamen.

001121

Bureau: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

ODI / P / WS / ITP / RES / OD / RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

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: 4 days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

31/12/18 Check 4S \$ 6200 / 4 Rep. (Red \$ 4693.94, 43%)

ECZS
41.

RECEIVED 02 JAN 2019

Date/Time, File Pass lot

11/01/19 hmm

Date/Time, File Return lot

2)

Report Format:

NEK-70

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

6200

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

350

10

360

Veh No: SHA 2967Y Yr Regn: 18 Jan 2015

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

Truck / Trailer or

Make: Hu L 240 cc 1685

Colour: Blue A/C: Ins Std / HI / NA

Sp. Reading: 606759 T/Radio: Ins Std / HI / NA

Eng/No: _____

C/No: KM HLB414MF40 69515

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Went 1/12

Front: 3 mm

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 16/12/18

Rear: 3 mm

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 18/12/18

Survey held at CDGE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooflop or

Rec o/s

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

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: ECICS Limited
7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987

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

Attn:

Date: 19 Dec 2018

Preliminary Advice

Insured Vehicle No	: SKD8670L	Accident Date	: 16/12/2018
TP Vehicle No	: SHA2967Y	Assignment Date	: 18/12/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 4
Date of Inspection	: 18/12/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	9,285.70
Revised Amount	:S\$	6,340.74
Check Items (Estimated)	:S\$	103.12
Total	:S\$	6,443.86

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 :

Catherine Chong (LKK Auto)

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Tuesday, 18 December, 2018 1:49 PM
To: assignments
Subject: FW: DOA.16.12.18 SHA2967Y with your insured SKD8670L - ECICS / DOL: 16.12.18
Attachments: img-Z17153934-0001.pdf
Importance: High

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: motorsurvey <motorsurvey@ecics.com.sg>
Sent: Monday, 17 December 2018 4:29 PM
To: Juman Bin Masudin <jumanibm@cdge.com.sg>; motorsurvey <motorsurvey@ecics.com.sg>; SUR <sur@lkkauto.com>
Cc: Janice Goh Siew Geok (ECICS, Claims) <Janice_Goh@ecics.com.sg>
Subject: RE: DOA.16.12.18 SHA2967Y with your insured SKD8670L - ECICS / DOL: 16.12.18
Importance: High

Dear Juman

LKK will be doing the PRI.

Dear LKK

Please assist with the PRI.

Best regards,
Desmond Lee
Claims Division
DID: +65 6303 0167
FAX: +65 6338 9267

ECICS Limited
10 Eunos Road 8
#09-04A Singapore Post Center
Singapore 408600

From: Jumani Bin Masudin [mailto:jumanibm@cdge.com.sg]
Sent: Monday, 17 December, 2018 3:51 PM
To: motorsurvey
Subject: DOA.16.12.18 SHA2967Y with your insured SKD8670L - ECICS

TO

Officer in charge

Best Regards

Jumani Masudin

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8315 / Fax. 6546-8156

From: ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>

Sent: Monday, 17 December 2018 3:39 PM

To: Jumani Bin Masudin

Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 13

Attachment File Type: PDF

Device Name: ApeosPort-IV C5570

Device Location:

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SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

<input type="checkbox"/> <small>Do not click here to open your email client to view</small>	<input type="checkbox"/> <small>Do not click here to download pictures and attachments</small>	<input type="checkbox"/> <small>Do not click here to view pictures and attachments in a new window</small>
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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	17/12/2018 14:02
Date Of Accident	16/12/2018 03:45
Exact Location Of Accident	TAMPINES AVE 10 X TAMPINES IND AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2967Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	AZIZ B HASSAN
NRIC No	S1330797J
Date Of Birth	14/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1980
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97806575
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 165 WOODLANDS STREET 13 #07-563
Postcode	730165
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?	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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181217/2061

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	SKD8670L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG YONG WAH
NRIC/Passport Number	S7326168F
Contact Number	82333645
Address	
Postcode	
Insurance Company Name	ECICS LIMITED
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AZIZ B HASSAN
Approximate Age	60
Injuries Sustain	NECK PAIN. ON 3 DAYS MC.
Injured person in which vehicle?	SHA2967Y
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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203821K

Policyholder's Signature
Date & Time:

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

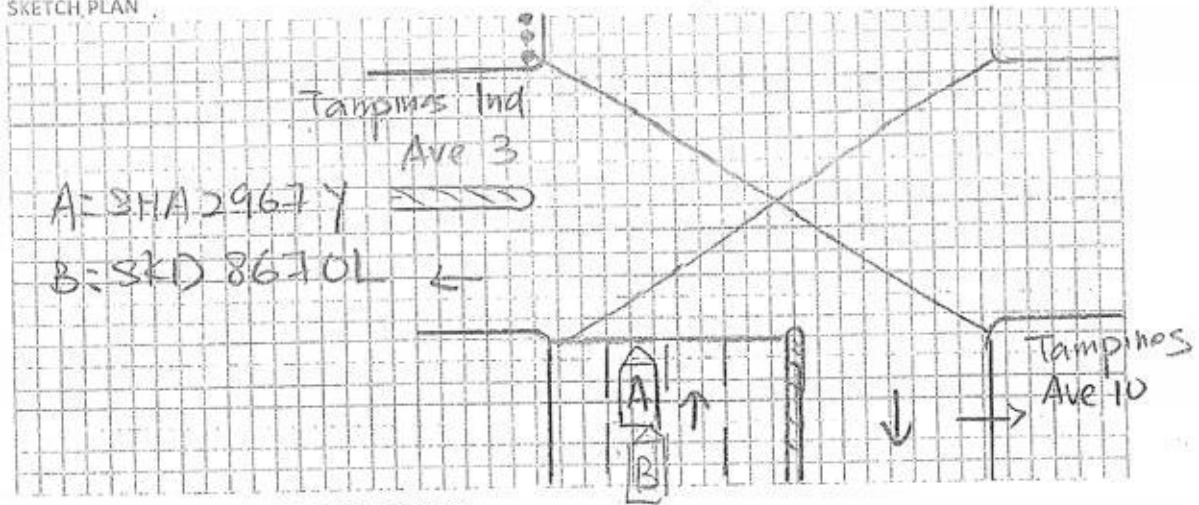
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attended police report.

7/2018/217/2061.

DECLARATION

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

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Loke Yee Yiong

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/12/18



**SINGAPORE
POLICE FORCE**



T/20181217/2061

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20181217/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 12:41		Vide Report No.:		Station Diary No.: 99	
Informant's Particulars					
Name of Informant: AZIZ BIN HASSAN			Address: APT BLK 165 WOODLANDS STREET 13 #07-563 SINGAPORE 730165		
ID Type / ID No.: NRIC NO / S1330797J			Contact No.: Home/Office: Mobile: 97806575		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 14/06/1958	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/12/2018 03:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 10 TAMPINES INDUSTRIAL AVENUE 3 JUNCTION OF TAMPINES AVE 10 AND TAMPINES INDUSTRIAL AVE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2967Y	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Seriously Damaged	0
SKD8670L	Car					0



**SINGAPORE
POLICE FORCE**



T/20181217/2061

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20181217/2061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AZIZ BIN HASSAN	ID No.	S1330797J
Related Vehicle	SHA2967Y (Car)	Contact No.	97806575
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2018	Date Discharge	16/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ONG YONG WAH (WANG RONGHUA)	ID No.	S7326168F
Related Vehicle	SKD8670L (Car)	Contact No.	82333645
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/12/2018 at about 0345hours, I was alone, driving in my vehicle along Tampines Ave 10. I stopped my vehicle at the junction of Tampines Ave 10 and the junction of Tampines Industrial Ave 3 as the traffic light was Red.

Suddenly, I felt an impact coming from the rear of my vehicle.

I then stepped out of my vehicle and noticed that a vehicle bearing the registration number:SKD86701L had collided onto the rear of my vehicle. I asked the driver what had happened and he informed that he was tired.

No one was injured at the point of time. We exchanged particulars, took pictures and I drove off. My vehicle had dents and scratches on the rear portion.

I have an in-vehicle camera installed in my vehicle.

Subsequently, I felt pain around my neck area, so I went to seek medical attention at Khoo Teck Puat Hospital and was given 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20181217/2061

3 of 4

Report No: T/20181217/2061

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181217/2061

4 of 4

Report No. T/20181217/2061

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Sgt 2 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/12/2018 12:41

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 2967Y

DATE 17/12/2018 10:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid — <i>Red</i>			\$ 2,174.90
	Boot Lid Lock Upper <i>X su</i>			\$ 102.60
	Boot Lid Lock Lower <i>X su</i>			\$ 31.70
	Boot Lid 'H' Emblem — <i>su</i>			\$ 28.70
	Boot Lid CRDI Plate — <i>su</i>			\$ 27.90
	Bootlid Moulding <i>X su</i>			\$ 227.90
	Bootlid i40 Emblem — <i>su</i>			\$ 27.90
	Bootlid Lower Garnish <i>X repair</i>			\$ 227.90
	Rear Bumper — <i>Rebuild</i>			\$ 553.00
	Rear Bumper Reinforcement — <i>su</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) — <i>Reb</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs — <i>su</i>			\$ 22.00
	Rear Bumper Bracket <i>X su</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge — <i>tan</i>			\$ 103.50
	Rear Bumper Under Cover — <i>at</i>			\$ 228.00
	Tail Lamp (RH) — <i>su</i>			\$ 697.80
	Rear Panel — <i>Rebuild</i>			\$ 526.70
	Rear Panel Garnish <i>X su</i>			\$ 57.70
	Rear Panel Lower Panel — <i>Reb</i>			\$ 89.40
	Rear Fender (RH) <i>X repair</i>			\$ 2,171.40
	Rear Windscreen Moulding <i>X su</i>			\$ 28.30
	SUB TOTAL			\$ 7,987.50
	LESS 20%			\$ 1,597.50
	DISCOUNTED TOTAL			\$ 6,390.00
	Boot Lid Comfort Logo & Tel No. Sticker — <i>su</i>			\$ 30.00
	Rear Bumper Reverse Sensor — <i>su</i>			\$ 135.70
	Rear Bumper Rubber Mat — <i>su</i>			\$ 50.00
	Rear Bumper Advertisement Logo — <i>su</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) — <i>su</i>	\$	100.00	\$ 200.00
				\$ 465.70
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 1,200.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 80.00
	<i>Towing King Rally</i>			\$ 150.00
	TOTAL LABOUR			\$ 2,430.00
	ESTIMATE TOTAL			\$ 9,285.70

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.

ETALS
JM

LKK Auto Consultancy
The Repairer of
• To resurvey body
• To display damage
• Parts prices
• Third party
• No insurance
• Surplus
• Insurance Company

1/18/12/13

1300h

4h

4/5

After Repair

10893.94

Nett
Nett
Nett
Nett
Nett
Nett
600
1000
20
20
50
X
30
100

member of COMFORTDELGRO

Date/Time: 17.12.2018 15:03

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3882720

JC NO.: 305251916

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

REGN NO.: SHA2967Y	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 16.12.2018 03:45
YR OF MANU. 18.06.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069515	COMPLETION DATE/TIME:

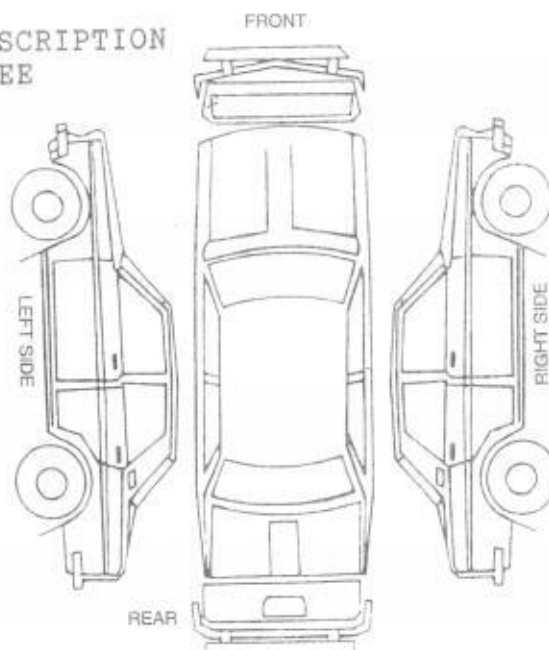
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.12.2018
NATURE: 3P 16.12.18

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHA2967Y JU ECICS

Vehicle No.: SHA2967Y

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

K. DOLLY

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

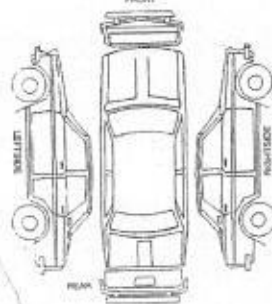
Job Requisition

1. Date: 16-12-18 Time Received: 0430	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : MR AZIZ Contact No. : 9780 6575 Vehicle No. : SHA 2967 Y Make / Model / Colour : I40 Email :	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: TAMPINES AVE 7	8. Vehicle Tow - In 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
9. Preferred Workshop: <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 <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input checked="" type="checkbox"/> Not tested
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Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : SELVA Vehicle No. : YP 7951 D Time Dispatch : 0440 Time of Arrival : 0505 Time Completed : 0520	TOWING	 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer
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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™.

16-12-18 Date	0505 Time	 Signature of Customer
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14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
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DESCRIPTION	QTY	ESTIMATE	REMARKS
REAR EXHAUST PIPE RH / <i>Done</i>	1	\$967.70	
REAR EXHAUST CENTRE / <i>Done</i>	1	\$730.10	
CHECK ITEMS			
LABOUR			
RENEW REAR EXHAUST PIPE ASSY		\$100.00	
		60	
TOTAL:		\$1,797.80	JUMANI

Our Job Ref No 305251916
Date : 29/12/2018

COMFORTDELGRO ENGINEERING

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


FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
: SHA2967Y Date of Accident : 16.12.18

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

1. The repair job shall bill to: ECICS --- SKD8670L
###
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% \$6,200.00
 - Final Lumpsum Repair cost
3. Estimated normal period for repairs: 4 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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 31/12/18

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		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/ICS18022690/K1QBN2

Date: 03/01/2019

REFERENCE

Handling Insurer: ECICS Limited Policy No:
 Claimant Vehicle No: SHA2967Y Insured Vehicle No: SKD8670L
 Date of Loss: 16/12/2018 Nature of Claim: TP Claim No: DMPC1800469H/JG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA2967Y Engine No: D4FDDU395897
 Make & Model: HYUNDAI I40, 1.7 D (A) Chassis No: KMHLB41UMFU069515
 Reg. Date: 18/06/2015 (Man. Year: 2015) Odometer: 606759 km
 Colour: Blue
 Engine Capacity: 1685 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: 205/60R16 Rear Tyre Size: 205/60R16
 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	8,213.94	5,878.98	2,334.96	28.43
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,680.00	1,880.00	800.00	29.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	10,893.94	7,758.98	3,134.96	28.78
Approved Total (Overridden) (S\$)		6,200.00		
(S\$)	10,893.94	6,200.00	4,693.94	43.09
+ GST 7.00/7.00% (S\$)	762.58	434.00	328.58	43.09
Nett Amount (S\$)	11,656.52	6,634.00	5,022.52	43.09

INSPECTION

Date of Assignment: 17/12/2018
 Date Inspected: 18/12/2018 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)

59 Loyang Drive
 Singapore 508969

Estimated Period of Repair: 4.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 03 Jan 2019)
Parts:	143	HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA2967Y)	
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		*BOOT LID	Dented	2,174.90 FL	*2,174.90 FL
2	1		*BOOT LID LOCK UPPER	Serviceable	102.60 FL	*- FL
3	1		*BOOT LID LOCK LOWER	Serviceable	31.70 FL	*- FL
4	1		*BOOT LID H EMBLEM	Necessary	28.70 FL	*28.70 FL
5	1		*BOOT LID CRDI PLATE	Necessary	27.90 FL	*27.90 FL
6	1		*BOOTLID MOULDING	Serviceable	227.90 FL	*- FL
7	1		*BOOTLID I40 EMBLEM	Necessary	27.90 FL	*27.90 FL
8	1		*BOOTLID LOWER GARNISH	Repair	227.90 FL	*- FL
9	1		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
10	1		*REAR BUMPER REINFORCEMENT	Cracked	428.40 FL	*428.40 FL
11	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Bent	160.60 FL	*160.60 FL
12	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
13	2		*REAR BUMPER BRACKET	Serviceable	71.20 FL	*- FL
14	1		*REAR BUMPER SPONGE	Torn	103.50 FL	*103.50 FL
15	1		*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL
16	1		*TAIL LAMP RH	Cracked	697.80 FL	*697.80 FL
17	1		*REAR PANEL	Buckled	526.70 FL	*526.70 FL
18	1		*REAR PANEL GARNISH	Serviceable	57.70 FL	*- FL
19	1		*REAR PANEL LOWER PANEL	Dented	89.40 FL	*89.40 FL
20	1		*REAR FENDER RH	Repair	2,171.40 FL	*- FL
21	1		*REAR WINDSCREEN MOULDING	Not Necessary	28.30 FL	*- FL
22	1		*REAR EXHAUST PIPE RH	Bent	967.70 FL	*967.70 FL
23	1		*REAR EXHAUST CENTRE	Bent	730.10 FL	*730.10 FL
24	1		*BOOT LID COMFORT LOGO & TEL NO STICKER	Necessary	30.00 FS	*30.00 FS
25	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
26	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
27	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
28	2		*REAR FENDER ADVERTISEMENT LOGO LH/RH	Necessary	200.00 FS	*200.00 FS

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

Sub Total (\$\$)	10,151.00	7,232.30
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,937.06	1,353.32
Total Parts (\$\$)	8,213.94	5,878.98

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
Labour Items				
1	PANEL BEATING	New	800.00	600.00
2	SPRAY PAINTING CHARGE	New	1,200.00	1,000.00
3	WIRING CHARGE	New	30.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	50.00
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	-
7	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
8	TOWING KING DOLLY	New	150.00	100.00
9	RENEW REAR EXHAUST PIPE ASSY	New	100.00	60.00
Gross Labour Cost (S\$)			2,680.00	1,880.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >