

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

Is driver the owner?

( YES (NO) )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

21/4  
CTISFC 8514X - NO Ltr (ASIA 306 / 14/6/19) : DATE 9/10/19  
- CASH/ALICE 600246 / 14/6/19 : DATE 1/11/19  
SFC 7888A - X

15/11/19

OI dispute on damage - send email to ask AVF from TP

16/11/19

NO AVF from TP

20/11

Self instruction from CTI Elaine

18.06.19 (ALICE) OI NO RESPONSE

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

A.M.E.E. 18.6.19

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: NAME

Repair Cost:

45

SS 1,100

(

2 days) Reduction:

40

%

Email

Call

FINAL SETTLEMENT

Date/Time: 29.6.19

Confirm with: WILLIAM

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

23

Repair Cost:

41/01

SS 1,819.10

Loss of Rental (LOR):

SS 536.76

(

4.5 days) x 4119.28

Loss of Use (LOU):

SS

-

(\$

x

days)

Loss of Income (LOI):

SS 225.40

(\$

50

x 4.5 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

SS 7.44

Medical:

SS

Disbursement:

SS

(e.g. Tow/Independent)

Legal Cost

SS

If NO or B 28, Ass. Lia:

OI reversed but CHATWANG TP

8/11/19

1) Claim status: Not final/Reject/Private Settle

2) Report Format: TP

3) Survey fee: 7400

Total:

SS 2,588.25

Global Sum SS:

FINAL PAYMENT

Date/Time: 29.6.19

Confirm with: WILLIAM

Email

Call

Payee 1:

SS 2,588.25

Name 1:

COMBUSTION ENGINEERING PTE LTD

Payee 2: (Strike off N/A)

SS

Name 2:

Payee 3: (Strike off N/A)

SS

Name 3:

Surveyor: Kolvin

REF:

# ASSIGNMENT

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

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

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

To Insured Vehicle No: \_\_\_\_\_

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

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.

NIS	O/S

Est. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repair: \_\_\_\_\_ 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 8514X Yr Regn: 22 Oct 2015

Type: M. Car / M. Cycle / Bus / Van / Lorry / Truck / Prima Mover /

Truck / Trailer or

Make: Hyundai Ix cc 1685

Colour: Blue A/C: Ins Good / Std / Nil / NA

Sp. Reading: 472026 T/Radio: Ins Good / Std / Nil / NA

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

C/Nr: KMHCBX4U44079520

Gen. Cond: Good / Poor / Poor / Burnt

Steering: Inop Good / Jammed / Leaked / Burnt or

Brake: Inop Good / Jammed / Leaked / Burnt or

Mod: Nil / S/RM / STD AB / Im or

Tyre Size: E: 205 / 60R16

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

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

TOYO / YOKO or Cooper

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

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

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

O.O.A. 20/12/18 O.O.I. 24/12/18

Survey field at CDGE (Loyang)

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

Front o/s.

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

Date / Time	Action / Instruction

Delatime, File Pass to?

☐ : Prel. Report

1) \_\_\_\_\_

☐ : Final Report

Delatime, File Return to?

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

Report Format: \_\_\_\_\_

Lump Sum / L.S. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Insp (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + AS \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: TBA  
Our ref: CC3/CTI18022528/Jha3

Date: 26/12/2018

The Motor Claims Department  
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO.**

**SHC 8514X**

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 24/12/2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:-

Workshop Estimate Amount	: S\$	2,837.68
Revised Estimate Amount	: S\$	2,161.44
"Check" Items Amount	: S\$	476.24
Total (Including Check Items)	: S\$	2,637.68
Market Value	: S\$	- (est.)
LTA Reimbursement Value	: S\$	- (est.)
Nett Value	: S\$	- (est.)

Description of Damage:

The vehicle sustained damages at the  
Front O/S Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2.0 days

Yours faithfully,

KALVIN ANG  
Licensed Appraiser

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8514X

DATE 24/12/2018 9:48

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille / <i>ca</i>			\$ 1,110.10
	Radiator Grille H Emblem <i>ca</i>			\$ 39.50
	Front Bumper Cover / <i>ca</i>			\$ 1,052.20
	Front Bumper Sponge <i>Xm</i>			\$ 99.20
	Front Bumper Reinforcement <i>Xm</i>			\$ 402.10
	Front Bumper Bracket Top (LH/RH) <i>Xm</i>		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) <i>Xm</i>		\$ 24.60	\$ 49.20
	<b>SUB TOTAL</b>			<b>\$ 2,797.10</b>
	<b>LESS 20%</b>			<b>\$ 559.42</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,237.68</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>350.00</del>
	Spray Painting Charge			\$ <del>250.00</del>
				<b>200</b>
	<b>TOTAL LABOUR</b>			<b>\$ 600.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,837.68</b>
<i>Kahn (Ute)</i> <i>24/12/18 1020L</i> <i>2 hrs</i> <i>P/P</i> <i>After Repair U</i>				<p>UKS Auto Consultants hence notify U.K. Register of the following:</p> <ul style="list-style-type: none"> <li>• The issues before/after spray painting</li> <li>• The issues during/after/ during resurvey</li> <li>• The procedure used to confirmation</li> <li>• The procedure used to "Without Prejudice" issue</li> <li>• The issue is resolved/ not resolved</li> <li>• Supplementary works must be completed and is subject to final approval from insurance Company</li> </ul> <p>Acknowledged by Register</p> <p>Signature</p> <p>Date</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.				

ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.: 305253500

COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (D)	REGN NO.	SHC8514X	MILEAGE
	MAKE	HYUNDAI	FUEL E 1/2 F
	MODEL	I-40	DATE/TIME IN 22.12.2018 09:40
	YR OF MANU.	22.10.2015	TARGET DATE
	CHASSIS CODE	KMH1B41UMGU079520	COMPLETION DATE/TIME
	ARD NO.		

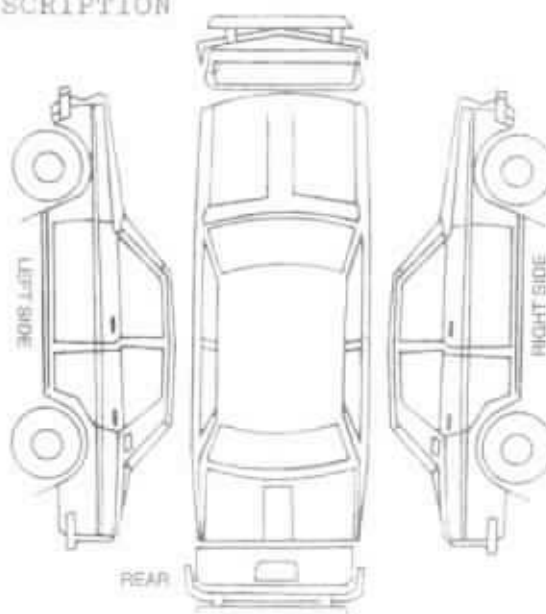
### JOB DESCRIPTION

ident Date: 21.12.2018  
URE: 3P 21.12.18

LABOR CODE

DESCRIPTION

FRONT



PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

int Slip

Exit Pass

SHC8514X

JU CHINA

Vehicle No.:

SHC8514X

Advisor

Signature/Date

Name of Service Advisor

Date

Service Reception upon collection

To be kept by Security Guard

Amir  
zu

DATE 24/12/2018 9:48

**MODEL : HYUNDAI i40**

Kahn (Coke)  
24/12/13 1020L  
2 hrs  
P/P  
After Repair U

[illegible]

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305253500  
Date : 26/12/2018

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

## FINALIZATION FORM

To : LKK Fax :  
Attn : KALVIN  
: SHC8514X Date of Accident : 21.12.18

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

1. The repair job shall bill to: CHINA --- SFL7888A  
###
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) N
  - Total for Lumpsum repair cost after Less: 20%
  - Final Lumpsum Repair cost** \$1700.00
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 : [Signature]  
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature : [Signature]  
Name : Kalvin  
Date : 26/12/18

## 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:

\_\_\_\_\_

# COMFORTDELGRO ENGINEERING

Our Ref : T 1218 / SHC8514X /WT(st)  
Your Ref :  
Date : 03-Jan-19

CDGE Taxi Claims Dept  
59 Loyang Drive 4th Flr  
Singapore 508969

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 19960049W

## Workshops

**Braddell**  
205 Braddell Road  
Singapore 579701

**Loyang**  
59 Loyang Drive  
Singapore 508969

**Sin Ming**  
383 Sin Ming Drive  
Singapore 575717

**Pandan**  
45 Pandan Road  
Singapore 609286

**Ubi**  
320 Ubi Road 3  
Singapore 408649

**Senoko**  
24 Senoko Loop  
Singapore 758156

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

**Yishun**  
Shun Industrial Park A  
Singapore 768732

CHINA TAIPING INSURANCE CO LTD  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC8514X YOUR INSURED SFL7888A  
AND OTHER \_\_\_\_\_ ON 21.12.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8514X which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving SFL7888A we are submitting these claims for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 6 5 days Loss of Rental @ \$ 119.28 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transportation Fees

\$	1,819.00
\$	596.40
\$	-
\$	7.49
\$	-
\$	-
<b>Sub Total :</b>	<b>\$ 2,422.89</b>

### HIRER'S CLAIM

- 7 5 days Loss of Income @ \$ 80.00 per days

\$	400.00
<b>Total Claims :</b>	<b>\$ 2,822.89</b>

We enclose herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs : 5 pcs.
- b) LTA search slip/s of : SFL7888A
- c) GIA / Police report/s of : SHC8514X
- d) Letter of authority from owner / hirer / operator
  - ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( X ) Photograph/s of Accident Scene ( x ) Downtime/Mileage record ( x ) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

*William Tan*

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of

COMFORTDELGRO







Auto  
Consultants  
Pte Ltd

511 BEAUFORT ROAD, 25 PAVANE INDUSTRIAL PARK, SINGAPORE 408903 TEL : (065) 62563561 FAX : (065) 62563562

**Our Ref: CC3/CTI16020255/M1eb3q2**

18 JUNE 2019

**MOY SHUNXIANG**  
3 BIFEFORED RD  
#18-03  
SINGAPORE 229920

Dear Sir/Madam,

**ACCIDENT INVOLVING SFL 7888A AND SHC 8514X ON 21/12/2018**

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the *Third Party*.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher  
*Case Handler*  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. *China Taiping Insurance (Singapore) Pte Ltd*  
*(Motor Claims Dept)*

## LETTER OF AUTHORISATION

(NAF / PAF)

ON 21-Dec-18 20:10

ACCIDENT INVOLVING  
ALONGi 40 SHC8514X , SFL7888A  
RICHMOND PARK CONDO BIDEFORD RD

I / We

KELVIN LIONG

(Hirer) NRIC No.: S7343417C

and/or

(Relief) NRIC No.:

Taxi Number

SHC8514X

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

22-Dec-2018

Name of Hirer  
Hirer NRICKELVIN LIONG  
S7343417C

Signature :



Address

329 CLEMENTI AVENUE 2 #10-242  
120329

Contact No.

97269130

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN169101701

Claim No :

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$2,588.25  
DOLLARS TWO THOUSAND FIVE HUNDRED EIGHTY EIGHT AND CENTS  
TWENTY FIVE ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHC 8514X

Insured Vehicle No. : SFL 7888A

Date of Loss : 21/12/2018

Place of Accident : RICHMOND PARK CONDO BIDEFORD RD

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : MOY SHUNXIANG

Driver Name : MICHELLE MILYARTI WANTASEN

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/Excess	S\$	1,819.00
(3) Loss of Use/Rental/Earning	S\$	761.76
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/Towing Fee/Disbursement	S\$	
(7) Cost including Disbursement	S\$	
<b>TOTAL</b>	<b>S\$</b>	<b>2,588.25</b>

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :

  
MICHAEL MILYARTI WANTASEN  
SINGAPORE 12 17

Date :

1.7.17

Please forward your cheque made payable to:  
COMFORTDELGRO ENGINEERING PTE LTD

\*The contents of this document apply to vehicle damages only  
All personal injuries and damages arising therefrom are excluded  
from the ambit and application of this document\*

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGBAY TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC8514X

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
22.10.2015

CHASSIS CODE  
KMHLB41UMGJ079520

NO/DATE  
91417008 31.12.2018

JOB NO.  
305253500

ODMETER READING

JOB TYPE

Description : 3P 21.12.18

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,700.00
Add GST @ 7.000 %	119.00
<b>Total Invoice amount</b>	<b>1,819.00</b>

Issued by : KATHERINE TAN 31.12.2018 10:33:27  
Repair Type : CISO/57/57  
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
35 Braddell Road  
Singapore 579701

Please note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CT18120629



Date: 31 December 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	21/12/2018 @ 20:10 hrs
ALONG	RICHMOND PARK CONDO BIDEFORD RD
INVOLVING	SFL7888A

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC8514X** (the "Taxi"). The Taxi was hired to **KELVIN LIONG IC NO S7343417C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.



## Enquire Vehicle Insurer

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

SFL7888A 21 Dec 2018 / 20:10:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)[OK](#)

JHC8514K




# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC3/CTI18023070/K1ea3q2		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 11-07-2019		
		Code : CTI		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SFL 7888A	Veh. Inspected	SHC 8514X	
Policy No.	DMPCSN169101701	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	24/12/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU079520	Colour	BLUE	
Odometer	472028	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	21/12/2018	Inspection Date	24/12/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>		



**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8514X**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	RADIATOR GRILLE	CRACKED	1,110.10	1,110.10
1	RADIATOR GRILLE H EMBLEM	NECESSARY	39.50	39.50
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	99.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
	LESS 20% DISCOUNT		-559.42	-440.36
			2,237.68	1,761.44
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE .		250.00	200.00
			600.00	400.00
	<b>GRAND TOTAL</b>		<b>2,837.68</b>	<b>2,161.44</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,700.00</b>

Report Ref No. CC3/CT118023070/K1ea3q2

**KALVIN ANG WEI KUN**

Automotive Assessor / Investigator

**HO LEONG CHUAN**

Automotive Assessor

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