

ASS. REC. BY:

REF: CS/ICS 18023116/K19d3 72

Special Instruction:

Surveyor:  
Merimen

Kalvin

ASSIGNMENT (Office)

From (Person):

Janice Goh

of

ICS

Date/Time: 26/12/18 @ 1:46pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 9836D

Insured:

SGU 6162H

at Workshop m/s

Comfort Delgro

Tel:

6214 8316

of

59 Juyang Drive

Policy No:

Claim No:

DMP/1800475H/JG

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/12/18

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

H.O.D. Endorsement:

Date/Time:

1:53pm @ 26/12/18

Person Contacted:

Jany

Vehicle IN / OUT

Date/Time	Action/Instruction	Estimate
	SH 9836D - CA / ASM 18013129 / K1h93q2	DUA: 17/07/2018
	SGU 6162H - X:	
27/12/18 @ 10:20am	revised to Janice Goh via Merimen.	

Surveyor: Kelvin

REF:

# ASSIGNMENT

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

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

OD/TP/INS/TPRES/ODRES/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. Repair: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SH 98360 Yr Regn: 9 Jan 2016

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

Truck / Trailer or

Make: Hunter Z40 cc 1685

Colour: Blue A/C: Ins Red / Std / NI / NA

Sp. Reading: 510051 T/Radio: Ins Ded / Std / NI / NA

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

C/No: KMHLB414M4090132

Gen. Cond: Good / F / Poor / Burnt

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

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

Modi: Nil / SIRimi / STD / C / Rim or

Tyre Size: F: 205/60R16

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

BS/DUN/EXNOVA/IGY/FS/LIZA/LIC/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. 26/12/18 D.O.I. 26/12/18

Survey field at C D G E (Loyang)

Des. of Damages: Frt / Rear / C/S / N/S / U/C / Rooftop or

Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
27/12/18	Chk'd PIP & 940/2Ry. (Fed & 1197.86, 56%)

RECEIVED 20 DEC 2018

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

1) 27/12/18 Final ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Report Format: MER-TP

Lump Sum / I.B.I. (\$) 940

250

10

26

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: 27 Dec 2018

**Preliminary Advice**

Insured Vehicle No	: SGU6162H	Accident Date	: 26/12/2018
TP Vehicle No	: SH9836D	Assignment Date	: 26/12/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 26/12/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

**Point of Impact / General Description of Damages**

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

Repairer's Estimate (Gross)	:S\$	2137.86
Revised Amount	:S\$	940.00
Check Items (Estimated)	:S\$	489.76
Total	:S\$	1,429.76

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.
- ( ) Other comments :

## Nivitha (LKK Auto)

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**From:** motorsurvey <motorsurvey@ecics.com.sg>  
**Sent:** Wednesday, 26 December 2018 1:46 PM  
**To:** assignments  
**Cc:** Ng Nyuk Phin; motorsurvey  
**Subject:** RE: SH 9836D VS SGU6162H (ECICS) DOA: 26.12.2018  
**Attachments:** img-Z26122620-0001.pdf

Hi LKK

Please assist to arrange TP survey.  
Thank you.

Regards,  
Janice Goh  
**Claims Division**  
DID: +65 6303 0182  
FAX: +65 6338 9267

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

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to [motorsurvey@ecics.com.sg](mailto:motorsurvey@ecics.com.sg) directly.

*\*\*Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.\*\**

---

**From:** Ng Nyuk Phin [mailto:[ngnp@cdge.com.sg](mailto:ngnp@cdge.com.sg)]  
**Sent:** Wednesday, 26 December, 2018 12:31 PM  
**To:** motorsurvey  
**Subject:** SH 9836D VS SGU6162H (ECICS) DOA: 26.12.2018

Dear Motor Claims,

Please see attached repair estimate and SAS. Kindly arrange to survey the taxi at 59 Loyang Drive.

The taxi is at the rooftop carpark.

Regards,  
Larry Ng  
ComfortDelgro Engineering Pte Ltd  
Loyang Taxi Crash Repairs  
6214 8316

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**From:** ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>  
**Sent:** Wednesday, 26 December 2018 12:26 PM  
**To:** Ng Nyuk Phin  
**Subject:** Scan Data from CDG\_LO\_AW\_A5570

Number of Images: 7  
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]

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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	26/12/2018 09:44
Date Of Accident	26/12/2018 01:55
Exact Location Of Accident	T JUNCTION OF LOYANG AVE AND PASIR RIS DR 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9836D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	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	WANG SHENG
NRIC No	S6962806J
Date Of Birth	19/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90605649
Fax Number	
Contact Number	
Email Address	WANGSHENG462@GMAIL.COM

Address	231 06-462 PASIR RIS DRIVE 4
Postcode	510231
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 (including own vehicle) 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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

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

#### Circumstances of Accident

SEE ATTACH.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

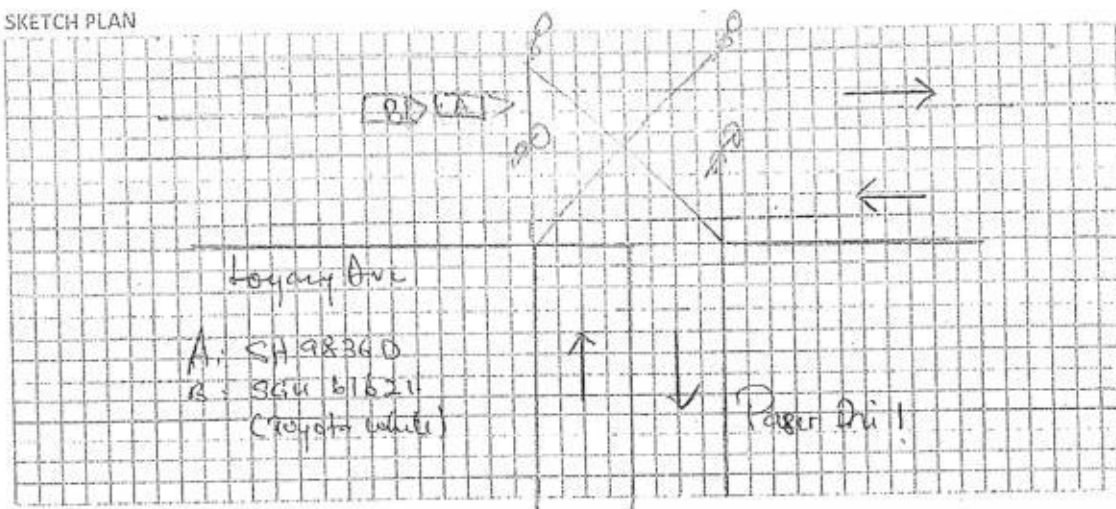
Vehicle Registration Number	SGU6162H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)



# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 December 2018 at about 06:55 am along the above mentioned/sketched location. I was at stopping position and the traffic lights were shown "Red".

Suddenly, B had collided into my A rear position. My taxi (A) sustained damages at the rear. I had a male passenger and he was not injured. I was not injured.

I am not sure whether B driver was injured or not

## DECLARATION

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

COMFORT TRANSPORTATION PT

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26 Dec 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Wong Wei Yieng

26/12/18

**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 100303921R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/Dec/2018

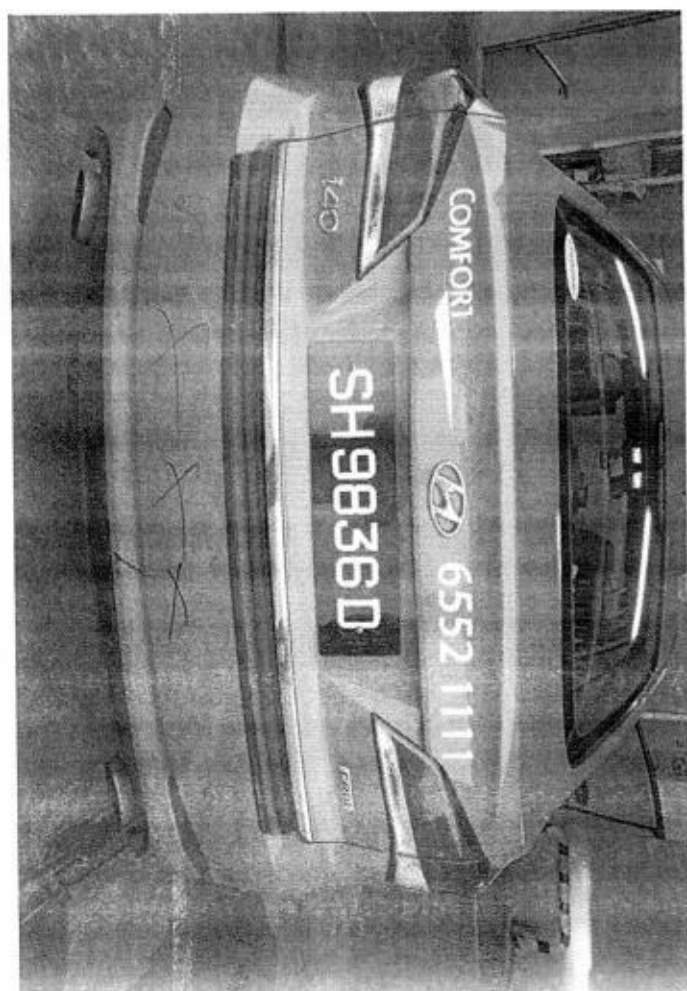
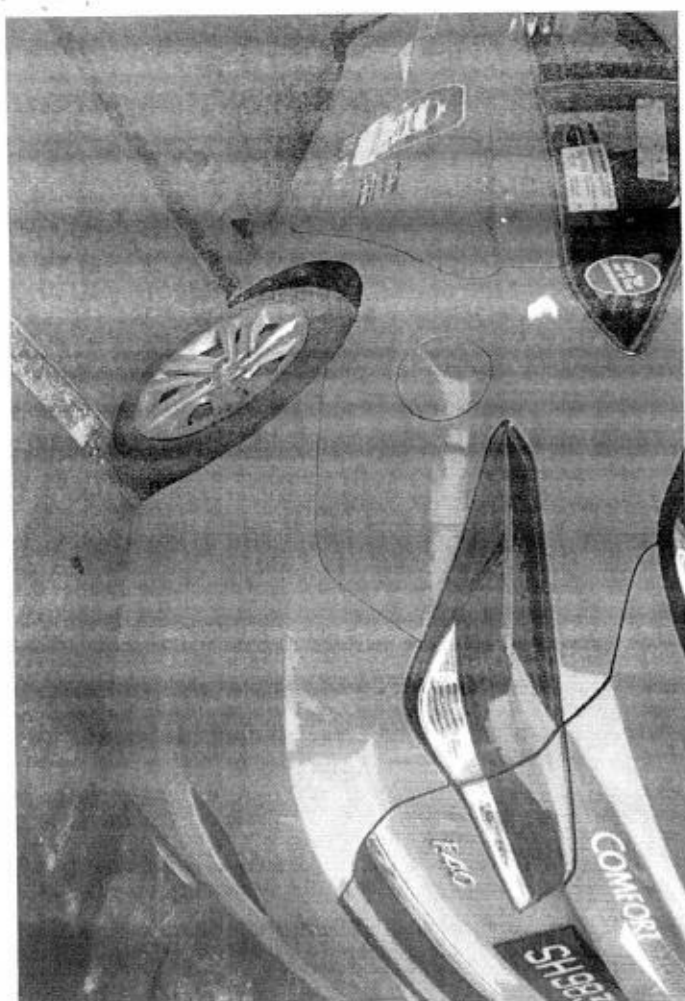
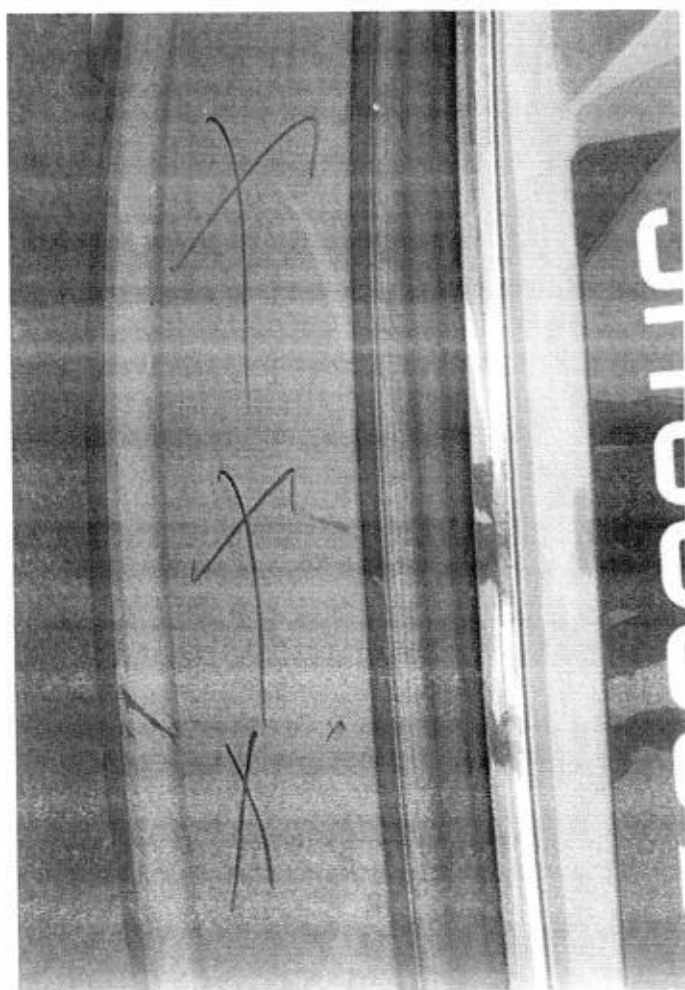
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Loke Wei Yiang

26/12/18







COMFORTDELGRO  
ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6385 8280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508309  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609236  
224 Ubi Road 3 Singapore 530559

24 Senoko Loop Singapore 756156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768732

Date/Time: 26.12.2018 11:22 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO: 305254061
STOMER	REGN NO: SH 9836D	MILEAGE	
VMS	MAKE: HYUNDAI	FUEL	
STOMER NO. 7010045	MODEL I-40	DATE/TIME IN	26.12.2018 07:40
DRESS 383 SIN MING DRIVE	YR OF MANU 09.06.2016	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE	COMPLETION DATE/TIME:	
65508755 (R) (P)	KMHLB41UMGU090132		
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 26.12.2018  
NATURE: 3P 26.12.2018

S/NO	LABOR CODE	DESCRIPTION
	ECICS - fear damage	

CHECKED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Acknowledgement Slip		Exit Pass	
Vehicle No.: SH 9836D		Vehicle No.: SH 9836D	
Signature/Date		Name of Service Advisor	
To be returned to Service Reception upon collection		To be kept by Security Guard	

## REPAIR ESTIMATE\*

DATE: 26. Dec. 2018

DOA: 26. Dec. 2018

**EC/CS**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper			\$553.00
10	Rear Bumper Clips		\$2.20	\$22.00
1	Rear Bumper Sponge			\$103.50
1	Rear Bumper Bracket - RH			\$80.30
1	Rear Bumper Reinforcement			\$428.40
1	Rear Bumper Undercover			\$228.00
1				
	<b>SUB TOTAL</b>			<b>\$1,415.20</b>
	<b>LESS 20%</b>			<b>\$283.04</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$1,132.16</b>
1	Rear Bumper Rubber Mat			\$50.00
1	Reverse Sensor			\$135.70
				<b>\$185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			<del>\$400.00</del>
	Spray Painting Charge			<del>\$250.00</del>
	Wiring Charge			<del>\$50.00</del>
	Remove/refix Reverse Sensor			<del>\$120.00</del>
	<b>TOTAL LABOUR</b>			<b>\$820.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,137.86</b>

Kala 10/12/18  
 26/12/18 14/0 hrs.  
 2 days  
 P/S Before Paint photo

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.

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.

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 27.12.2018

Time: 11:05:40

Page: 1

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

JOB NO : 305254061  
REGN NO : SH 9836D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 09.06.2016  
DATE/TIME IN : 26.12.2018 07:40  
ACCIDENT DATE : 26.12.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00		50.00

SUB-TOTAL : 510.00

## JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 L	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 430.00

TOTAL : 940.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305254061

Date : 27. Dec. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 9836D

Date of Accident: 26. Dec. 2018

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

1. The repair job shall bill to: ECICS SGU6162H
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$510.00
(b) Labour Charges	\$430.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$940.00</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	
<b>Final Lumpsum Repair cost</b>	

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 : Kalvin

Date : 29/12/18

### 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/ICS18023116/K1QD3N2

Date: 28/12/2018

## REFERENCE

Handling Insurer: ECICS Limited Policy No:

Claimant Vehicle No: SH9836D Insured Vehicle No: SGU6162H

Date of Loss: 26/12/2018 Nature of Claim: TP Claim No: DMPC1800475H/JG

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SH9836D

Make & Model: HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A) Engine No: D4FDGU626233

Reg. Date: 09/06/2016 (Man. Year: 2016) Chassis No: KMHLB41UMGU090132

Colour: Blue Odometer: 510051 km

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: Yes

## CONDITION OF TYRES

Front Tyre Size: 205/60 R16 Rear Tyre Size: 205/60 R16

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	1,317.86	510.00	807.86	61.30
Miscellaneous Items	0.00	0.00	0.00	
Labour	820.00	430.00	390.00	47.56
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (\$\$)</b>	<b>2,137.86</b>	<b>940.00</b>	<b>1,197.86</b>	<b>56.03</b>
<b>+ GST 7.00/7.00% (\$\$)</b>	<b>149.65</b>	<b>65.80</b>	<b>83.85</b>	<b>56.03</b>
<b>Nett Amount (\$\$)</b>	<b>2,287.51</b>	<b>1,005.80</b>	<b>1,281.71</b>	<b>56.03</b>

## INSPECTION

Date of Assignment: 26/12/2018

Date Inspected: 26/12/2018 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: 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: 28 Dec 2018)  
**Parts:** 143      HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)  
**Labour:** Repairer's      (Price-denominated Standard List)  
**Print Code:** (Unsubmitted, no print-code for SH9836D)  
**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		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
4	1		*REAR BUMPER BRACKET-RH	Serviceable	80.30 FL	*- FL
5	1		*REAR BUMPER REINFORCEMENT	Serviceable	428.40 FL	*- FL
6	1		*REAR BUMPER UNDERCOVER	Serviceable	228.00 FL	*- FL
7	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
8	1		*REVERSE SEBSOR	Serviceable	135.70 FS	*- FS
Sub Total (S\$)					1,600.90	625.00
- List Item Discount on L Items 20.00/20.00% (S\$)					283.04	115.00
Total Parts (S\$)					1,317.86	510.00

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	250.00	200.00
3	WIRING CHARGE	New	50.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (S\$)			820.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >