

ASS. REC. BY

REF CS/ICS19001062/Nqd3n4 Special Instruction

Surveyor Menimen
From (Person) Janice Goh

ASSIGNMENT (Office)

of IES

Date/Time 5.50pm @ 16/11/19

Estimated Cost

Bill to

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

To Inspect Vehicle No: 8HD 7192S

Insured: GBA 502P

at Workshop n/s Comfort Delgro

Tel: 62148319

of 59 loyang drive

Policy No: MCV18A00008001

Claim No: bmcv190000ZH/JG

Sum Insured

Excess

Make of Veh:
(Client's Record)

D.O.A. 16/11/19

CA / REV / REP. / REV 24 HRS ^{lwp}

H.O.D. Endorsement

Date/Time: 9.03am @ 17/11/19

Person Contacted: Fauzy

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>8HD 7192S-X</u>
	<u>GBA 502P-X</u>
<u>17/11/19 @ 4.36pm</u>	<u>revised to Janice Goh via Menimen.</u>

REF: ECIS

Surveyor: NAZ

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

^ x x

Bal. or Market Value: _____
 IUAC Accident Report: _____ Consistent? : Yes or No
 CIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % J Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S14D 71925 Yr Regn: 24 NOV 2016
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI 140 C.C. 1685
 Colour: BLUE A/C: Insur. d / Std / NI / NA
 Sp. Reading: 401,140 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB42UM4U096645
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205 / 60 R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or HANKOOK

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
U/Bal. <u>6</u> mm		U/Bal. <u>6</u> mm
D.O.A. <u>16/01/19</u>		D.O.I. <u>16/01/19</u>

 Survey held at EDGE LOYANG
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
<u>11/3/19</u>	<u>FINALIZED LUMP SUM REPAIR \$750.00 / 2 DAYS</u> <u>(Paid \$470, 39%)</u>
	RECEIVED 11 MAR 2019

Date/Time, File Pass to? : Prelim Report
 : Final Report
 Date/Time, File Return to? _____

Days Of Repair: 2
 Resurvey No. of Trip: _____ Survey Fee: _____
 Transportation: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invo (\$ _____)
 : Weekend (\$ _____)
 S + RS \$
 Photos
 Others
 TOTAL

250
10
260

Report Format: MEMO
 Lump Sum / I.B.I. (\$) 750

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: 17 Jan 2019

Preliminary Advice

Insured Vehicle No	: GBA502P	Accident Date	: 16/01/2019
TP Vehicle No	: SHD7192S	Assignment Date	: 17/01/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2
Date of Inspection	: 16/01/2019		
Inspection At	: COMFORTDELGRO ENGINEERING		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	1,220.00
Revised Amount	:S\$	932.40
Check Items (Estimated)	:S\$	0.00
Total	:S\$	932.40
Lump Sum Repair	:S\$	

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- () Other comments :

Nivitha (LKK Auto)

From: motorsurvey <motorsurvey@ecics.com.sg>
Sent: Wednesday, 16 January 2019 5:50 PM
To: Fauzy Bin Mokhtar; assignments
Cc: Jumani Bin Masudin; motorsurvey
Subject: RE: SHD7192S - DOA:16.01.19 TP CLAIMS WITH YOUR INSURED > GBA502P (ECICS)
Attachments: SHD7192S-116155250-0001.pdf

Hi Fauzy

Thank you for your email.
We will assign LKK for the survey.

Aside to LKK

Please assist to arrange survey for TPV.

Thank you.

Best regards

Janice Goh

Senior Associate | Claims



DID (65) 6303 0182 Tel (65) 6337 4779
Email janice_goh@ecics.com.sg Web www.ecics.com.sg
Address 10 Eunos Road 8, Singapore Post Centre, #09-04A, Singapore 408600.

From: Fauzy Bin Mokhtar [<mailto:fauzy@sparkcarcare.com>]
Sent: Wednesday, January 16, 2019 4:03 PM
To: motorsurvey
Cc: Jumani Bin Masudin
Subject: SHD7192S - DOA:16.01.19 TP CLAIMS WITH YOUR INSURED > GBA502P (ECICS)

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.
Taxi was grounded at our workshop on 16.01.2019.

Best Regards,
Fauzy Mokhtar
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148319 / Fax:65468156

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet

This email has been checked for viruses by AVG.

<https://www.avg.com>

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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	16/01/2019 14:14
Date Of Accident	16/01/2019 09:00
Exact Location Of Accident	LOYANG AVE TWDS CHANGI SLIP RD TO PASIR RIS DR 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7192S
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LIM AH LEONG
NRIC No	S1592731C
Date Of Birth	27/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/08/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90990051
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 427 BEDOK NORTH ROAD #08-653
Postcode	460427
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

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	GBA502P
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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.

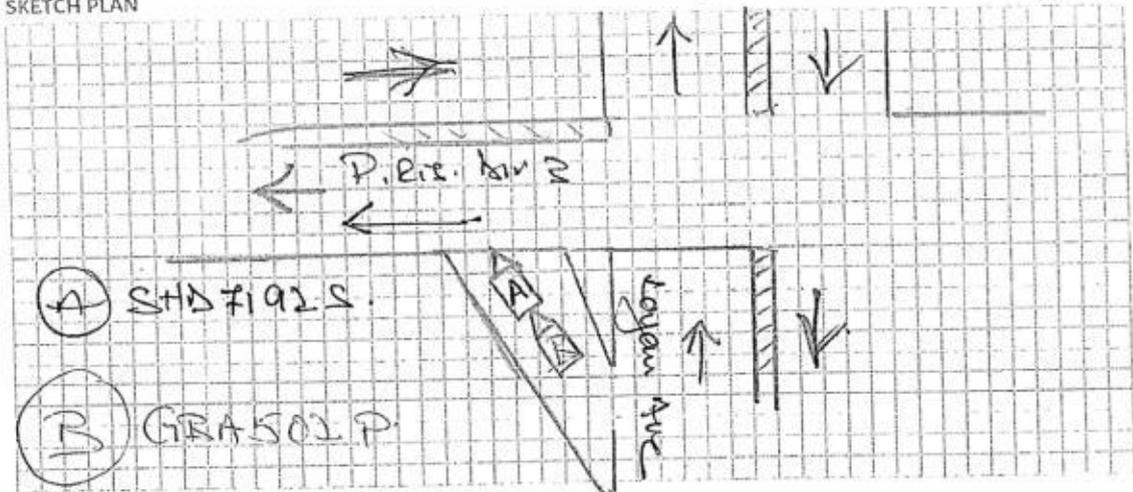
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 109303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16 Jan 2019 @ 0900 hrs I VEH A
 slow down at steps at the give way
 sign to give way vehicle on the right -
 suddenly VEH B from the rear hit VEH A
 rear. at the point of accident no
 PAX. on

DECLARATION

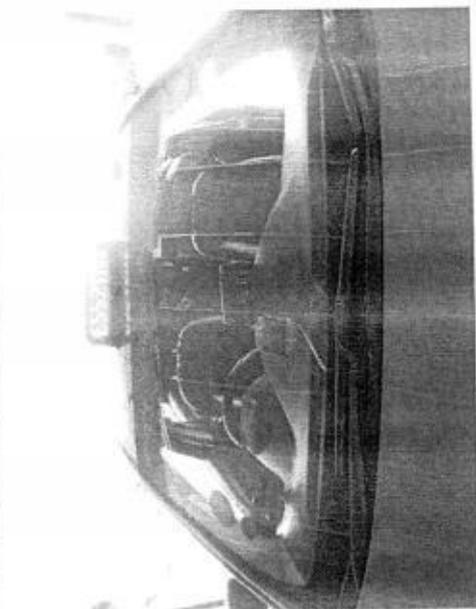
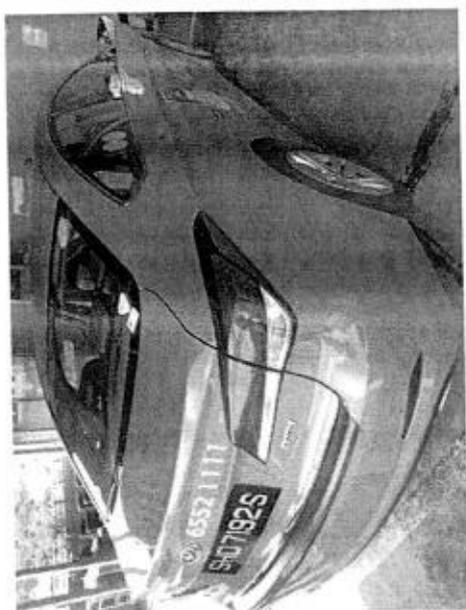
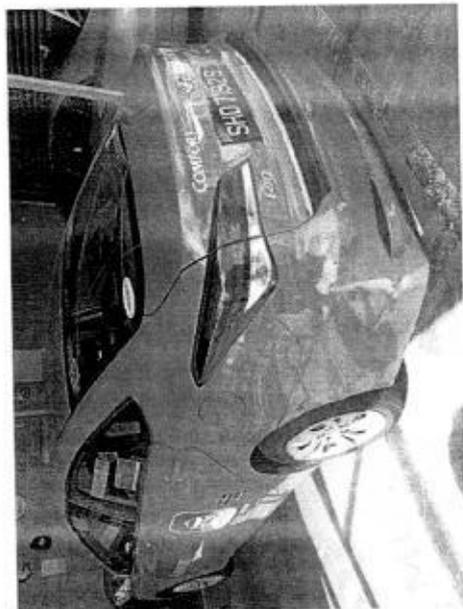
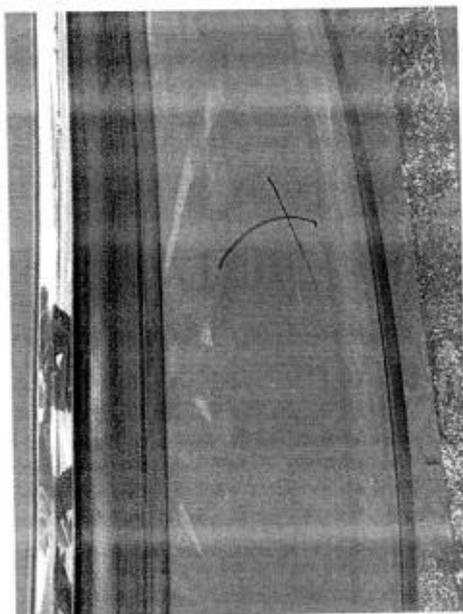
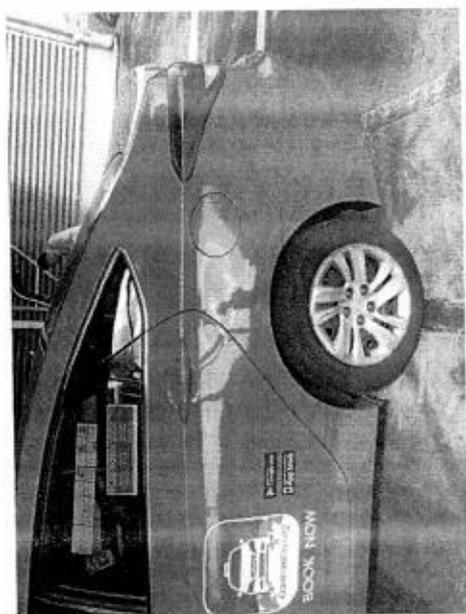
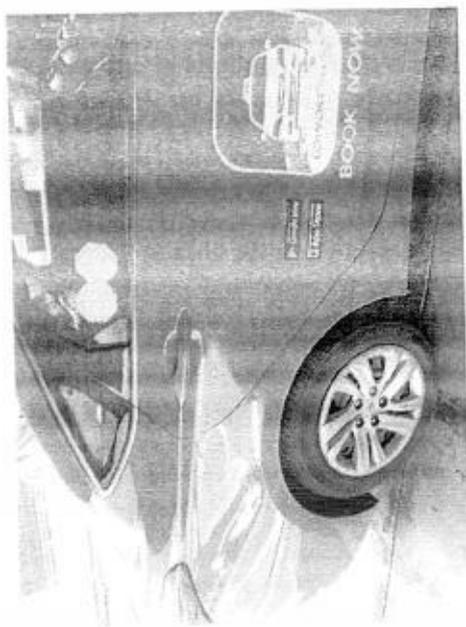
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 1000033217

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.:



COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 7192S

MAKE :

MODEL : HYUNDAI i40

ECICS

DATE 16/1/2019 12:15

REAR

FZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 300.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 710.00
	ESTIMATE TOTAL			\$ 1,220.00

*✓ CCK
XNN*

Nett (NR)

*200
200
20
20*

[Signature]
17/1/19

NAZ LKK

16/1/19 1615

PIP

2 DAY

& BEFORE PAINT PHOTO

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- Illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 7192S

MAKE :

MODEL : HYUNDAI i40

ECICS
REAR

DATE 16/1/2019 12:15

FZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL		442.40	\$ 460.00
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 300.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR		932.40	\$ 710.00
	ESTIMATE TOTAL		745.92	\$ 1,220.00

✓ CLK
X.N.W

Nett *(N.B.)*

20
20
20
20

= 750
==

NAZLUK
16/1/19 1615
PIP
2 days
& 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.

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3890878

JC NO.: 305260707

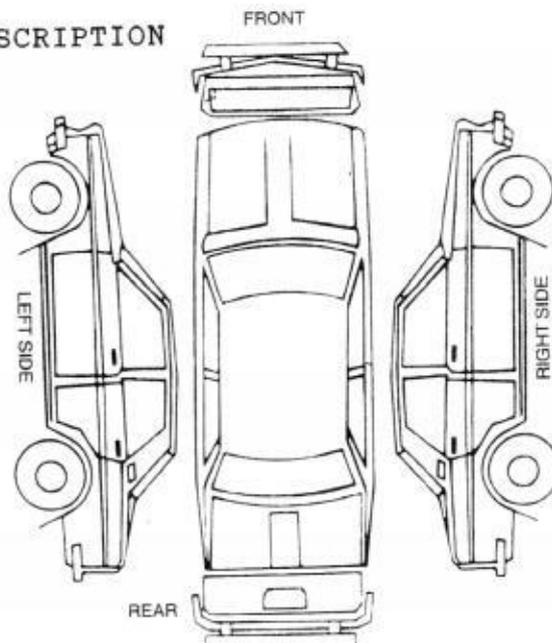
CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (C) (R) (P) COUNT CARD NO.	REGN NO.: SHD7192S	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 16.01.2019 10:45
	YR OF MANU 24.11.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMHU096645	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.01.2019
NATURE: 3P 16.01.19/B

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD7192S FZ ECICS

Vehicle No.: SHD7192S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.01.2019

REPAIR ESTIMATE

Time: 12:21:20

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 : 305260707
REGN NO : SHD7192S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 24.11.2016
DATE/TIME IN : 16.01.2019 10:45
ACCIDENT DATE : 16.01.2019

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 04-01-0103-1150-A I40VC PROTECTOR MAT 1 50.00 2.00- 50.00

SUB-TOTAL : 492.40

JOB NATURE

0000 L PANEL BEATING 200.00

0001 L SPRAY PAINTING CHARGE 200.00

0002 L WIRING CHARGE 20.00

0003 L REMOVE REFIX REVERSE SENSOR 20.00

SUB-TOTAL : 440.00

TOTAL : 932.40

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305260707
Date : 18.01.2019

FINALIZATION FORM

To : LKK
Attn : NAZ

Fax :

Vehicle Reg No. : SHD7192S Date of Accident : 16.01.2019

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

1. The repair job shall bill to: ECICS --- GBA 502P
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$492.40</u>
(b) Labour Charges	<u>\$440.00</u>
Total for Part-By-Part Repair Cost	<u>\$932.40</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u> <i>\$745.92</i>
Final Lumpsum Repair cost	<u>\$0.00</u> <i>\$750</i>

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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : NAZ LKK
Date : 1.3.19

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/ICS19001062/NQD3N2
Date: 11/03/2019

REFERENCE

Handling Insurer:	ECICS Limited	Policy No:	MCV18A00008001	
Claimant Vehicle No :	SHD7192S	Insured Vehicle No :	GBA502P	
Date of Loss:	16/01/2019	Nature of Claim:	TP	Claim No: DMCV1900002H/JG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD7192S	Engine No:	D4FDGU690760
Make & Model:	HYUNDAI I40, 1.7 D (A)	Chassis No:	KMHLB41UMHU096645
Reg. Date:	24/11/2016 (Man. Year: 2016)	Odometer:	401140 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:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	510.00	492.40	17.60	3.45
Miscellaneous Items	0.00	0.00	0.00	
Labour	710.00	440.00	270.00	38.03
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,220.00	932.40	287.60	23.57
Approved Total (Overridden) (S\$)		750.00		
	(S\$)	1,220.00	750.00	470.00
	+ GST 7.00/7.00% (S\$)	85.40	52.50	32.90
	Nett Amount (S\$)	1,305.40	802.50	502.90

INSPECTION

Date of Assignment:	16/01/2019	
Date Inspected:	16/01/2019 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days	

Adjuster: Muhammad Nazril Bin Abdullah

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: 11 Mar 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 SHD7192S)	
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	Cracked	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIP	Not Necessary	22.00 FL	*- FL
3	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
Sub Total (S\$)					625.00	603.00
- List Item Discount on L Items 20.00/20.00% (S\$)					115.00	110.60
Total Parts (S\$)					510.00	492.40

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
Labour Items				
1	PANEL BEATING	New	300.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	20.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	20.00
Gross Labour Cost (S\$)			710.00	440.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >