

Bureau: Kalvin

REF: CC3/TMI19001617/Klsd3n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TPRES/ODRES/EVA/INV/MV
 Insp'd Vehicle No: _____
 at Workshop m/s: _____
 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: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val: Yes or No

CA: / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC12534 Tr Regn: 26 Apr 2012
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /

Truck / Trailer or

Make: Hyundai CC: 199
 Colour: Blue A/C: Ins: Co / Std / Nil / NA
 Sp. Reading: 224841 T/Radio: Ins: Co / Std / Nil / NA
 Eng/No: _____

C/No: KMHE741VA CA823220

Gen. Cond: Good / Co / Poor / Burnt

Steering: In Co / Jammed / Leaked / Burnt or

Brake: In Co / Jammed / Leaked / Burnt or

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

Tyre Size: 215/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYOTA / YOKO or Hankook

Front	Rear
R/Bal. <u>2</u> mm	R/Bal. <u>2</u> mm
L/Bal. <u>2</u> mm	L/Bal. <u>2</u> mm
D.O.A. <u>17/1/19</u>	D.O.A. <u>24/1/19</u>

Survey held at CDGE (Loyang)

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

Front n/s.

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

Date / Time Action / Instruction

	SHC12534-X	Tokio
	GBE2712R-CC3/TMI17006126/Klsd3n2	DOA: 27/3/2017
12/2/19	Chd 45 \$ 650 / 2 ty. (Red, \$254.40, 28%)	
	RECEIVED 14 FEB 2019	

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 14/2/19 - typst

Report Format:

181

650/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + \$S \$

Photos

Others

250

10

260

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	18/01/2019 15:58
Date Of Accident	17/01/2019 13:15
Exact Location Of Accident	BLK 28 KALLANG PLACE LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1253U
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	SONATA
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	ONG TONG HOE
NRIC No	S1439710H
Date Of Birth	29/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94606373
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	470 03-194 TAMPINES STREET 44
Postcode	520470
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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 NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	GBE2712R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

SKETCH PLAN

31/12/8
Kallang
A: SHC 1253U Place
B: GBE 2712 R
(Not accurate)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
T/20190118/2106

DECLARATION

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

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Loke Wei Yiong

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/1/19



**SINGAPORE
POLICE FORCE**



T/20190118/2106

1 of 3

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/20190118/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2019 14:15	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: ONG TONG HOE			Address: APT BLK 470 TAMPINES STREET 44 #03-194 SINGAPORE 520470	
ID Type / ID No.: NRIC NO / S1439710H			Contact No.: Home/Office: Mobile: 94606373	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 29/07/1960	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/01/2019 13:15	Type of Location: Car Park
Location: Along Road 1 KALLANG PLACE				
Block 28 Kallang Place Loading/Unloading Bay				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
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
GBF2712 (Not Accurate)	Lorry			Grey		0
SHC1253U	Car	HYUNDAI	Sonata	Blue		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190118/2106

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

2 of 3

Report No. T/20190118/2106

CONTINUATION OF REPORT

Driver			
Name	ONG TONG HOE	ID No.	S1439710H
Related Vehicle	SHC1253U (Car)	Contact No.	94606373
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/01/2019 at about 1.15pm, I had stopped my taxi (Blue Comfort Delgro taxi bearing license plate SHC1253U) at the loading/unloading bay beside Blk 28 Kallang Place as I was waiting for a customer who had hired my taxi via booking. While I was waiting, an Indian man ran to his lorry and began reversing. When the lorry was reversing, the rear of the lorry hit onto the left front bumper area of my taxi. After hitting my taxi, the lorry just drove off. I am unable to recall the license plate number of the lorry and the front-facing in-vehicle camera did not capture the full license plate number of the lorry. I can only remember part of the lorry's license plate number as "GBF2712".

Nobody was injured and I did not pursue the lorry as my customer was already approaching my taxi. I am not sure if the passenger had witnessed what happened and I do not know his contact number. However, I believe my company still has the booking details. No Police or ambulance arrived at scene. My taxi sustained some dents and scratches at the front left bumper area.

I reported the matter to my company on 18/01/2019 and they informed me to lodge a Police report on this accident.



SINGAPORE
POLICE FORCE



T/20190118/2106

3 of 3

Report No. T/20190118/2106

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 CHAN XIANG DA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Signature Of Informant:

Date/Time:

18/01/2019 14:15

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 1811/19

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBE2712R	17 Jan 2019 / 13:15:00	Successful	A06	TOKIO MARINE INSURANCE SINGAPORE LTD

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

SAC 12834

ComfortDelGro Engineering Pte Ltd (Co. Reg No: 199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300



TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

LKK - Kalvin

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	17/01/2019
Vehicle Reg. No.:	SHC1253U	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI SONATA, 2.0 D CRDI TURBO (NF) (A)	Vehicle Reg. Date:	26/04/2012
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4EAC071052	Chassis No:	KMHET41VMCA823330
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	454.40
Miscellaneous Items	10.00
Labour	440.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	904.40
+ GST 7.00% (S\$)	63.31
Nett Amount (S\$)	967.71

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 24 Jan 2019)
Parts: 143 HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHC1253U/24/01/2019 11:40
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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT BUMPER <i>Subtotal</i>	20.00	0.00	*538.80 FL
2	1		*FRT BUMPER PROTECTOR LH <i>X repair</i>	20.00	0.00	*29.20 FL
F=Franchise part. L=ListItemDisc.						
Sub Total (S\$)						568.00
- List Item Discount on L Items (S\$)						113.60
Total Parts (S\$)						454.40

ComfortDelGro Engineering Pte Ltd/SHC1253U/24/01/2019 11:40. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

TS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00 ✓
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	200 240.00
2	SPRAY PAINT	New	200.00 ✓
Gross Labour Cost (S\$)			440.00

ComfortDelGro Engineering Pte Ltd/SHC1253U/24/01/2019 11:40. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kahin (U/K)

24/1/19 1200 hr.

2 hrs

L/s

After Repair photo

215/60R16

Hq Kook

LKK Auto Company hereby notify the Repairer of the following:

- To resurvey before attending repair
- To display damaged part(s) during resurvey
- Parts prices are set on a "Without Prejudice" basis
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

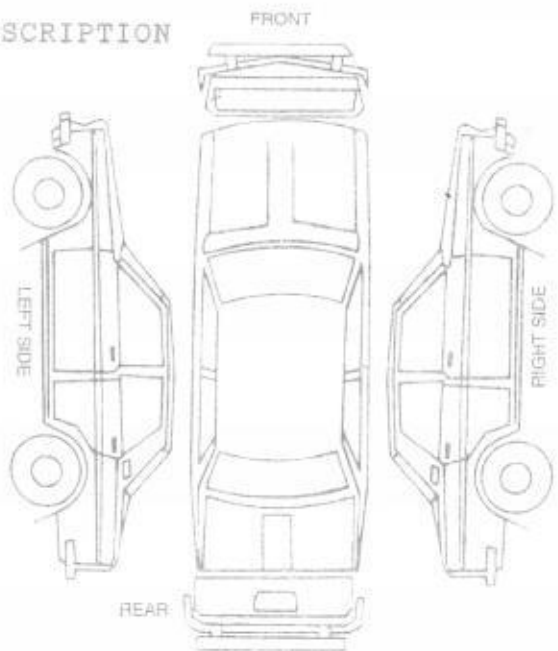
Signature:

Date:

Team: IN	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305262815
TOMER		REGN NO.: SHC1253U	MILEAGE	
VS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL	
TOMER NO. 7010045		MODEL SONATA	E.....1/2.....F	
RESS 383 SIN MING DRIVE		YR OF MANU. 26.04.2012	DATE/TIME IN 24.01.2019 10:20	
Singapore SINGAPORE 575717		CHASSIS CODE KMHET41VMCA823330	TARGET DATE	
(R) 65508755 (C)		COMPLETION DATE/TIME:		
(P)				
OUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 17.01.2019
NATURE: 3P 17.01.19

S/NO	LABOR CODE	DESCRIPTION
		

ED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
dgement Slip		Exit Pass	
SHC1253U		Vehicle No.: SHC1253U	
LIMITS			
Service Advisor		Signature/Date	
Name of Service Advisor		Date	
ried to Service Reception upon collection		To be kept by Security Guard	

Our Job Ref No : 305262815
Date : 26/01/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC1253U

Date of Accident : 17-Jan-19

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

1. The repair job shall bill to: TOKIO MARINE --- GBE2712R

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%

\$650.00

Final Lumpsum Repair cost

\$650.00

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 : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 12/2/19

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		NO		
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: CC3/TMI19001617/K1SD3N2

Date: 14/02/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MV008499
Claimant Vehicle No :	SHC1253U	Insured Vehicle No :	GBE2712R
Date of Loss:	17/01/2019	Nature of Claim:	TP
		Claim No:	M1900497

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC1253U	Engine No:	D4EAC071052
Make & Model:	HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)	Chassis No:	KMHET41VMCA823330
Reg. Date:	26/04/2012 (Man. Year: 2012)	Odometer:	224841 km
Colour:	Blue		
Engine Capacity:	1991 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
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	454.40	431.04	23.36	5.14
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	440.00	400.00	40.00	9.09
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	904.40	841.04	63.36	7.01
Approved Total (Overridden) (S\$)		650.00		
(S\$)	904.40	650.00	254.40	28.13
+ GST 7.00/7.00% (S\$)	63.31	45.50	17.81	28.13
Nett Amount (S\$)	967.71	695.50	272.21	28.13

INSPECTION

Date of Assignment:	25/01/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	24/01/2019	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: Hiew May Fung

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: 14 Feb 2019)
Parts:	143	HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC1253U)	
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		*FRT BUMPER	Deformed	538.80 FL	*538.80 FL
2	1		*FRT BUMPER PROTECTOR LH	Repair	29.20 FL	*- FL
F=Franchise part. L=ListItemDisc.						
				Sub Total (\$\$)	568.00	538.80
				- List Item Discount on L Items 20.00/20.00% (\$\$)	113.60	107.76
				Total Parts (\$\$)	454.40	431.04

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	240.00	200.00
2	SPRAY PAINT	New	200.00	200.00
Gross Labour Cost (S\$)			440.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >