

ASS. REC. BY:

REF: CS/TMI19001676/Ng d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office) ✓

From (Person):

Dilen Senthilan

of

TMI

Date/Time: 24/1/19 @ 5.55pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 1127B

Insured:

SJ 2020H

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

59 Loyang Drive

Policy No:

MS000785

Claim No:

M1900514

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 24/01/2019

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

9:43am 24/1/19

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 1127B - CC3/AIC/16020045/M1ub3y2
	SJ 2020 H-X
	Final Fig B 950 (Red 16683.20, 42%)

D.O.A. 13/10/2016

REF:

REF:

TMI

JUMARNI

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.

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

CIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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:

S14C 1127 B

Yr Regn: 2 APR 2015

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

Truck / Trailer or

Make:

HYUNDAI 140

c.c. 1685

Colour

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

535.164

T/Radi: Insured / Std / NI / NA

Eng/No:

C/No:

KMH2B41UMFU067805

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60 R16

R:

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

TOYO / YOKO or

ESTCEI, WESTLAK (2)

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

24/1/19

D.O.A.

25/1/19

Survey held at

CDGE 0047NG

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

NIS FR

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

Date / Time

Action / Instruction

TMI L15

RECEIVED 1 FEB 2019

Date/Time, File Pass to?

☐

: Prelim Report

1) 01/2 1/15

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

NER-TP

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

950

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp

(\$

5 + RS \$

☐

: Interview

(\$

Photos

☐

: Tech. Invo

(\$

Others

☐

: Weekend

(\$

TOTAL

250

10

260

## ...CLAIM SUBFOLDER...(New Assignment)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 Jan 2019 <a href="#">Sendback Est</a>	24 Jan 2019 17:19 <b>S\$1,633.20</b>	24 Jan 2019 17:55 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
[Show All](#)

### CLAIM SUBFOLDER DETAILS

Insured:	<b>YEW AI CHOO</b> , Co. Reg. No.: S16922091		
Main Claimant:	<b>CTPL</b>		
Vehicle Reg. No.:	<b>SHC1127B</b>	Date of Loss:	24/01/2019 10:00 - :59 [45 Months and 22 Days From LTA Reg Date (Man Yr)]
Claim Type:	<b>TP / M1900514</b>	Policy/Cover Note No.:	MS000785 Coverage: 15/01/2019 - 14/01/2020
Vehicle Reg. No. (Insured):	<b>SJJ2020H</b>	Policy No. (Claimant):	
		Excess:	S\$1,500.00
Repairer:	<b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	<b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Dillen Senthilan so Selvarajoo</b> ]		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Final Rpt due 04/02/2019]		
Adj Asg. Remarks:	OUR INSD HAVE NOT REPORT THE ACCIDENT.		

### ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)
[Compose Case Mail](#)

### ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results,									

## 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	24/01/2019 12:07
Date Of Accident	24/01/2019 09:00
Exact Location Of Accident	PIE TWDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1127B
<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
<b>Vehicle Particulars</b>	
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	LIM BOON POH
NRIC No	S1378259H
Date Of Birth	18/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96883942
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 204A COMPASSVALE DRIVE #09-453
Postcode	541204
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: : FEMALE

#### 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 \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### 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	SJJ2020H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

RH REAR DOOR

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. 193003921R

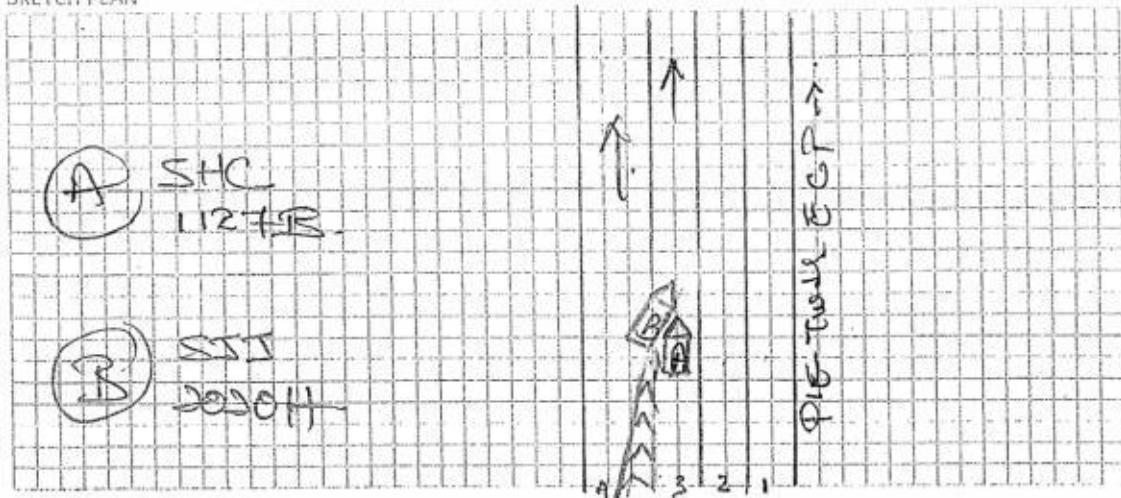
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29 Jan 2019 @ 09.00 hrs I, VEH A

was driving straight on the above location

Suddenly VEH B from 4 lane dash out

I, VEH A got a shock and stop VEH B

Just go through and hit VEH A left

front. at the point of accident VEH A

feels a major pain but not injured.

## DECLARATION

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

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

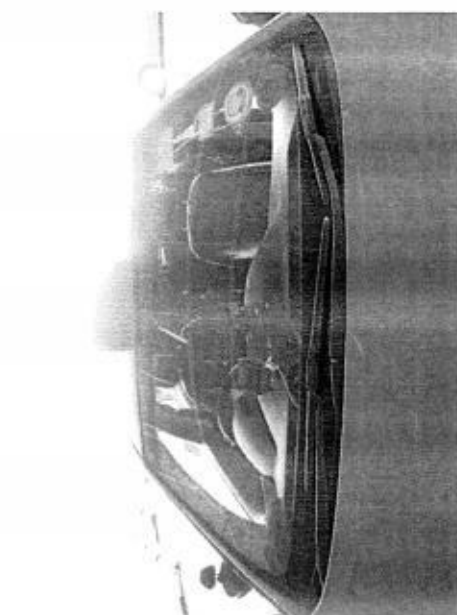
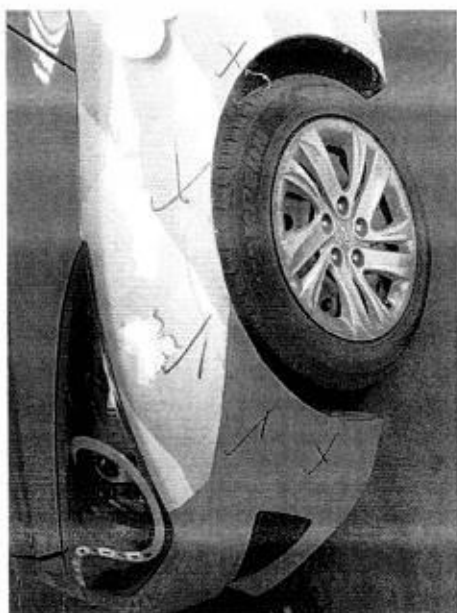
Policyholder's Signature  
Date & Time:

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

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

COMFORT TRANSPORTATION PTE LTD





Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO: 305263105

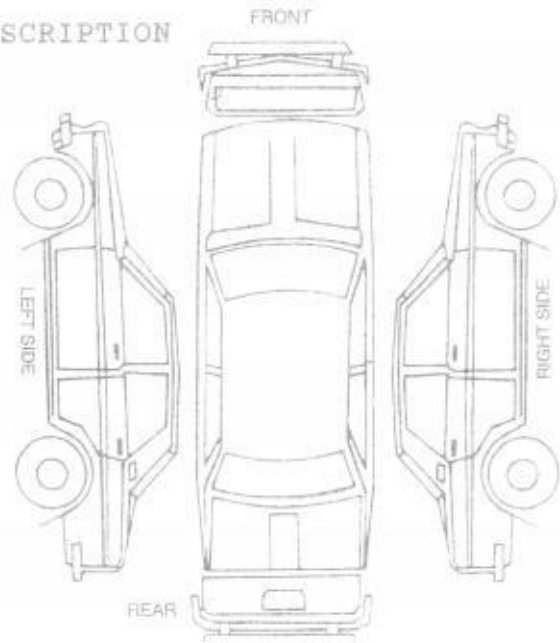
STOMER	REGN NO.: SHC1127B	MILEAGE
VMS	MAKE: HYUNDAI	FUEL
STOMER NO. 7010045	MODEL I-40	E.....1/2.....F
DRESS 383 SIN MING DRIVE	YR OF MANU. 02.04.2015	DATE/TIME IN 24.01.2019 10:45
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMFU067885	TARGET DATE
65508755 (R) (P)		COMPLETION DATE/TIME
SCOUNT CARD NO:		

### JOB DESCRIPTION

Accident Date: 24.01.2019  
NATURE: 3P 24.01.2019

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC1127B CHIANG

Vehicle No.: SHC1127B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

## 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

**PARTICULARS OF CLAIM**

<b>Claim Type:</b>	THIRD PARTY	<b>Ref. No:</b>	
<b>Policy No:</b>		<b>Date of Loss:</b>	24/01/2019
<b>Vehicle Reg. No.:</b>	SHC1127B	<b>Driveable?</b>	YES
<b>Party At Fault:</b>	UNKNOWN		
<b>Make/Model:</b>	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	<b>Vehicle Reg. Date:</b>	02/04/2015
<b>Vehicle Colour:</b>	BLUE	<b>Gen Condition:</b>	EXCELLENT
<b>Engine No:</b>	D4FDEU500236	<b>Chassis No:</b>	KMHLB41UMFU067885
<b>Odometer:</b>	535164 KM		
<b>Paint Type:</b>			
<b>List Item Discount:</b>	20.00 %		
<b>Total Loss?</b>	NO		
<b>Est. Duration of Repair (day)</b>	3		
<b>Present Location:</b>	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	573.20
Miscellaneous Items	10.00
Labour	1,050.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>1,633.20</b>
<b>+ GST 7.00% (S\$)</b>	<b>114.32</b>
<b>Nett Amount (S\$)</b>	<b>1,747.52</b>

This claim is handled by: JUMANI BIN MASUDIN

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 I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**

**Labour:** Repairer's      **(Price-denominated Standard List)**

**Print Code:** **ComfortDelGro Engineering Pte Ltd/SHC1127B/24/01/2019 17:19**

**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		*FRONT BUMPER COVER	20.00	0.00	*544.50 FL X R
2	1		*FRONT BUMPER BRACKET TOP LH	20.00	0.00	*22.40 FL XNN
3	1		*FRONT BUMPER BRACKET LH	20.00	0.00	*24.60 FL XNN
4	1		*FRONT FENDER ADVERTISEMENT LH	0	0.00	*100.00 FS NFK
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (S\$)						691.50
- List Item Discount on L Items (S\$)						118.30
Total Parts (S\$)						573.20

ComfortDelGro Engineering Pte Ltd/SHC1127B/24/01/2019 17:19. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	400.00
2	SPRAY PAINTING	New	600.00
3	TUFF KOTE	New	50.00
Gross Labour Cost (S\$)			1,050.00

ComfortDelGro Engineering Pte Ltd/SHC1127B/24/01/2019 17:19. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

*[Signature]*  
29/1/19  
NA2 LKK  
25/1/19 1615  
LIS  
3 days  
AFTER REPAIR PHOTOS

**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
- 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:**

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.01.2019

## REPAIR ESTIMATE

Time: 18:25:06

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 : 305263105  
REGN NO : SHC1127B  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 02.04.2015  
DATE/TIME IN : 24.01.2019 10:45  
ACCIDENT DATE : 24.01.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 20-05	FRONT FENDER ADVERTISEMENT	100.00
0001 L	MERIMEN FEE	10.00
0002 L	PANEL BEATING	400.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0004 20-00	TUFF COAT ON AFFECTED PARTS.	40.00

SUB-TOTAL : 950.00

TOTAL : 950.00

MVA NAME & SIGNATURE  
DATE:

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE:

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


Date : 30/01/19

Fax:

Vehicle Reg No. : SHC1127B

24.01.2019

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

1. The repair job shall bill to: TOKIO SJJ2020H
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: \_\_\_\_\_  
**Final Lumpsum Repair cost**                      \$950.00
3. Estimated normal period for repairs: 3 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

We confirm the estimates and finalized amount.

Fax : 65468156

Date : 30/1/19

**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/TMI19001676/NQD3N2

Date: 01/02/2019

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MS000785
Claimant Vehicle No :	SHC1127B	Insured Vehicle No :	SJJ2020H
Date of Loss:	24/01/2019	Nature of Claim:	TP
		Claim No:	M1900514

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHC1127B		
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Engine No:	D4FDEU500236
Reg. Date:	02/04/2015 (Man. Year: 2015)	Chassis No:	KMHLB41UMFU067885
Colour:	Blue	Odometer:	535164 km
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:	Excellent	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

## CONDITION OF TYRES

Front Tyre Size:	205/60 R16	Rear Tyre Size:	205/60 R16
Front Left Side:	CST 6 mm	Rear Left Side:	West Lake 5 mm
Front Right Side:	CST 6 mm	Rear Right Side:	West Lake 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	573.20	100.00	473.20	82.55
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,050.00	840.00	210.00	20.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>1,633.20</b>	<b>950.00</b>	<b>683.20</b>	<b>41.83</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>114.32</b>	<b>66.50</b>	<b>47.82</b>	<b>41.83</b>
<b>Nett Amount (S\$)</b>	<b>1,747.52</b>	<b>1,016.50</b>	<b>731.02</b>	<b>41.83</b>

## INSPECTION

Date of Assignment:	24/01/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	25/01/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 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

<b>Reference</b>		
<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 01 Feb 2019)
<b>Parts:</b>	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC1127B)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER COVER	Repair	544.50 FL	*- FL
2	1		*FRONT BUMPER BRACKET TOP LH	Not Necessary	22.40 FL	*- FL
3	1		*FRONT BUMPER BRACKET LH	Not Necessary	24.60 FL	*- FL
4	1		*FRONT FENDER ADVERTISEMENT LH	Necessary	100.00 FS	*100.00 FS
					<b>Sub Total (S\$)</b>	<b>691.50</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>118.30</b>
					<b>Total Parts (S\$)</b>	<b>573.20</b>
						<b>100.00</b>

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

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 (\$\$)			10.00	10.00

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	400.00
2	SPRAY PAINTING	New	600.00	400.00
3	TUFF KOTE	New	50.00	40.00
Gross Labour Cost (\$\$)			1,050.00	840.00

Report was unsubmitted during this print-out.
---

&lt; END OF ESTIMATES &gt;