

ASS. REC. BY:

REF

CS/CTI19001922/Dvd3m2

Special Instruction:

Survivor:

Bryen

Menmen

ASSIGNMENT (Office)

From (Person):

Irene fuy

of

CTI

Date/Time:

29/11/19 @ 12:36 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 4329K

Insured:

SLW 96964

at Workshop n/s:

Sbon Hock Motor

Tel:

6542519

of

Blk 10, Ark Ind. Park 2A # 01-05/06

Policy No:

DMPCSN 30723918000

Claim No:

SNMM 0203482

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/01/2019

CA / REV / REP. / REV 24 HRS

up?

H.O.D. Endorsement:

Date/Time:

1:10pm @ 29/11/19

Person Contacted:

Lynn

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHD 4329K - NA/CTI19001728/24	DVA: 29/11/19
	SLW 96964 - NA/CTI19001728/24	DVA: 29/11/19

REF:

## ASSIGNMENT

CORB 2023 Nov

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: \_\_\_\_\_

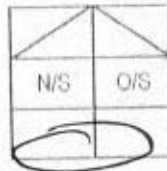
Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

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

Est. Repairs: 9 days Res: Yes or NoLum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHD 4329 K Vr Regn: Nov 2015  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 520317 T/Radio: Insured / Std / NI / NAEng/No: D4FDFU564142C/No: KMHLB41UMGU080603Gen. Cond: 8 / Fair / Poor / BurntSteering: 8 / In order / Jammed / Leaked / Burnt orBrake: 8 / In order / Jammed / Leaked / Burnt orModi: 8 / Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: — 11 —

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

TOYO / YOKO or Campeon

Front

Rear

R/Bal: 5 mm R/Bal: 5 mmL/Bal: 5 mm L/Bal: 5 mmD.O.A. 24/01/2019 D.O.I. 29/01/2019Survey held at Chunni AMK

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

Rear

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

Date / Time Action / Instruction

Chun Teiping SLW 9696401/03/19 Chun 2/5 12200/- with 9 days of rep (Red 8659.66, 429)

RECEIVED 01 MAR 2019

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

(2) 1/3 - typistReport Format: merimenLump Sum / I.B.T. (\$) 12,200/-Days Of Repair: 9Resurvey No. of Trip: 2Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Other

TOTAL

220

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj. Assigned	Adj. Rpt	Adj. Submitted	Ins. Auth'd	Status
Main	29 Jan 2019		29 Jan 2019 12:36 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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#### CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	
Main Claimant:	<b>COMFORT TRANSPORTATION PTE LTD</b>
Vehicle Reg. No.:	<b>SHD4329K</b>
Claim Type:	<b>TP / SNM19D200482</b>
Vehicle Reg. No. (Insured):	<b>SLW9696U</b>
Date of Loss:	24/01/2019 17:00 - :59
Policy/Cover Note No.:	DMPCSN30723918000
Policy No. (Claimant):	
Excess:	\$S0.00
Repairer:	<b>Soon Hock Motor Pte Ltd (HQ)</b> Blk 10 Ang Mo Kio Industrial Park 2A, #01-05/06 AMK Autopoint, 568047 Ang Mo Kio - Tel: 64836016
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Irene Tay Hui Ping</b> - 638986192]
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... <b>[Final Rpt due 11/02/2019]</b>
Adj. Asg. Remarks:	PLEASE SURVEY AND REVERT

#### ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

#### 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.									

MCD619012215 / ComfortDelGro Engineering Pte Ltd - Layan  
ENTRY DATE & TIME: 25/01/2019 16:19  
SUBMITTED BY: Huang XiaoYan

**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 25/01/2019 16:19  
Date Of Accident 24/01/2019 17:50  
Exact Location Of Accident UPPER BUKIT TIMAH RD TWDS CHOA CHU KANG  
Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHD4329K  
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 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 LOH YEOW SENG  
NRIC No S1337088E  
Date Of Birth 21/07/1958  
Occupation OUTDOOR  
Date Of Driving Pass 14/11/1979  
Driving Experience 39 YEARS AND 2 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92378188  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 325 SERANGOON AVENUE 3 #03-302  
 Postcode 550325  
 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 -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
 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? YES  
 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? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] SERANGOON N.P.C  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLS REFER TO POLICE REPORT : T/201912582050

**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 SLW9696U  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver NG WUAN CHIN  
 NRIC/Passport Number S8204483C  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

FRT RIGHT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LOH YEOW SENG

Approximate Age

60

Injuries Sustain

PAIN ON BACK AND NECK. ON 5 DAYS MC.

Injured person in which vehicle?

SHD4329K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**SKETCH PLAN****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

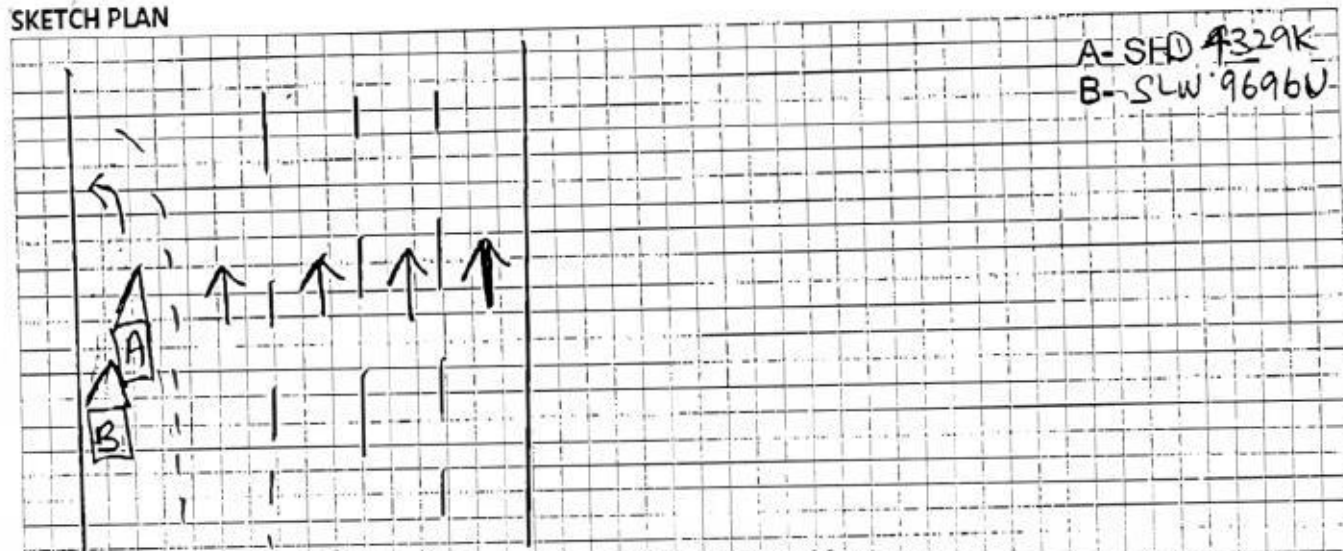
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25.01.2019@1500HRS

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



## SKETCH PLAN



Along Upper Bukit Timah Road twds Choa Chu Kang

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment: T/20190125/2050


## 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:

GIARMC-CLTchPtmPteLtd\_V3

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

25.01.2019@1500HRS

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

June Tan





# SINGAPORE POLICE FORCE



T/20190125/2050

1 of 3

Report No. T/20190125/2050

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2019 12:55		Vide Report No.:		Station Diary No.: 27
<b>Informant's Particulars</b>				
Name of Informant: LOH YEOW SENG		Address: APT BLK 325 SERANGOON AVENUE 3 #03-302 SINGAPORE 550325		
ID Type / ID No.: NRIC NO / S1337088E		Contact No.: Home/Office: Mobile: 92378188		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 21/07/1958	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/01/2019 17:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER BUKIT TIMAH ROAD CHOA CHU KANG ROAD Upper Bukit Timah Road turning left to Choa Chu Kang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SHD4329K	Car	HYUNDAI	I40	Blue	Seriously Damaged	1
SLW9696U	Car	PORSCHE		White	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20190125/2050

2 of 3

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Report No. T/20190125/2050

**CONTINUATION OF REPORT****Brief Details.**

On 24 January 2019 at about 1750hrs, I was driving my vehicle bearing SHD4329K along Upper Bukit Timah Road with a passenger on board. I slow down the speed as I was approaching the traffic junction to Choa Chu Kang Road. Suddenly I felt an impact from the rear. Thus, I alighted to make a check and discovered one white Porsche bearing SLW9696U had collided onto the rear of my vehicle.

The driver, Ng Wuan Chin, of the white Porsche asked if my passenger and I require medical attention and we both informed that we are alright. Thus, we did not contact police or ambulance for assistance. We then exchanged particulars and left the scene.

On 25 January 2019 at about 1030hrs, I pain on my back and shoulder. Thus, I went to A Life Clinic Pte Ltd for check-up. I was then issued with a 5 days Medical Certificate dated 25 January 2019 to 29 January 2019. That is all.

**SINGAPORE  
POLICE FORCE**

T/20190125/2050

3 of 3

Report No. T/20190125/2050

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

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:

F /

Sgt 2 TOH RUI YUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2019 12:55

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN

ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

Classification Of Case:

S11161



Signature

SINGAPORE POLICE FORCE

# CHUNNI MOTOR WORK PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD 4329K

MAKE :

MODEL : HYUNDAI i40

DATE : 25.01.2019

TEL : 6542 5119

FAX : 6542 6039

Chunni Carping



Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid <i>src</i>			\$ 2,174.90	✓
	Boot Lid Rubber <i>damaged</i>			\$ 96.50	✓
	Boot Lid Hinge (LH/RH) <i>veg</i>	\$	142.30	\$ 284.60	X
	Boot Lid Lock Upper <i>st</i>			\$ 102.60	✓
	Boot Lid Lock Lower <i>st</i>			\$ 31.70	✓
	Boot Lid 'H' Emblem <i>hlc</i>			\$ 28.70	✓
	Boot Lid CRDI Plate <i>hlc</i>			\$ 27.90	✓
	Boot Lid Lamp (LH/RH) <i>crack / broken</i>	\$	565.60	\$ 1,131.20	✓
	Boot Lid Trimboard <i>damaged</i>			\$ 116.40	✓
	Boot Lid Trimboard Clips (10pcs) <i>hlc</i>			\$ 11.00	✓
	Bootlid Moulding <i>no crack</i>			\$ 85.00	✓
	Bootlid i40 Emblem <i>hlc</i>			\$ 27.90	✓
	Bootlid Lower Garnish <i>broken</i>			\$ 227.90	✓
	Rear Bumper <i>broken</i>			\$ 553.00	✓
	Rear Bumper Reinforcement <i>broken</i>			\$ 428.40	✓
	Rear Bumper Reinforcement Bracket (LH/RH) <i>hlc</i>	\$	80.30	\$ 160.60	X
	Rear Bumper Clip 10 pcs <i>hlc</i>			\$ 22.00	✓
	Rear Bumper Bracket <i>h/s broken o/s hlc</i>	\$	35.60	\$ 71.20	✓
	Rear Bumper Sponge <i>thin</i>			\$ 118.40	✓
	Rear Bumper Under Cover <i>distorted</i>			\$ 228.00	✓
	Rear Bumper Reflector Lamp (LH) <i>crack</i>			\$ 30.60	✓
	Tail Lamp (LH/RH) <i>broken / crack</i>	\$	697.80	\$ 1,395.60	✓
	Tail Lamp Quarter Panel (LH) <i>Distorted</i>			\$ 226.50	✓
	Rear Panel <i>Buc</i>			\$ 526.70	✓
	Rear Panel Garnish <i>damaged</i>			\$ 57.70	✓
	Rear Panel Lower Panel <i>Distorted</i>			\$ 495.50	✓
	Spare Tyre Holder <i>hlc</i>			\$ 248.00	X
	Tail Lamp Panel Top (LH) <i>hlc</i>			\$ 545.90	X
	Spare Tyre Panel <i>Distorted</i>			\$ 852.80	✓
	Spare Tyre Panel Cushion <i>hlc</i>			\$ 209.05	X
	Rear Towing Hook <i>hlc</i>			\$ 94.60	X
	Member Assy- Rear Floor Centre <i>hlc</i>			\$ 570.40	X
	Exhaust Pipe Insulator <i>hlc</i>	\$	58.55	\$ 117.10	X
	Exhaust Silencer <i>h/s st o/s hlc</i>	\$	967.70	\$ 1,935.40	✓
	Exhaust Pipe Hanger <i>hlc</i>	\$	58.55	\$ 117.10	X
	Exhaust Pipe Centre <i>hlc st</i>			\$ 730.10	* ✓
	Rear Fender With Housing (LH) <i>Buc</i>			\$ 4,736.80	✓
	Rear Fender Inner Lining (LH) <i>hlc</i>			\$ 169.30	X
	Rear Fender Air-Duct <i>hlc</i>			\$ 51.60	X
	Rear Fender Trim Board (LH) <i>st</i>			\$ 188.75	✓
	Rear Windscreen Moulding <i>hlc</i>			\$ 28.30	✓
			15684.15		
			12547.32		
	SUB TOTAL			\$ 19,255.70	
	LESS 20%			\$ 3,851.14	
	DISCOUNTED TOTAL			\$ 15,404.56	



### REPAIR ESTIMATE\*

DATE : 11.02.2019

**MODEL : HYUNDAI i40**

MODEL : HYUNDAI i40		Qty	Parts Description/ Labour	Type	Unit Price	Amount
			Rear Spare Tyre Bracket			\$ 248.00
						\$ 248.00
						\$ 49.60
						\$ 198.40
			<p style="text-align: right;">SUB TOTAL</p> <p style="text-align: right;">LESS 20%</p> <p style="text-align: right;">DISCOUNTED TOTAL</p> <p style="text-align: center;">   28K Auto   </p>			

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

## 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/CT119001922/DVD3N2

Date: 04/03/2019

## REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd.

Policy No: DMPCSN30723918000

Claimant Vehicle No: SHD4329K

Insured Vehicle No: SLW9696U

Date of Loss: 24/01/2019

Nature of Claim: TP

Claim No: SNM19D200482

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHD4329K  
 Make & Model: HYUNDAI I40, 1.7 D (A)  
 Reg. Date: 26/11/2015 (Man. Year: 2015)  
 Colour: Blue  
 Engine Capacity: 1685 cc  
 Market Value/New Car Price: N/A  
 Sum Insured (\$\$): Market Value/New Car Price

Engine No: D4FDFU564142  
 Chassis No: KMHLB41UMGU080603  
 Odometer: 520317 km

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No  
 Footbrake (Serviceable): Yes  
 Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size: 205/60R16  
 Front Left Side: Campeon 5 mm  
 Front Right Side: Campeon 5 mm  
 Rear Tyre Size: 205/60R16  
 Rear Left Side: Campeon 5 mm  
 Rear Right Side: Campeon 5 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	15,889.66	13,032.42	2,857.24	17.98
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,970.00	2,230.00	2,740.00	55.13
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (\$\$)</b>	<b>20,859.66</b>	<b>15,262.42</b>	<b>5,597.24</b>	<b>26.83</b>
<b>Approved Total (Overridden) (\$\$)</b>		<b>12,200.00</b>		
<b>(\$\$)</b>	20,859.66	12,200.00	8,659.66	41.51
<b>+ GST 7.00/7.00% (\$\$)</b>	1,460.18	854.00	606.18	41.51
<b>Nett Amount (\$\$)</b>	<b>22,319.84</b>	<b>13,054.00</b>	<b>9,265.84</b>	<b>41.51</b>

## INSPECTION

Date of Assignment: 29/01/2019

Date Inspected: 29/01/2019 Inspected At:

CHUNNI MOTOR WORK PTE LTD  
 BLK 10 ANG MO KIO IND. PARK 2A,  
 #03-19 AMK AUTOPOINT  
 SINGAPORE 568047

Estimated Period of Repair: 9.0 days

Adjuster: BRYAN TANI

Manager: VERON CHEN



*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: 04 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 SHD4329K)	
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		*BOOT LID	Buckled	2,174.90 FL	*2,174.90 FL
2	1		*BOOT LID RUBBER	Deformed	96.50 FL	*96.50 FL
3	2		*BOOT LID HINGE (LH/RH)	Repair	284.60 FL	*- FL
4	1		*BOOT LID LOCK UPPER	Bent	102.60 FL	*102.60 FL
5	1		*BOOT LID LOCK LOWER	Bent	31.70 FL	*31.70 FL
6	1		*BOOT LID H EMBLEM	Necessary	28.70 FL	*28.70 FL
7	1		*BOOT LID CRDI PLATE	Necessary	27.90 FL	*27.90 FL
8	2		*BOOT LID LAMP (LH/RH)	Cracked/Broken	1,131.20 FL	*1,131.20 FL
9	1		*BOOT LID TRIMBOARD	Deformed	116.40 FL	*116.40 FL
10	10		*BOOT LID TRIMBOARD CLIPS	Necessary	11.00 FL	*11.00 FL
11	1		*BOOTLID MOULDING	Cracked	85.00 FL	*85.00 FL
12	1		*BOOTLID I40 EMBLEM	Necessary	27.90 FL	*27.90 FL
13	1		*BOOTLID LOWER GARNISH	Broken	227.90 FL	*227.90 FL
14	1		*REAR BUMPER	Broken	553.00 FL	*553.00 FL
15	1		*REAR BUMPER REINFORCEMENT	Broken	428.40 FL	*428.40 FL
16	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Not Necessary	160.60 FL	*- FL
17	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
18	1		*REAR BUMPER BRACKET	N/s Broken/ O/s Not Necessary	71.20 FL	*35.60 FL
19	1		*REAR BUMPER SPONGE	Torn	118.40 FL	*118.40 FL
20	1		*REAR BUMPER UNDER COVER	Distorted	228.00 FL	*228.00 FL
21	1		*REAR BUMPER REFLECTOR LAMP (LH)	Cracked	30.60 FL	*30.60 FL
22	2		*TAIL LAMP (LH/RH)	Cracked/Broken	1,395.60 FL	*1,395.60 FL
23	1		*TAIL LAMP QUARTER PANEL (LH)	Dented	226.50 FL	*226.50 FL
24	1		*REAR PANEL	Buckled	526.70 FL	*526.70 FL
25	1		*REAR PANEL GARNISH	Deformed	57.70 FL	*57.70 FL
26	1		*REAR PANEL LOWER PANEL	Dented	495.50 FL	*495.50 FL
27	1		*SPARE TYRE HOLDER	Not Necessary	248.00 FL	*- FL
28	1		*TAIL LAMP PANEL TOP (LH)	Not Necessary	545.90 FL	*- FL
29	1		*SPARE TYRE PANEL	Dented	852.80 FL	*852.80 FL
30	1		*SPARE TYRE PANEL CUSHION	Not Necessary	209.05 FL	*- FL
31	1		*REAR TOWING HOOK	Not Necessary	94.60 FL	*- FL
32	1		*MEMBER ASSY-REAR FLOOR CENTRE	Not Necessary	570.40 FL	*- FL
33	2		*EXHAUST PIPE INSULATOR	Not Necessary	117.10 FL	*- FL
34	1		*EXHAUST SILENCER	N/s Bent/O/s Not Necessary	1,935.40 FL	*967.70 FL
35	2		*EXHAUST PIPE HANGER	Not Necessary	117.10 FL	*- FL
36	1		*EXHAUST PIPE CENTRE	Bent	730.10 FL	*730.10 FL
37	1		*REAR FENDER WITH HOUSING (LH)	Buckled	4,736.80 FL	*4,736.80 FL
38	1		*REAR FENDER INNER LINING (LH)	Not Necessary	169.30 FL	*- FL
39	1		*REAR FENDER AIR-DUCT	Not Necessary	51.60 FL	*- FL
40	1		*REAR FENDER TRIM BOARD (LH)	Bent	188.75 FL	*188.75 FL

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No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
41	1		*REAR WINDSCREEN MOULDING	Necessary	28.30 FL	*28.30 FL
42	1		*REAR SPARE TYRE BRACKET	Bent	248.00 FL	*248.00 FL
43	1		*BOOT LID COMFORT LOGO & TEL NO STICKER	Necessary	30.00 FS	*30.00 FS
44	1		*REAR NO PLATE	Cracked	25.00 FS	*25.00 FS
45	1		*REAR BUMPER REVERSES ENSOR	Damaged	135.70 FS	*135.70 FS
46	1		*REAR BUMPER RUBBER MAT	Deformed	50.00 FS	*50.00 FS
47	1		*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (\$\$)					19,790.40	16,218.85
- List Item Discount on L Items 20.00/20.00% (\$\$)					3,900.74	3,186.43
Total Parts (\$\$)					15,889.66	13,032.42

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	2,000.00	1,000.00
2	SPRAY PAINTING CHARGE	New	1,500.00	900.00
3	WIRING CHARGE	New	50.00	30.00
4	TUFF KOTE	New	100.00	40.00
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	80.00
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	80.00
7	REMOVE/REFIX REVERSE SENSOR	New	120.00	40.00
8	REMOVE/REFIX FUEL TANK	New	150.00	0.00
9	REMOVE/REFIX EXHAUST PIPE	New	300.00	60.00
10	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	0.00
Gross Labour Cost (S\$)			4,970.00	2,230.00

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;