

Surrogate: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected 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. Reposs: _____ days Res.: Yes or No
 Lun Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH 7488M Yr Regt: 29 Dec 2016
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai ZKO cc 1685
 Colour: Blue A/C: Ins 0 / Std / HI / NA
 Sp. Reading: 246436 T/Radio: Ins 0 / Std / HI / NA
 Eng/No: _____
 C/No: KMHLBKI4MH4097343
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: Inor 6 / Jammed / Leaked / Burnt or
 Brake: Inor 6 / Jammed / Leaked / Burnt or
 Modi: Nil / SIRim / STD 6 Rim or
 Tyre Size: F: 205/60R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Harika

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>A</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>12/2/19</u>	D.O.I. <u>13/4/19</u>

Survey held at C D G E (Layang)

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

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

Date / Time	Action / Instruction
18/2/19	Chkd up \$700/2hr. (Recd 3491.36, 8370) T.K. P/P
RECEIVED 18 FEB 2019	

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 2
 Resurvey No. of Trip: 1

Date/Time, File Return to? 18/2 - typist

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	<u>250</u>
S+RS	<u>10</u>
Photos	
Others	
	<u>260</u>

Report Format: merimen
 Lump Sum / L.S.: 700/2

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Feb 2019 Sendback Est	13 Feb 2019 09:17 S\$4,191.36	13 Feb 2019 16:11 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

Insured:	EDMUND BONG, ID: S1365581B		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SH7488M	Date of Loss:	12/02/2019 12:00 - :59 [25 Months and 14 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1900891	Policy/Cover Note No.:	MU006163 (Comprehensive) Coverage: 18/05/2018 - 17/05/2019
Vehicle Reg. No. (Insured):	SFC6116Z	Policy No. (Claimant):	D-18088936MFSH
		Excess:	S\$1,000.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Ho Teng Boon Eliza]		
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 22/02/2019]		
Adj Asg. Remarks:	OUR INSD HAVE NOT RPT THE ACCIDENT.		

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.									

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	12/02/2019 14:36
Date Of Accident	12/02/2019 12:00
Exact Location Of Accident	ALONG THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7488M
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	TEH SOON HON
NRIC No	S2506462C
Date Of Birth	22/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93364557
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 249 KIM KEAT LINK #09-87
Postcode	310249
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	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?	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

PLS REFER TO 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	SFC6116Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

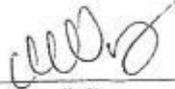
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.

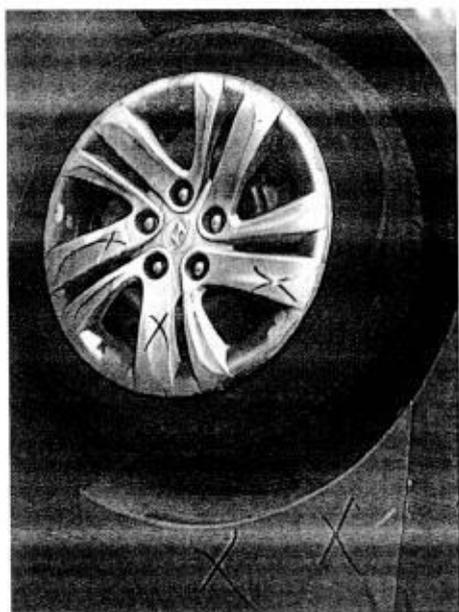
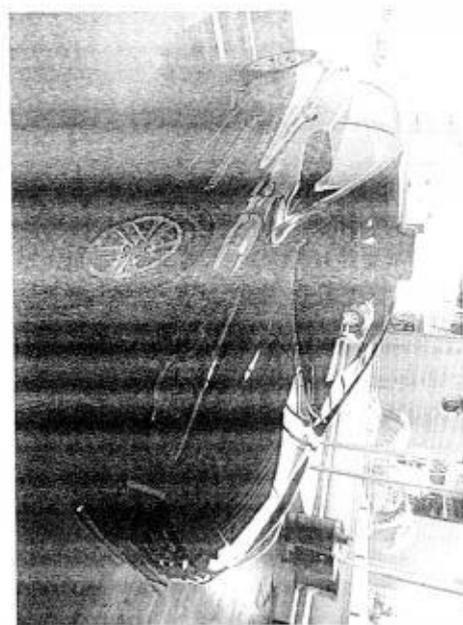
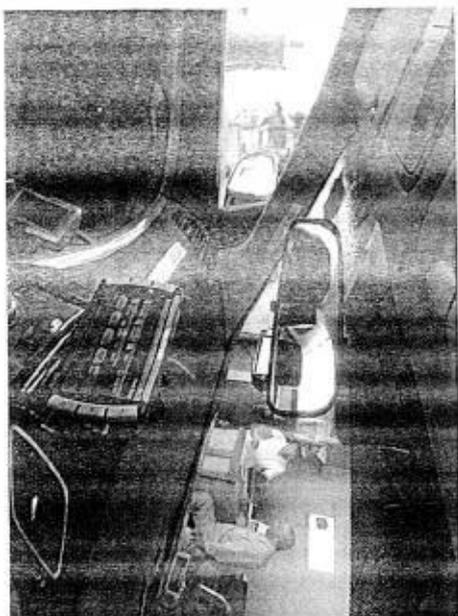
WOWPORT TRANSPORTATION PTE LTD
CO. REG. NO. 192201321R

Policyholder's Signature
Date & Time:


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

Olivia Wendy


Reporting Centre Personnel's Signature
Name: 12 FEB 2015
NRIC/FIN No.:



Fz

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

RIGHT FRONT

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	12/02/2019
Vehicle Reg. No.:	SH7488M	Driveable?	NO
Party At Fault:	UNKNOWN		
Driver (TP):	TEH SOON HON		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	29/12/2016
Vehicle Colour:	BLUE	Gen Condition:	FAIR
Engine No:	D4FDGU695237	Chassis No:	KMHLB41UMHU097343
Odometer:	300000 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Description of Accident/Loss	PLS REFER TO ATTACHED		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,001.36
Miscellaneous Items	10.00
Labour	1,180.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,191.36
+ GST 7.00% (S\$)	293.40
Nett Amount (S\$)	4,484.76

This claim is handled by: FAUZY BIN MOKHTAR

Generated using Merimen e-Claims Internet Estimation & Adjusting System

FZ

REPAIR DETAILS

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 13 Feb 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/SH7488M/13/02/2019 09:17
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 <i>X repair</i>	20.00	0.00	*1,052.20 FL
2	10		*FRONT BUMPER CLIPS <i>X 17</i>	20.00	0.00	*22.00 FL
3	1		*FRONT BUMPER SIDE BRACKET RH <i>X sec</i>	20.00	0.00	*24.60 FL
4	1		*FRONT HEADLAMP RH <i>X sec</i>	20.00	0.00	*1,388.00 FL
5	1		*FRONT FENDER RH <i>X repair</i>	20.00	0.00	*566.30 FL
6	1		*FRONT FENDER UNDERSHIELD RH <i>X sec</i>	20.00	0.00	*174.90 FL
7	1		*FRONT FENDER RETAINER RH <i>X sec</i>	20.00	0.00	*24.60 FL
8	1		*FRONT WHEEL HUP COVER RH <i>— hup</i>	20.00	0.00	*107.10 FL
9	10		*FRONT FENDER SHIELD CLIPS <i>X 17</i>	20.00	0.00	*22.00 FL
10	1		*FRONT FENDER ADVERTISEMENR LOGO RH <i>— sec</i>	20.00	0.00	*100.00 FL
11	1		*FRONT TYRE RH (205/60R16) <i>— 50% at 108</i>	0	0.00	*216.00 FS
Sub Total (S\$)						3,697.70
- List Item Discount on L Items (S\$)						696.34
Total Parts (S\$)						3,001.36

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

ComfortDelGro Engineering Pte Ltd/SH7488M/13/02/2019 09:17. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

FZ

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	400.00 200
2	SPRAY PAINTING CHARGE	New	600.00 400
3	WIRING CHARGE	New	30.00 x 44
4	TUFF KOTE	New	40.00 x 55
5	FRONT WHEEL ALIGNMENT	New	80.00 x 23
6	TO REPLACE TYRE WITH WHEEL BALANCING	New	30.00 x 6
Gross Labour Cost (\$\$)			1,180.00

ComfortDelGro Engineering Pte Ltd/SH7488M/13/02/2019 09:17. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kahai (1/1/19)

13/2/19 1125hr

207,

P/P

After Repair please

• The repairer is responsible for the quality of the work.
 • The repairer is responsible for the safety of the work.
 • No third party liability.
 • Supplementary work is subject to final approval from the insurer.

Acknowledged by Repairer

Signature: _____

Date: _____

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305267969

Date : 16.02.2019

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7488M

Date of Accident : 12.02.2019

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

1. The repair job shall bill to: TOKIO MARINE --- SFC6116Z
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$700.00</u>
Final Lumpsum Repair cost	<u>\$700.00</u>

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 : 

Signature : 

Name : FAUZY BIN MOKHTAR

Name : Kalvin

Tel : 62148319

Date : 18/2/19

Fax : 65468156

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/TMI19002735/K1VD3N2
Date: 18/02/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU006163
Claimant Vehicle No :	SH7488M	Insured Vehicle No :	SFC6116Z
Date of Loss:	12/02/2019	Nature of Claim:	TP
		Claim No:	M1900891

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH7488M	Engine No:	D4FDGU695237
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMHU097343
Reg. Date:	29/12/2016 (Man. Year: 2016)	Odometer:	246436 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:	Fair	Steering (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No
		Footbrake (Serviceable):	Yes
		Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
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	3,001.36	273.68	2,727.68	90.88
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,180.00	600.00	580.00	49.15
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,191.36	883.68	3,307.68	78.92
Approved Total (Overridden) (S\$)		700.00		
	(S\$) 4,191.36	700.00	3,491.36	83.30
+ GST 7.00/7.00% (S\$)	293.40	49.00	244.40	83.30
Nett Amount (S\$)	4,484.76	749.00	3,735.76	83.30

INSPECTION

Date of Assignment:	13/02/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	13/02/2019	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: 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: 18 Feb 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: (Unsubmitted, no print-code for SH7488M)
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		*FRONT BUMPER	Repair	1,052.20 FL	-
2	10		*FRONT BUMPER CLIPS	Not Necessary	22.00 FL	-
3	1		*FRONT BUMPER SIDE BRACKET RH	Serviceable	24.60 FL	-
4	1		*FRONT HEADLAMP RH	Serviceable	1,388.00 FL	-
5	1		*FRONT FENDER RH	Repair	566.30 FL	-
6	1		*FRONT FENDER UNDERSHIELD RH	Serviceable	174.90 FL	-
7	1		*FRONT FENDER RETAINER RH	Serviceable	24.60 FL	-
8	1		*FRONT WHEEL HUP COVER RH	Grazed	107.10 FL	*107.10 FL
9	10		*FRONT FENDER SHIELD CLIPS	Not Necessary	22.00 FL	-
10	1		*FRONT FENDER ADVERTISEMENR LOGO RH	Necessary	100.00 FL	*100.00 FL
11	1		*FRONT TYRE RH (205/60R16) (50%)	Cut	216.00 FS	*108.00 FS
Sub Total (S\$)					3,697.70	315.10
- List Item Discount on L Items 20.00/20.00% (S\$)					696.34	41.42
Total Parts (S\$)					3,001.36	273.68

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
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
Labour Items				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	600.00	400.00
3	WIRING CHARGE	New	30.00	0.00
4	TUFF KOTE	New	40.00	0.00
5	FRONT WHEEL ALIGNMENT	New	80.00	0.00
6	TO REPLACE TYRE WITH WHEEL BALANCING	New	30.00	0.00
Gross Labour Cost (S\$)			1,180.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

TAX INVOICE

TOKIO MARINE INSURANCE SINGAPORE LTD
20 MCCALLUM STREET #09-01
TOKIO MARINE CENTRE
SINGAPORE 069046

INV No. AC1901335
INV Date 18/02/2019
Reference CS/TMI19002735/K1vd3n2
Code TMI



PROFESSIONAL SERVICE FEE

Vehicle No. SH 7488M
Insured Veh. SFC 6116Z
Claim No. M1900891
Policy No. MU006163
Accident Date 12/02/2019
Inspection Date 13/02/2019

Description	Total
Survey Inspection	250.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Merimen Fee	10.00
Subtotal	260.00
GST (7%)	18.20
Grand Total	278.20

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'LKK Auto Consultants Pte Ltd'

LKK Auto Consultants Pte Ltd

HYN