

ASS. REC. BY:

REF:

@/TMI19002893/Klv03n2

Special Instruction:

Surveyor
Meimien

Karlvin

ASSIGNMENT (Office)

From (Person):

Telma Gomez

of

TMI

Date/Time:

14/2/19 @ 5.5pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 5968A

Insured:

SJP 3674H

at Workshop m/s

Compu 4 Delgado

Tel:

62148300

of

SQ Loyang Drive

Policy No:

MJ001357

Claim No:

M1900915

Sum Insured:

Excess:

Make of Vch:

(Client's Record)

D.O.A

13/2/2019

CA / REV / REP. / REV 24 HRS

imp

H.O.D. Endorsement:

Date/Time:

H. Hum @ 15/2/19

Person Contacted:

furnat

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 5968A-CS3/FCI 8012441/G240352

D.O.A: 5/2/18

SJP 3674H

Surveyor: Kajin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimate Cost: _____
 OD/TP/HS/TPRES/ODRES/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. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHA5968A Yr Regn: 31 May 2011
 Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa cc 1991
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 808081 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMHET41VMB811448
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: Ino 6 / Jammed / Leaked / Burnt or
 Brake: Ino 6 / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD 0 / Rim or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WCH/K
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 13/2/19 D.O.I. 14/2/19
 Survey held at C.DGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Plan
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
18/2/19	Chk 45 \$ 850 / 2 hrs. (Red 1132.58, 577) To Kp 45

RECEIVED 19 FEB 2019

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

Date/Time, File Return to?

119/2 - typist

Report Format: merimen
LS \$ 850/2

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

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Vest and

Survey Fee:
 Transportation: 250
10
 Photos
 Others

260

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

CLAIM SUBFOLDER TRACKING

Case	Est. S.	Est. S.	Adj Assigned	Adj S.	Submitted	Assigned	Status
Main	14 Feb 2019 14:58 Backtrack Est	14 Feb 2019 15:01 S\$1,982.58	14 Feb 2019 17:58 Assign				New Assignment Cancel Case

Balance	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	A5968A	Date of Loss:	13/02/2019 16:00 - :59 [92 Months and 13 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1900915	Policy/Cover Note No.:	M1001357 (Third Party Only) Coverage: 30/09/2018 - 29/09/2019
Vehicle Reg. No. (Insured):	S1P3674H	Policy No. (Claimant):	D-18088936MFSH
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Telma Gomez - 65926402]		
Claimant's Insurer:	First Capital Insurance Ltd (HQ) - Tel: 62222311		
Adjuster:	Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 25/02/2019]		

ASSOCIATED MAIL RECEIVED

There are no mails for this case.

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

ALL ASSOCIATED TASKS

No results.

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

Priority Type Subject Handler Assigned By Completed On Created On Done?

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	14/02/2019 11:55
Date Of Accident	13/02/2019 16:10
Exact Location Of Accident	ALONG AYE TWDS CITY BEFORE LOWER DELTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5968A
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

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	LAU TEOW KOON
NRIC No	S6802118I
Date Of Birth	11/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96338978
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

BLK 863 JURONG WEST STREET 81 #05-513

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
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 4
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

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 SJP3674H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ONG KIAN HUA
NRIC/Passport Number S1232014J
Contact Number
Address
Postcode
Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage REAR AND FRT
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW9179X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW YONG KIAT
NRIC/Passport Number	S7034935C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJE919E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LING CHAI HONG
NRIC/Passport Number	S7044483F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	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.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199203821R

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.: Loke Wei Yiong 14/2/19

Sketch Plan Pg. 2

SKETCH PLAN

A: SHH5908A	AYE TOWNS	
B: SJP36J4H	City before	
C: SLW9179X	Lower Deck	
D: SJE919E	Exit	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 192203321R

Policyholder's Signature

Date & Time:

COMPACT Transport Pte Ltd

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Loke Wei Yiong

14/2/19

Describe Circumstances of the Accident.

On 13/02/2019 @ 16:10 hrs, I Veh A was driving along AYE towards city before Lower Delta Road Exit. Shortly in front vehicle braked to stopped and I follow suit.

After a few seconds later, I felt an impact from behind and followed by a jerk. I went out and found a car SJP3674H front portion collided onto the rear of my stationary taxi.

Subsequently, I found Veh C and Veh D also involved in this chain collision.

01 male passenger on board my taxi. No injury reported at the point of accident.

Declaration

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

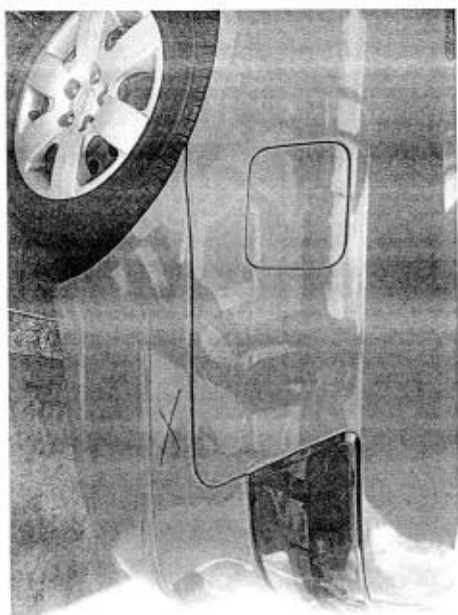
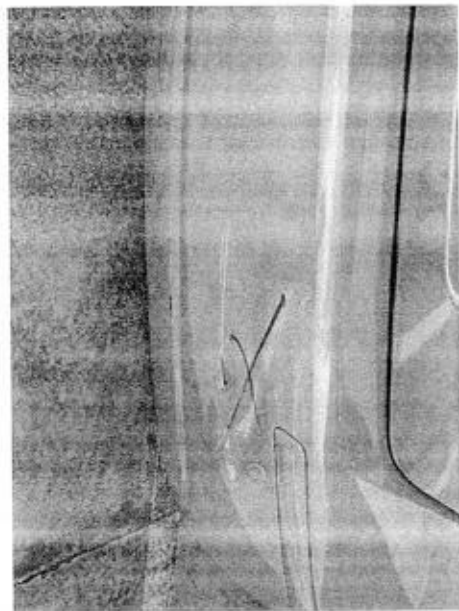
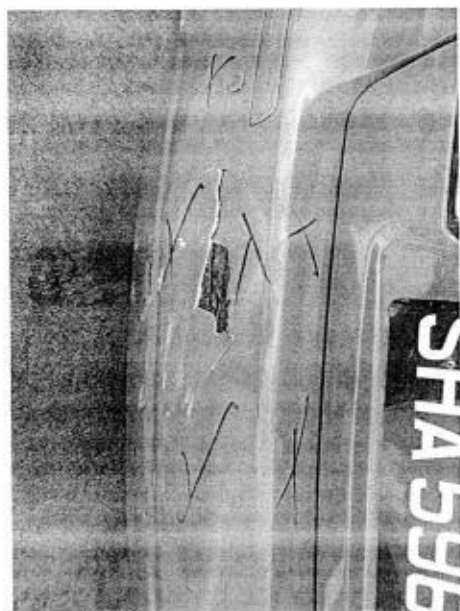
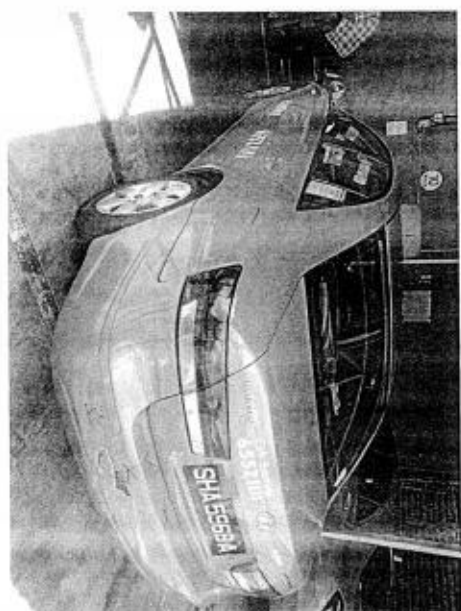
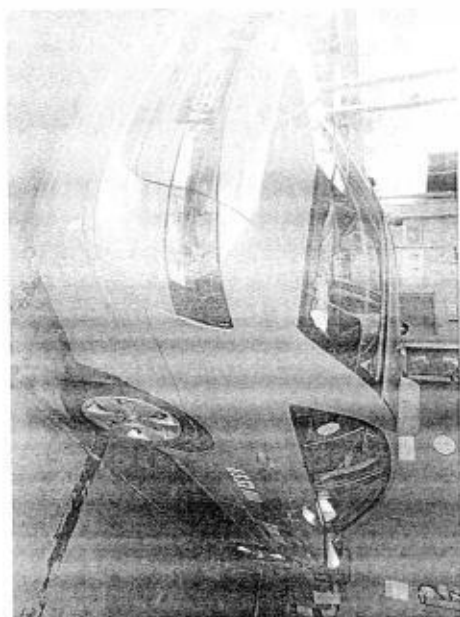
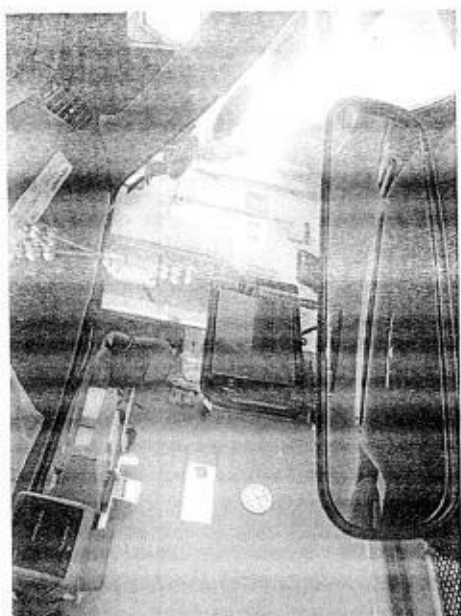
COMFORT TRANSPORTATION, INC.
CO REG NO 10200321R

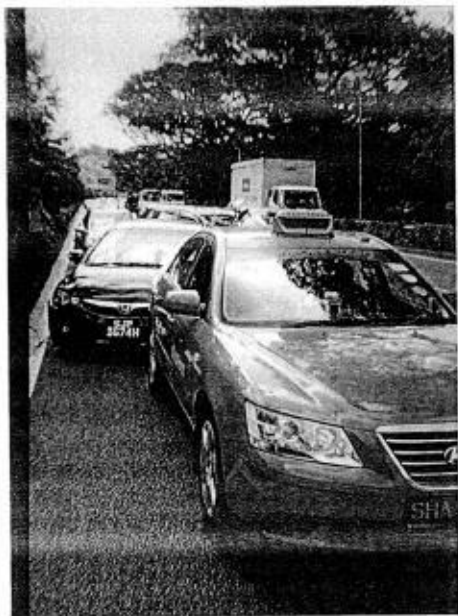
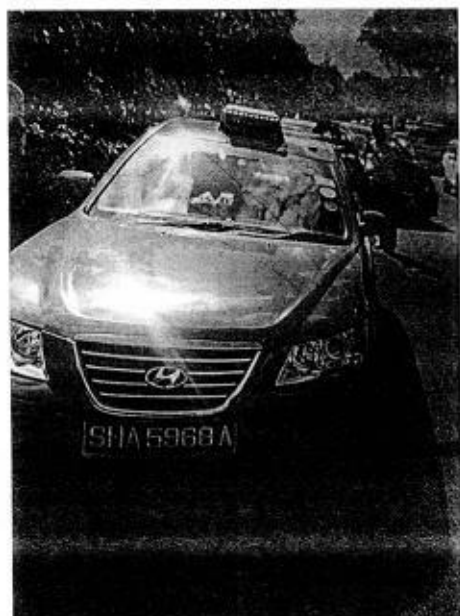
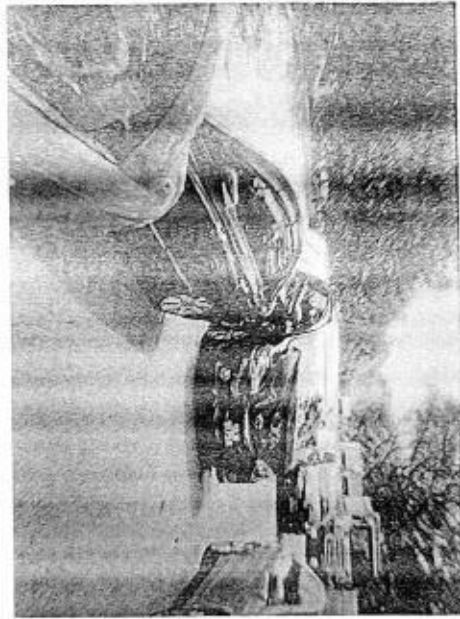
Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

4/2/19





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

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	13/02/2019
Vehicle Reg. No.:	SHA5968A	Driveable?	NO
Party At Fault:	UNKNOWN		
Driver (TP):	LAU TEOW KOON		
Make/Model:	HYUNDAI SONATA, 2.0 D CRDI TURBO (NF) (A)	Vehicle Reg. Date:	31/05/2011
Vehicle Colour:	BLUE	Gen Condition:	FAIR
Engine No:	D4EAB965449	Chassis No:	KMHET41VMBA811444
Odometer:	200000 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Description of Accident/Loss	PLS REFER TO ATTACHED		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,162.58
Miscellaneous Items	10.00
Labour	810.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,982.58
+ GST 7.00% (S\$)	138.78
Nett Amount (S\$)	2,121.36

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: 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: ComfortDelGro Engineering Pte Ltd/SHA5968A/14/02/2019 15:01

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		*REAR BUMPER <i>one</i>	20.00	0.00	*578.40 FL
2	1		*REAR BUMPER REINFORCEMENT <i>one</i>	20.00	0.00	*483.30 FL
3	10		*REAR BUMPER CLIPS <i>one</i>	20.00	0.00	*22.00 FL
4	1		*REAR BUMPER SPONGE <i>one</i>	20.00	0.00	*137.40 FL
5	1		*REAR BUMPER REVERSE SENSOR <i>shld</i>	0	0.00	*135.70 FS
6	1		*REAR BUMPER RUBBER MAT <i>x</i>	0	0.00	*50.00 FS

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

Sub Total (S\$)	1,406.80
- List Item Discount on L Items (S\$)	244.22
Total Parts (S\$)	1,162.58

ComfortDelGro Engineering Pte Ltd/SHA5968A/14/02/2019 15:01. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

FZ

Amount

Estimates on Miscellaneous Items

No Qty Particulars

Miscellaneous Items

1 1 OD/TP Case (Insurer)

10.00 ✓

Sub Total (S\$)

10.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING
 2 SPRAY PAINTING CHARGE
 3 WIRING CHARGE
 4 REMOVE REFIX REVERSE SENSOR

New

New

New

New

~~200~~
~~400.00~~
~~300.00~~ 200
~~30.00~~ X 4
~~80.00~~ 10

Gross Labour Cost (S\$)

810.00

ComfortDelGro Engineering Pte Ltd/SHA5968A/14/02/2019 15:01. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kali 1000

14/2/19 1505hr

2 hrs

4/5

After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signat

Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No. : 305268881
Date : 16.02.2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHA5968A Date of Accident : 13.02.2019

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

1. The repair job shall bill to: TOKIO MARINE --- SJP3674H
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$850.00
Final Lumpsum Repair cost \$850.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalin

Date : 18/2/19

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Date/Time: 14.02.2019 13:20

Page : 1

Team: IN ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3898078

JC NO.: 305268881

OMER

IS

OMER NO.

RESS

(R)

(P)

JUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SHA5968A

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

SONATA

DATE/TIME IN

14.02.2019 11:00

YR OF MANU.

31.05.2011

TARGET DATE

CHASSIS CODE

KMHET41VMB811444

COMPLETION DATE/TIME:

JOB DESCRIPTION

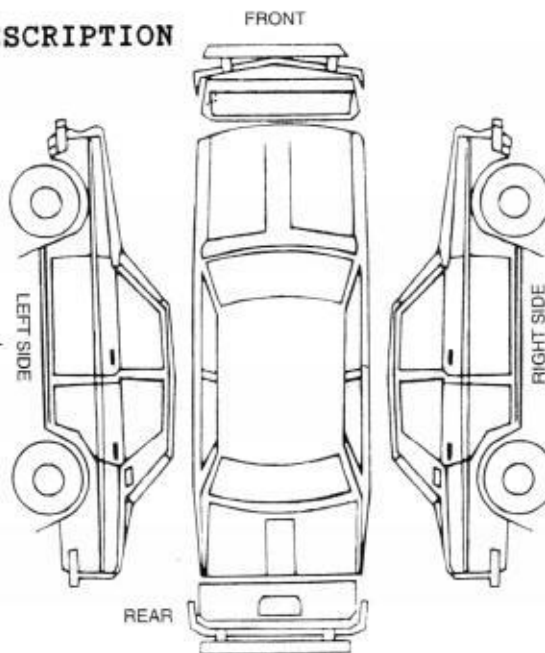
Accident Date: 13.02.2019

NATURE: 3P 13.02.19/B

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.:

SHA5968A

FZ T-MARINE

Vehicle No.:

SHA5968A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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/TMI19002893/K1VD3N2

Date: 19/02/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ001357
Claimant Vehicle No :	SHA5968A	Insured Vehicle No :	SJP3674H
Date of Loss:	13/02/2019	Nature of Claim:	TP
		Claim No:	M1900915

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA5968A	Engine No:	D4EAB965449
Make & Model:	HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)	Chassis No:	KMHET41VMBA811444
Reg. Date:	31/05/2011 (Man. Year: 2011)	Odometer:	808081 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:	Fair	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,162.58	616.02	546.56	47.01
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	810.00	430.00	380.00	46.91
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,982.58	1,056.02	926.56	46.74
Approved Total (Overridden) (S\$)		850.00		
(S\$)	1,982.58	850.00	1,132.58	57.13
+ GST 7.00/7.00% (S\$)	138.78	59.50	79.28	57.13
Nett Amount (S\$)	2,121.36	909.50	1,211.86	57.13

INSPECTION

Date of Assignment:	14/02/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	14/02/2019	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: 19 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 SHA5968A)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Cracked	578.40 FL	*578.40 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	483.30 FL	*- FL
3	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
4	1		*REAR BUMPER SPONGE	Serviceable	137.40 FL	*- FL
5	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
6	1		*REAR BUMPER RUBBER MAT	Not Necessary	50.00 FS	*- FS

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

Sub Total (\$\$)	1,406.80	736.10
- List Item Discount on L Items 20.00/20.00% (\$\$)	244.22	120.08
Total Parts (\$\$)	1,162.58	616.02

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	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	0.00
4	REMOVE REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			810.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >