

ASS. REC. BY:

REF: CS/TMI19003333/K1vd3 n2

Special Instruction:

Surveyor: Kalvin
Menken

ASSIGNMENT (Office)

From (Person): Telma Gomez

of TMI

Date/Time: 2/12/19 @ 5:17pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 7684E

Insured:

SKK761Z

at Workshop m/s

Comfort Delgro

Tel:

62148300

of

591oyong Drive

Policy No:

MT111000

Claim No:

M1901075

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/2/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time:

5:21pm 2/12/19

Person Contacted:

Jumeni

Vehicle

IN OUT

Date/Time	Action/Instruction (→ Estimate
	SHA 7684E - CC3/AIG/2014445/H/1/1/2012
	SKK761Z -x

Dur: 2/17/2012

Source No: K0111

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP IWS/TP RES/OD RES/EVA/INV/MV
 Insp'd Vehicle No: _____
 Workshop No: _____
 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.

NIS	O/S

Bal. or Market Value: _____
 I/OAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 7684E Yr Regn: 7 May, 2015
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Z40 c.c. 1600
 Colour: Blue A/C: Insul'd / Sid / Nil / NA
 Sp. Reading: 55 2848 T/Radio: Insul'd / Sid / Nil / NA
 Eng/No: _____
 C/No: KMHLB414MF4068886
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / SIRim / STORim or _____
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 20/2/19 D.O.I. 21/2/19
 Survey held at CDGE (Layang)
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
Rear
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
22/2/19	Checked up \$950/2hp. (Red 630, 399) To Kio 4s
RECEIVED 25 FEB 2019	

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

Date/Time, File Return to?
25/2 - typist

Repair Format merimen
LS \$950/2

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

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

Survey Fee:	
Transportation:	250
S + SS: \$	10
Photos:	
Other:	
	260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 Feb 2019 15:38 Sendback Est	21 Feb 2019 15:42 S\$1,580.00	21 Feb 2019 17:17 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

Insured:	CTPL , Co. Reg. No.: 199303821R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD (1/3) , Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA7684E	Date of Loss:	20/02/2019 17:00 - :59 [45 Months and 13 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1901075	Policy/Cover Note No.:	MT111000 (Comprehensive) Coverage: 24/12/2018 - 23/12/2020
Vehicle Reg. No. (Insured):	SKK761Z	Policy No. (Claimant):	
		Excess:	S\$0.00
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 Telma Gomez - 65926402]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 04/03/2019]		

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	21/02/2019 14:36
Date Of Accident	20/02/2019 05:30
Exact Location Of Accident	FROM KPE TO BUANGKOK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7684E
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN WEE CHONG
NRIC No	S1613697B
Date Of Birth	20/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82335893
Fax Number	
Contact Number	
EMail Address	JACK.WC.TAN@GMAIL.COM

Address 329A 03-505 ANCHORVALE STREET
 Postcode 541329
 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 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 3
 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) 3
 Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 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

SEE ATTACH.

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 SKK761Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SEAH KOON TING
 NRIC/Passport Number S8327823D
 Contact Number
 Address

Postcode

Insurance Company Name

Nature Of Damage

FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBB4913E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NEO AIK KEONG

NRIC/Passport Number

S1807489C

Contact Number

Address

Postcode

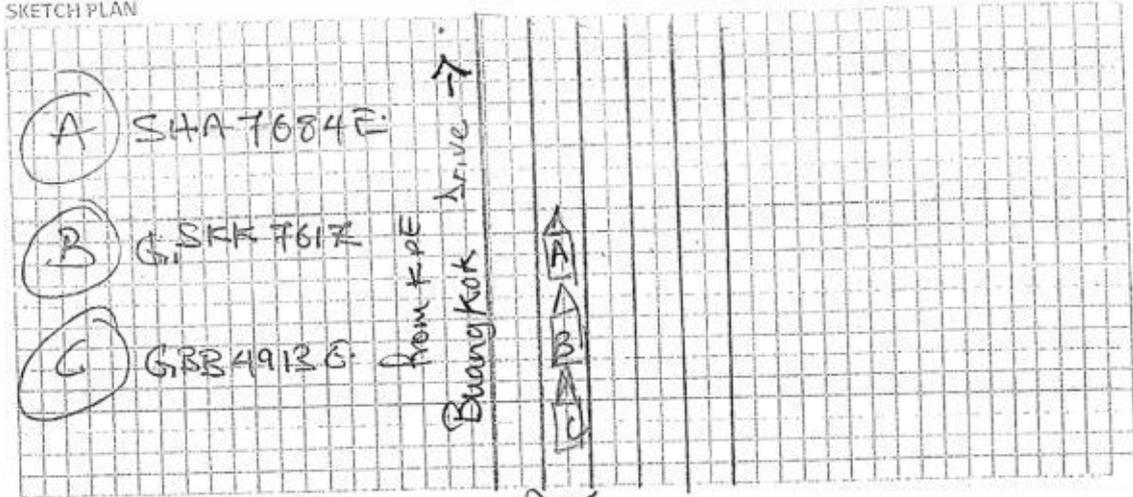
Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 2 Feb 2019 @ 05:30h T

veh A. slowdown and stop sudden VEH B from the rear hit VEH A rear.

veh C hit VEH B Rear. at the point of accident. veh A ferry 2 pax not injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD.

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.:

CONTACT NUMBER: 6733 3333

IMPORTANT NOTICE

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

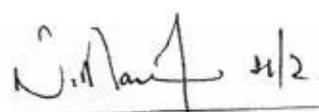
I understand, acknowledge, agree and consent that:

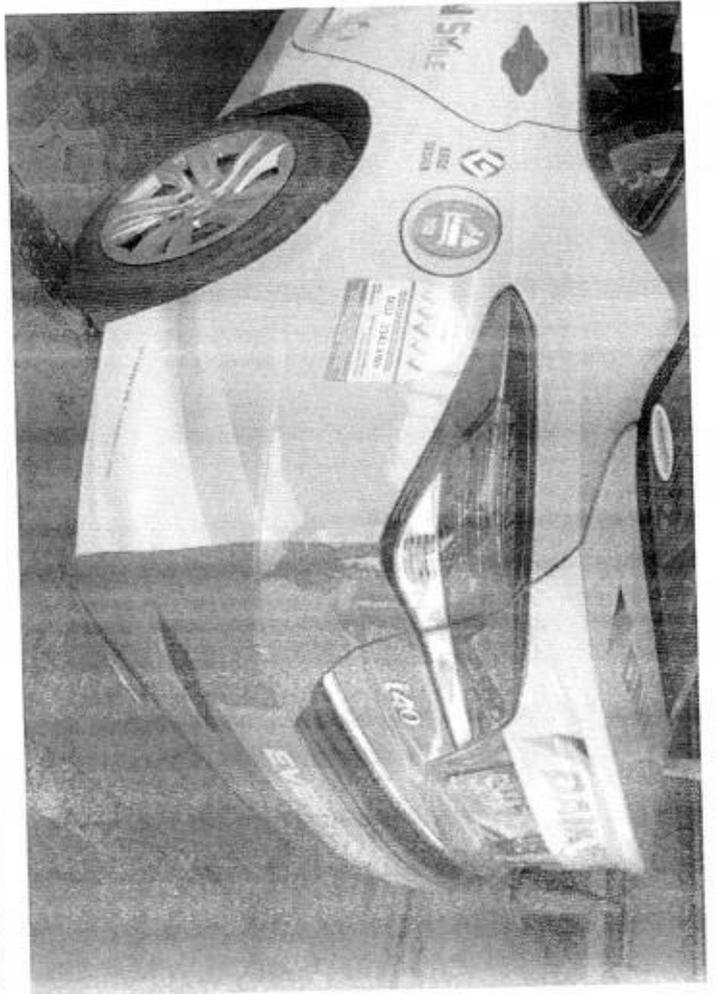
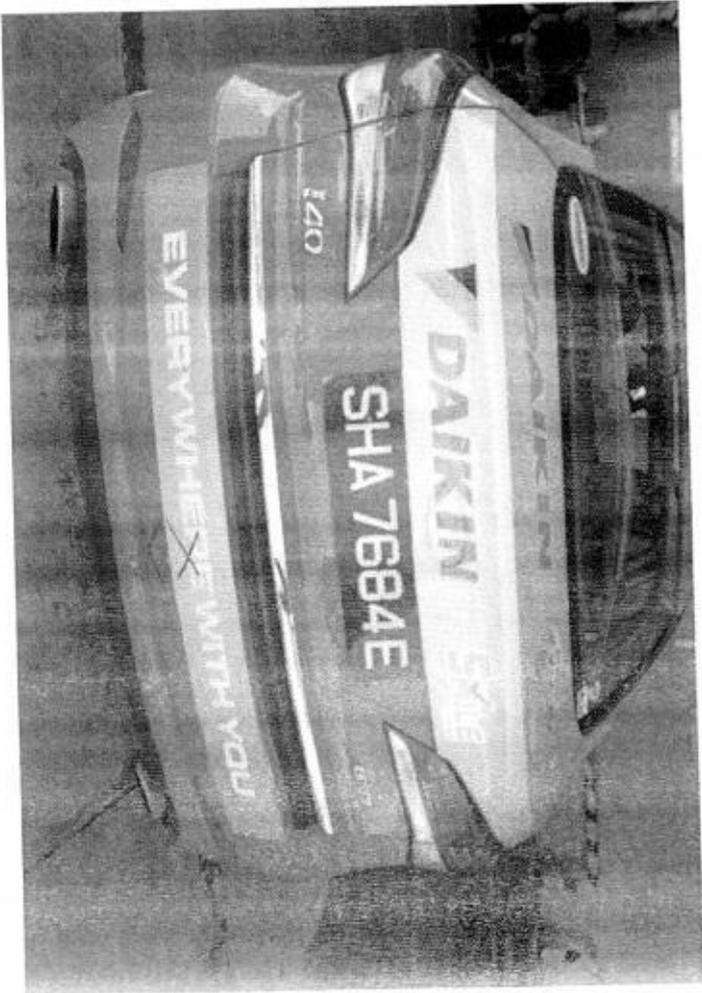
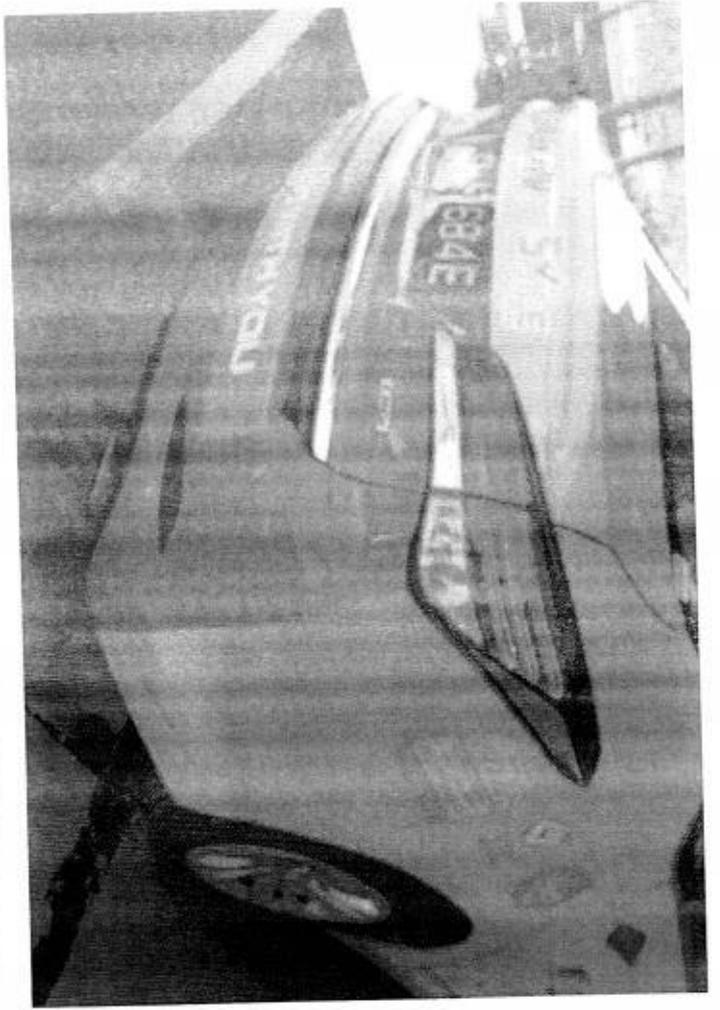
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

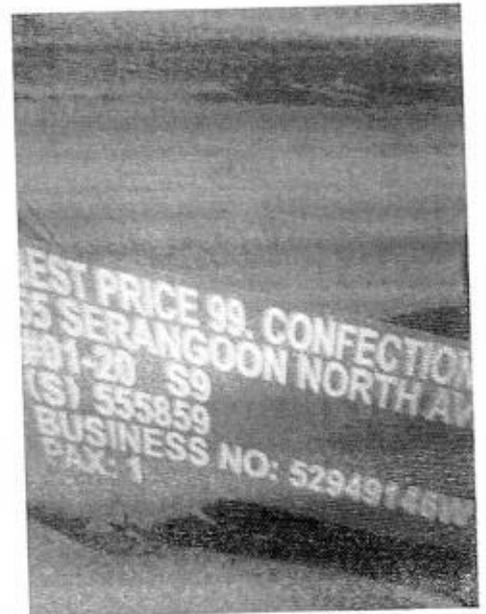
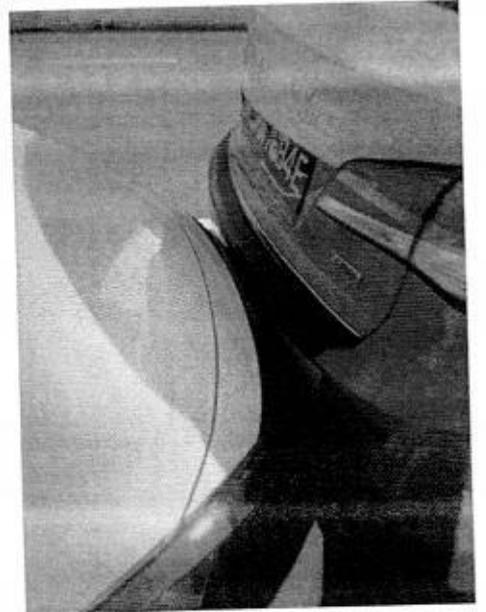
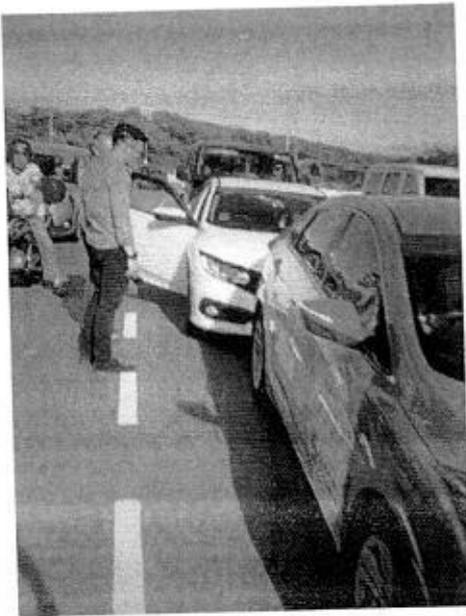
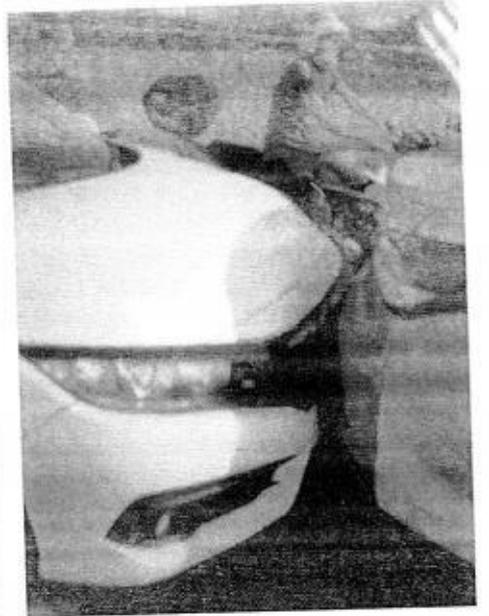
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


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


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





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7684E

DATE 21/2/2019 15:27

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	SUB TOTAL			\$ 575.00	
	LESS 20%			\$ 115.00	
	DISCOUNTED TOTAL			\$ 460.00	
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge				
	Panel Beating			\$ 400.00 ²⁰⁰	
	Spray Painting Charge			\$ 300.00 ²⁰⁰	
	Wiring Charge			\$ 30.00 ^{x 2}	
	Remove/Refix Reverse Sensor			\$ 80.00 ²⁰	
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 1,570.00	

Kalina 111111
M 20/2/19 15 45 hrs
2 Pgs.
U/S
After Repro p/lt

LKH Auto Consultants hence notify the insurer of the following:

- To be surveyed before/after spray painting
- To be surveyed damaged parts during resurvey
- Parts prices are subject to confirmation
- This liability survey is on a "without prejudice" basis
- No legal modification to this survey
- Supplier's terms and conditions must be reviewed and is subject to law. (LKH Auto Consultants Insurance Company)

Acknowledged by Insurer
 Signature:
 Date:

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.

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

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	20/02/2019
Vehicle Reg. No.:	SHA7684E	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 GDI (A)	Vehicle Reg. Date:	07/05/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU500207	Chassis No:	KMHLB41UMFU068886
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS		Amount
Parts		760.00
Miscellaneous Items		10.00
Labour		810.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	1,580.00
	+ GST 7.00% (S\$)	110.60
	Nett Amount (S\$)	1,690.60

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 21 Feb 2019)
 Parts: N/A HYUNDAI I40 1.7 GDI (A) (Model not available in database)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: **ComfortDelGro Engineering Pte Ltd/SHA7684E/21/02/2019 15:42**
 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 ASSY	20.00	0.00	*553.00 FL <i>de</i>
2	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL <i>nrc</i>
3	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F <i>nrc</i>
4	1		*REAR BUMPER ADVERTISENT LOGO	0.00	0.00	*50.00 F <i>nrc</i>
5	2		*REAR FENDER ADVERTISENT LOGO (LH/RH)	0.00	0.00	*200.00 F <i>nrc</i>
Sub Total (S\$)						875.00
- List Item Discount on L Items (S\$)						115.00
Total Parts (S\$)						760.00

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHA7684E/21/02/2019 15:42. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 ²⁰⁰
2	SPRAYPAINT	New	300.00 ²⁰⁰
3	WIRING	New	30.00 ^X
4	REMOVE/REFIX REVERSE SENSOR	New	80.00 ³⁰
Gross Labour Cost (\$\$)			810.00

ComfortDelGro Engineering Pte Ltd/SHA7684E/21/02/2019 15:42. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Date/Time: 21.02.2019 15:09

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305271193

STOMER

/MS

STOMER NO.

DRESS

(R)

(P)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

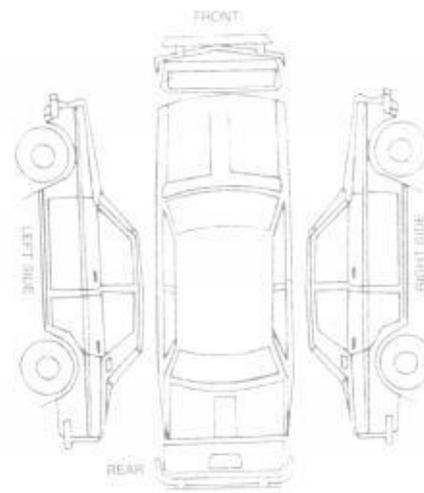
REGN NO:	SHA7684E	MILEAGE
MAKE:	HYUNDAI	FUEL E 1/2 F
MODEL:	I-40	DATE/TIME IN 21.02.2019 12:30
YR OF MANU:	07.05.2015	TARGET DATE
CHASSIS CODE:	KMHLB41UMFU068886	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 20.02.2019
NATURE: 3P 20.02.19 -

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: **SHA7684E** **JU TOKIO**

Exit Pass

Vehicle No.: **SHA7684E**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305271193
Date : 22/02/2019

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

FINALIZATION FORM

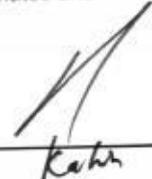
To : LKK Fax : _____
Attn : KALVIN
: SHA7684E Date of Accident : 20.02.19

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

1. The repair job shall bill to: TOKIO MARINE --- SKK 761Z
###
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) N _____
 - Total for Lumpsum repair cost after Less: 20% **\$950.00**
 - Final Lumpsum Repair cost** _____
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kahr
Date : 22/2/19

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:

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/TM19003333/K1VD3N2
Date: 26/02/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT111000
Claimant	SHA7684E	Insured Vehicle No :	SKK761Z
Vehicle No :		Nature of Claim:	TP
Date of Loss:	20/02/2019	Claim No:	M1901075

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA7684E	Engine No:	D4FDGU614109
Make & Model:	HYUNDAI I40, 1.7 GDi (A)	Chassis No:	KMHLB41UMFU068886
Reg. Date:	07/05/2015 (Man. Year: 2015)	Odometer:	552848 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:	Good	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	760.00	760.00	0.00	0.00
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\$)	1,580.00	1,200.00	380.00	24.05
Approved Total (Overridden) (S\$)		950.00		
(S\$)	1,580.00	950.00	630.00	39.87
+ GST 7.00/7.00% (S\$)	110.60	66.50	44.10	39.87
Nett Amount (S\$)	1,690.60	1,016.50	674.10	39.87

INSPECTION

Date of Assignment:	21/02/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	21/02/2019	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: (Last Synchronised: 26 Feb 2019)
 Parts: N/A HYUNDAI I40 1.7 GDi (A) (Model not available in database)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: (Unsubmitted, no print-code for SHA7684E)
 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 ASSY	Deformed	553.00 FL	*553.00 FL	
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL	
3	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 FS	
4	1		*REAR BUMPER ADVERTISENT LOGO	Necessary	50.00 F	*50.00 FS	
5	2		*REAR FENDER ADVERTISENT LOGO (LH/RH)	Necessary	200.00 F	*200.00 FS	
					Sub Total (\$\$)	875.00	875.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	115.00	115.00
					Total Parts (\$\$)	760.00	760.00

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	200.00
2	SPRAYPAINT	New	300.00	200.00
3	WIRING	New	30.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (\$\$)			810.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >