

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merit:

Pre-assign / CCU / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :SS

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:

HP:

D.O.A:

Nature of Accident:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO

Insured Liability: % Final? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PTR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: AWK

Repair Cost: PP \$5,061.90 (2 days) Reduction: 44 %

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time: 21.6.19

Confirm with: VIKRAMAN

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 21

If NO or B 28, Ass. Lia:

Repair Cost: wlk53 \$5,142.12 (2 days) * \$116.95

Loss of Rental (LOR): \$5,253.90 (2 days) * \$116.95

Loss of Use (LOU): \$5 - (\$ x days)

Loss of Income (LOI): \$5,100.00 (\$50 x 2 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search

\$57.44

Medical:

\$5 -

Disbursement:

\$5 -

Legal Cost

\$5 -

Total: \$5,193.54

Global Sum \$5:

FINAL PAYMENT

Date/Time: 21.6.19

Confirm with: VIKRAMAN

Email ☒ Call ☐

Payee 1: \$5,193.54

Name 1: COMFORTUS ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) \$5

Name 2:

Payee 3: (Strike if N.A.) \$5

Name 3:

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 DOITP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 at _____
 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

Est. or Market Value: _____
 IQAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repair: _____ days Res: Yes or No
 Lim Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHC 8188D Yr Regn: 24 Mar, 2016
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. O / Prime Mover /
 Truck / Trailer of
 Make: Hyundai Ix0 cc 1685
 Colour: Blue A/C: Ins 0 / Sld / NI / NA
 Sp. Reading: 420709 T/Radio: Ins 0 / Sld / NI / NA
 Eng/No: _____
 CRNo: KM HLB414 M 4408 6711
 Gen. Cond: Good / 0 / Poor / Burnt
 Steering: In order / 0 / Jammed / Leaked / Burnt or
 Brake: In order / 0 / Jammed / Leaked / Burnt or
 Mod: Nil / S/Pline / STD 0 / Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXHOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMU
 TOYO / YOKO or Hankook
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 25/2/19 D.O.I. 25/2/19
 Survey held at CDGE (Loyang)
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rollover or
Rev n/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	PIP: +1,067.40 (RSD: +1,030.96 49%)

Date/Time, File / Pass id

☐ : Prel. Report

11

☐ : Final Report

Date/Time, File Return id

12

Survey Fee

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp 15

☐ Interview 15

☐ Test 15

3-45

Phone

Chart

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8188D

DATE 25/2/2019 10:56

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>phd</i>			\$ 553.00
	Rear Bumper Reinforcement <i>Xsu</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>ad</i>			\$ 22.00
	Rear Bumper Bracket <i>Xsu</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>Xsu</i>			\$ 103.50
	Rear Bumper Under Cover <i>ct</i>			\$ 228.00
	SUB TOTAL			\$ 1,566.70
	LESS 20%			\$ 313.34
	DISCOUNTED TOTAL			\$ 1,253.36
	Rear No. Plate <i>/ on</i>			\$ 25.00
				\$ 25.00
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>Xsu</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>Xsu</i>
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 2,088.36
<div> <p><i>Ka/uh 16/11/19</i></p> <p><i>25/2/19 1410 hrs</i></p> <p><i>2 Days</i></p> <p><i>P/P</i></p> <p><i>Before paint photo</i></p> </div> <div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To ensure full coverage for spray painting To ensure damaged parts during resurvey Parts are subject to confirmation Resurvey is on a "Without Prejudice" basis No legal notification is allowed Supplementary items must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>				
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.				

Our Job Ref No : 305272061
Date : 27/02/19

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
58 Loryang Drive Singapore 508969
Fax: 6545 8158

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC8188D

Fax :

25/02/2019

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


- 2 The repair job shall bill to: CHINA QW1848K
- 2 The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | <u>\$667.40</u> |
| (b) Labour Charges | <u>\$400.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$1,067.40</u> |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| 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 : CHIANG
Tel : 62148314
Fax : 65468158

Signature : 
Name : KALVIN
Date : 28/2/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 28.02.2019

REPAIR ESTIMATE

Time: 08:19:17

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305272061
REGN NO : SHC8188D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 24.03.2016
DATE/TIME IN : 25.02.2019 10:40
ACCIDENT DATE : 25.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 553.00 20.00 442.40
0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60
0003 04-01-0103-0738-G I40VC COVER-RR BUMPER LWR 1 228.00 20.00 182.40
0004 FNPS NO PLATE(S) 1 N 25.00 2.00- 25.00

SUB-TOTAL : 667.40

JOB NATURE

0000 PB PANEL BEATING 200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 1,067.40

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO 305272061

CUSTOMER

REGN NO

SHC8188D

MILEAGE

/MS

COMFORT TRANSPORTATION PTE LTD

MAKE

HYUNDAI

FUEL

CUSTOMER NO

7010045

E 1/2

ADDRESS

383 SIN MING DRIVE

MODEL

I-40

DATE/TIME IN
25.02.2019 10:40

Singapore SINGAPORE 575717

VR OF MANU

24.03.2016

TARGET DATE

65508755

CHASSIS CODE

KMHLB41UMGU086711

COMPLETION DATE/TIME

COUNT CARD NO

JOB DESCRIPTION

Accident Date: 25.02.2019

NATURE: 3P 25.02.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e

No.

File No.

SHC8188D

CHIANG

Vehicle No.:

SHC8188D

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

Chines

DATE 25/2/2019 10:56

Name _____

Name _____

Name _____

[illegible]

COMFORTDELGRO ENGINEERING

Our Ref : T 0219 / SHC8188D /WT(st)
Your Ref :
Date : 05-Mar-19

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6303 6200
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration: 19870440M

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sim Ming
363 Sim Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609288

Ubi
330 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728761

Yishun
Yishun Industrial Park A
Singapore 768732

CHINA TAIPING INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC8188D YOUR INSURED GW 1848K
AND OTHER ON 25.02.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8188D which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving GW 1848K we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,142.12
6	2 days Loss of Rental @ \$ 116.95 per day	\$ 233.90
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,383.51

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 1,543.51

We enclose herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs : 4 pcs.
b) LTA search slip/s of : GW 1848K
c) GIA / Police report/s of : SHC8188D
d) Letter of authority from owner / hirer / operator
() Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
(X) Photograph/s of Accident Scen (x) Downtime/Mileage record (x) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

William Tan

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of

COMFORTDELGRO



Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Monday, 10 June 2019 5:38 PM
To: L_DINTERIOR@LIVE.COM.SG
Subject: ACCIDENT INVOLVING GW 1848K AND SHC 8188D ON 25/02/2019

Our Ref: CC3/CTI19003563/K1ea3

10 JUNE 2019

L & D INTERIOR CONTRACTOR PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING GW 1848K AND SHC 8188D ON 25/02/2019

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. China Taiping Insurance (Singapore) Pte Ltd
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGi 40 SHC8188D , GW1848K
KAKI BUKIT RD 1 X KAKI BUKIT AVE 2

ON 25-Feb-19 10:40

I / We

ERIC LEE YI ZHANG

(Hirer) NRIC No.: S7438728D

and/or

(Relief) NRIC No.:

Taxi Number

SHC8188D

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directiy to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

25-Feb-2019

Name of Hirer
Hirer NRICERIC LEE YI ZHANG
S7438728D

Signature :



Address

117 ANG MO KIO AVE 4 #09-447
560117

Contact No.

88096281

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3026871800

Claim No :

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,483.51
DOLLARS ONE THOUSAND FOUR HUNDRED EIGHTY THREE AND CENTS
FIFTY ONE ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHC 8198D
Insured Vehicle No. : GW 1848K

Date of Loss : 25/02/2019
Place of Accident : KAKI BUKIT RD 1 X KAKI BUKIT AVE 2

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : L & D INTERIOR CONTRACTOR PTE LTD
Driver Name : VAITHINATHAN VENKATESAN

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ Excess	S\$	1,142.12
(3) Loss of Use/Rental/Earning	S\$	333.90
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL	S\$	1,483.51

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :


CLAIMS DEPARTMENT
COMFORTDELTA ENGINEERING PTE LTD
SILVERBUDDH
SINGAPORE 110088

Date :

*The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the scope and application of this document

Please forward your cheque made payable to:
COMFORTDELTA ENGINEERING PTE LTD

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
 Page: 1

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
 SPRINGDALE TOWER

3 ANSON ROAD #16-00
 SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
 SHC81880

MAKE
 HYUNDAI

MODEL
 i-40

DATE OF REG
 24.03.2016

CHASSIS CODE
 KMHTR41UMK4086711

INV. NO/DATE
 91428747 28.02.2019

JOB NO.
 305272061

DIAGNOSTIC READING

DATE/TIME IN
 25.02.2019 10:40

Description : 3P 25.02.2019

S/No	Part No.		Qty	Unit Price	Wdisc	Net
PART REQUISITION						
0001	04-01-0103-0579	140VC COVER ASSY-RR BUMPER#	1	553.00	20.00	442.40
0002	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP REAR	10	2.20	20.00	17.60
0003	04-01-0103-0738	140VC COVER-RR BUMPER LWR#	1	228.00	20.00	182.40
0004	FNPS	NO PLATE(S)	1	25.00	0.00	25.00
SUB-TOTAL:						667.40

JOB NATURE

0001	PR	PANEL BEATING		200.00		200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA		200.00		200.00

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO N
8010012	91428747	1,142.12	

TAX INVOICE

(COMPANY REG. NO.: 199506048W)

Page: 2

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHC81880

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
24.03.2016

CHASSIS CODE
KMHTB41UMGH086711

INV. NO/DATE
91428747 28.02.2019

JOB NO.
305272061

(OIL) METER READING

DATE/TIME IN
25.02.2019 10:40

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					400.00

Items total	1,067.40
Add GST @ 7.000 %	74.72
Invoice amount	1,142.12

Issued by : KATHERINETAN 28.02.2019 12:16:48
Repair type : CSO/57/57
Payment type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
member of COMFORTDELGRO

Head Office:
05 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO N
8010012	91428747	1,142.12	

Our Ref: CT19020699

Date: 28 February 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 25/02/2019 @ 10:10 hrs
ALONG KAKI BUKIT RD 1 X KAKI BUKIT AVE 2
INVOLVING GW1848K

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC8188D** (the "Taxi"). The Taxi was hired to **ERIC LEE YI ZHANG IC NO S7438728D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$116.95** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

[illegible]

Enquire Vehicle Insurer

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

GW1848K 25 Feb 2019 / 10:40:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)[OK](#)

SUCCEED




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

Affiliated to Federation Internationale Des Experts En Automobile				
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC3/CTI19003563/K1ea3q2		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 11-07-2019		
		Code : CTI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GW 1848K	Veh. Inspected	SHC 8188D	
Policy No.	DMCVSN3026871800	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	25/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU086711	Colour	BLUE	
Odometer	420709	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	6 mm	
L/H Front Tyre	205/60 R16	HANKOOK	6 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	25/02/2019	Inspection Date	25/02/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		

**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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8188D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @ \$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-313.34	-160.60
			1,253.36	642.40
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO. PLATE (SN)	CRACKED	25.00	25.00
			25.00	25.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			810.00	400.00
GRAND TOTAL			2,088.36	1,067.40
RECOMMENDED COST OF REPAIRS				1,067.40

Report Ref No. CC3/CT19003563/K1ea3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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