

ASS. REC. BY: _____

REF: CS/CT1/9004180/0143

02

Special Instruction.

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person),

Chong Boon Sen C71

Estimated Cost

Bill to:

Date/Time:

06/3/19 @ 5:02p

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

To Inspect Vehicle No.

SYMA 870D

Insured:

SMA 8948D

at Workshop m/s

Страна

Tel:

Policy No: DMPCSN 30499518000

Claim blo:

SNM19D20064C02

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06/3/19

(Client's Record)

CA / REV / REP. / REV 24 HRS *lwp* 7

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

[illegible]

SMA 810D / SMA 8945D

NA/CT/1900413/h4 DSA: 06/3/19

REF:

ASSIGNMENT SHEET

RUE April 2023

SHE 810D

2016 April

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

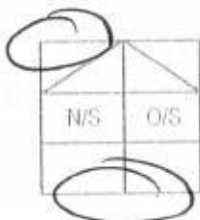
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Hyundai I40 C.C. 1685

Colour: Yellow A/C Insured / Std / NI / NA

Sp Reading: 587228 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDEU495476

C/No: KNHLB41UMFU068303

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R14

R: - - -

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

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. 06/03/2019 D.O.I. 07/03/2019

Survey held at Chunnai AMK

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

Rear 4 Front 4/5

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

Date / Time: _____ Action / Instruction: _____
 Chunnai Typing SMA 8948D

11/04/19 Chunnai 4/5 9700/- with 7 days of "✓"
 (Red: 7983.82 : 45%)

RECEIVED 11 APR 2019

Date/Time, File Pass to?

11/4 Typist

Date/Time, File Return to?

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee:

Transportation

S + RS \$

Photos

Other

TOTAL

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

Report Format:

Lump Sum / L.B.L. (\$)

9700/-

220

Catherine Chong (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Wednesday, 6 March, 2019 5:02 PM
To: Chunni Motor
Cc: Admin-D (LKKAuto)
Subject: RE: Accident involving veh no: SHA 810D & SMA 8948D on 06.03.19
Attachments: 06032019162435.pdf

Without Prejudice

Dear Sir,

We pri.

Dear LKK,

Pls pri.

Regards,
Chong Boon Sen
Claims Executive
Claims

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower
Singapore 079909
Co. Reg. No. 200208384E
DID: 63896171
Fax: 62247175
Email: boonsen.chong@sg.cntaiping.com
Website: www.sg.cntaiping.com

Disclaimer :

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From: Chunni Motor [mailto:chunnimotor@gmail.com]
Sent: Wednesday, 6 March, 2019 4:58 PM
To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Subject: Re: Accident involving veh no: SHA 810D & SMA 8948D on 06.03.19

Dear Sir,

Bryan

We appoint Henry Ng.

Thank you

Regards,
Chunni Motor Work P/L

On Wed, Mar 6, 2019 at 4:56 PM Chong Boon Sen <boonsen.chong@sg.cntaiping.com> wrote:

WITHOUT PREJUDICE

Dear Mr Sim,

We refer to your email of 06.03.19.

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

ADRIAN LING
Kelvin Ang
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN
XING QUO QIANG
KENNETH KONG
SIMON HO
CHUA WEIJIE
MARCUS CHUA
HENRY NG

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Regards,

Chong Boon Sen

Claims Executive

Claims

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower

Singapore 079909

Co. Reg. No. 200208384E

DID: 63896171

Fax: 62247175

Email: boonsen.chong@sg.cntaiping.com

Website: www.sg.cntaiping.com

Disclaimer :

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From: Chunni Motor [mailto:chunnimotor@gmail.com]
Sent: Wednesday, 6 March, 2019 4:47 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Subject: Accident involving veh no: SHA 810D & SMA 8948D on 06.03.19

Dear Sir/Mdm,

We refer the above mentioned matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly survey at AMK Autopoint, Soon Hock Motor, #01-05/06.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 6542 7162

Thank you for your kind assistance.

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

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For more information please visit <http://www.symanteccloud.com>

MCDG10030472 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 08/03/2019 13:43
 SUBMITTED BY: Janet Lim Seng Gek

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 06/03/2019 13:43
 Date Of Accident 06/03/2019 09:25
 Exact Location Of Accident LOYANG WAY
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA810D
 Insured/Policyholder
 Name Of Registered Owner CITYCAB PTE LTD
 Co Reg No 199502839G
 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-18088937MFSH
 Cover Note Number
 Driver
 Name of Driver NG SENG THOR
 NRIC No S0065037D
 Date Of Birth 01/01/1949
 Occupation OUTDOOR
 Date Of Driving Pass 29/11/1974
 Driving Experience 44 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-83680029
 Fax Number
 Contact Number
 EMail Address SENGTHORNG@YAHOO.COM

Address BLK 260D SENGKANG EAST WAY
#09-476
Postcode 544260
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 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) 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

REFER 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 SMA8948D
Vehicle Make/Model/Colour MERCEDES
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver HONG SHUNXIAN
NRIC/Passport Number S8603333Z
Contact Number 92997050
Address
Postcode
Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBB7984E
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD FAZMI BIN ALI
NRIC/Passport Number	S8617774I
Contact Number	92221863
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNSURE
No. Of Passenger (Including Driver)	

SKETCH PLAN**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

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

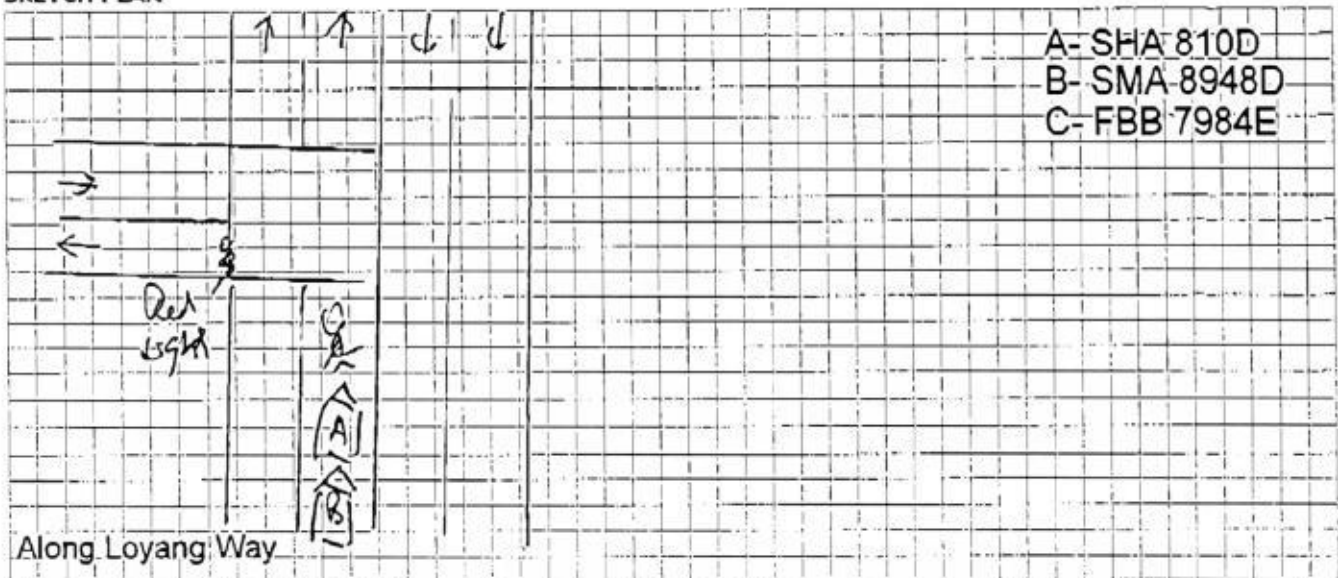
CITYCAB PTE LTD
REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 06.03.2019@1300HRS

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06.03.2019 @ 0925HRS I was travelling along Loyang Way with one female passenger onboard.

As I my vehicle was stopped while waiting for green light suddenly veh(B) SMA 8948D hit onto my vehicle rear portion and caused my vehicle to surge forward and hit onto veh(C) FBB 7984E

I have company video and photos at scene to support my claims.

No injury in this accident .

Veh(B) SMA 8948D MR Hong Shunxian S 8603333Z Hp:9299 7050.

Veh(C) FBB 7984E MR Muhammad Fazmi Bin Ali S 8617774I Hp:9222 1863.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 06.03.2019@1300HRS

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: June

REPAIR ESTIMATE*

VEHICLE NO : SHA 810D

DATE : 6.03.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

ChinaTaiping


Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille <i>broken</i>			\$ 251.00	✓
	Front Bumper Cover <i>distorted / mainly crack</i>			\$ 544.50	✓
	Headlamp Support Panel Assy <i>new</i>			\$ 907.40	X
	Headlamp (LH) <i>mainly crack</i>			\$ 1,388.00	✓
			2183.50		
	SUB TOTAL			\$ 3,090.90	
	LESS 20%		1746.80	\$ 618.18	
	DISCOUNTED TOTAL			\$ 2,472.72	
	Front Number Plate <i>new</i>			\$ 25.00	Nett X
	Front No Plate Trim Cover <i>new</i>			\$ 30.00	Nett X
				\$ 55.00	
	Labour Charge				
	Panel Beating			\$ 1,000.00	300/-
	Spray Painting Charge			\$ 250.00	200/-
	Wiring Charge			\$ 50.00	30/-
	Remove/Refix Aircon & Refill Gas		530.00	\$ 150.00	new
	TOTAL LABOUR			\$ 1,450.00	

SHA 810D

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>vt</i>			\$ 2,174.90
	Boot Lid Rubber <i>defined</i>			\$ 96.50
	Boot Lid Hinge (LH/RH) <i>nw</i>		\$ 142.30	\$ 284.60
	Boot Lid Lock Upper <i>vt</i>			\$ 102.60
	Boot Lid Lock Lower <i>vt</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>hlc</i>			\$ 28.70
	Boot Lid CRDI Plate <i>hlc</i>			\$ 27.90
	Boot Lid Lamp (LH/RH) <i>N/S chrome o/s nw</i>		\$ 565.60	\$ 1,131.20
	Boot Lid Trimboard <i>form</i>			\$ 116.40
	Boot Lid Trimboard Clips (10pcs) <i>hlc</i>			\$ 11.00
	Bootlid Moulding <i>nw</i>			\$ 85.00
	Bootlid i40 Emblem <i>nw</i>			\$ 27.90
	Bootlid Lower Garnish <i>nw</i>			\$ 227.90
	Rear Bumper <i>distorted</i>			\$ 553.00
	Rear Bumper Reinforcement <i>chrome</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>nw</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>hlc</i>			\$ 22.00
	Rear Bumper Bracket <i>nw</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>form</i>			\$ 118.40
	Rear Bumper Under Cover <i>distorted</i>			\$ 228.00
	Tail Lamp (LH/RH) <i>chrome</i>		\$ 697.80	\$ 1,395.60
	Rear Panel <i>Distorted</i>			\$ 526.70
	Rear Panel Garnish <i>mostly defined</i>			\$ 57.70
	Rear Panel Lower Panel <i>Distorted</i>			\$ 495.50
	Spare Tyre Holder <i>Dem</i>			\$ 248.00
	Spare Tyre Panel <i>Distorted</i>			\$ 852.80
	Spare Tyre Panel Cushion <i>nw</i>			\$ 209.05
	Rear Towing Hook <i>nw</i>			\$ 94.60
	Exhaust Pipe Insulator <i>nw</i>		\$ 58.55	\$ 117.10
	Exhaust Silencer <i>vt</i>		\$ 967.70	\$ 1,935.40
	Exhaust Pipe Hanger <i>nw</i>		\$ 58.55	\$ 117.10
	Exhaust Pipe Centre <i>nw</i>			\$ 730.10
			10016.80	
			8013.44	
	SUB TOTAL			\$ 12,707.55
	LESS 20%			\$ 2,541.51
	DISCOUNTED TOTAL			\$ 10,166.04
	Boot Lid Comfort Logo & Tel No. Sticker <i>hlc</i>			\$ 30.00
	Rear No. Plate <i>Scratched</i>			\$ 25.00
	Rear Bumper Reverse Sensor <i>NF</i>			\$ 135.70
	Rear Bumper Advertisement Logo <i>hlc</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>hlc</i>		\$ 100.00	\$ 200.00
			305.00	
				\$ 440.70

Nett ✓
 Nett ✓
 Nett X
 Nett ✓
 Nett ✓

SHA 810D

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,500.00 700/-
	Spray Painting Charge			\$ 1,000.00 700/-
	Wiring Charge			\$ 50.00 20/-
	Tuff Kote			\$ 50.00 40/-
	Remove/Refix Reverse Sensor		1470.00	\$ 120.00 70/-
	Remove/Refix Exhaust Pipe			\$ 300.00 24
	TOTAL LABOUR			\$ 3,020.00
	ESTIMATE TOTAL			\$ 17,604.46
	07/03/2019 @ 1030am		12065.24	
	NIA Accident		79.36	
	2/Share 7 days.	Supp		
	1 year		12144.60	
	LKK Auto		4159700/-	
				
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p>			
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

REPAIR ESTIMATE*

VEHICLE NO : SHA 810D (Supplementary)

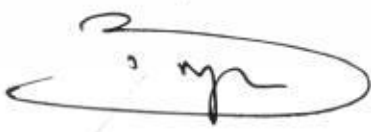

DATE : 7.03.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Sponge <i>tan</i>			\$ 99.20
	SUB TOTAL			\$ 99.20
	LESS 20%			\$ 19.84
	DISCOUNTED TOTAL			\$ 79.36
	<i>07/03/2019</i>  <i>2kk Auto</i> 			
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>				

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/CTI19004180/DTD3N2

Date: 16/04/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN30499518000
Claimant Vehicle No :	SHA810D	Insured Vehicle No :	SMA8948D
Date of Loss:	06/03/2019	Nature of Claim:	TP
		Claim No:	SNM19D200624C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA810D	Engine No:	D4FDEU495476
Make & Model:	HYUNDAI I40, 1.7 D (A)	Chassis No:	KMHLB41UMFU068303
Reg. Date:	16/04/2015 (Man. Year: 2015)	Odometer:	587228 km
Colour:	Yellow		
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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	205/60 R16	Rear Tyre Size:	205/60 R16
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	13,213.82	10,144.60	3,069.22	23.23
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,470.00	2,000.00	2,470.00	55.26
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	17,683.82	12,144.60	5,539.22	31.32
Approved Total (Overridden) (S\$)		9,700.00		
(S\$)	17,683.82	9,700.00	7,983.82	45.15
+ GST 7.00/7.00% (S\$)	1,237.87	679.00	558.87	45.15
Nett Amount (S\$)	18,921.69	10,379.00	8,542.69	45.15

INSPECTION

Date of Assignment:	08/03/2019	
Date Inspected:	07/03/2019 Inspected At:	Chunni Motor Pte Ltd (HQ) 10 Ang Mo Kio Industrial Park 2A, #03-19 AMK Autopoint Singapore 568047
Estimated Period of Repair:	7.0 days	

Adjuster: BRYAN TANI

Manager: DENISE TAY KWEE CHENG

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: 16 Apr 2019)
Parts:	143	HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA810D)	
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 *.	