

Bill to:

Tel:

Vehicle IN/OUT

[illegible]

Surveys: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OO/TP/HS/TP RES/OD RES/EVA/INV/MVA
 1. Insured Vehicle No: _____
 2. Workshop m/s _____
 3. _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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

CA / REV / REP. / 24 HRS

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

Veh No: SHD 65094 Tr Regn: 20 Sep 2014
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. Prime Mover /
 Truck / Trailer or
 Make: Hyundai cc 1600
 Colour: Blue A/C: Ins / Std / Nil / NA
 Sp. Reading: 483875 T/Radio: Ins / Std / Nil / NA
 Eng/No: _____
 C/No: KA HLB414M E405 9733
 Gen. Cond: Good / F / Poor / Burnt
 Steering: Inor G / Jammed / Leaked / Burnt or
 Brake: Inor G / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / R/Rim or
 Tyre Size: 205/60 R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or W4116
 Front: _____ Rear: _____
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A. 6/3/19 D.O.I. 7/3/19
 Survey field at CDGE (Layang)
 Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooflop or
N/S Rer
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
11/3/19	Whnd c/s \$3300 / 4 hrs (Red 1667.12, 339) To Kri 41

RECEIVED 12 MAR 2019

Date/Time, File Print for: _____
☐ : Prel. Report
☐ : Final Report

Date/Time, File Return for:

11/3- typist

Days Of Repair: 4
 Resurvey No. of Trip: 1

Survey Fee: 250
 Transportation: 10

LS merimen
 \$3300/-

260

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 Mar 2019 16:24 Sendback Est	06 Mar 2019 16:38 S\$4,967.12	07 Mar 2019 09:28 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:		LCRF PTE. LTD., Co. Reg. No.: 201624597K							
Main Claimant:		CTPL							
Vehicle Reg. No.:		SHD6509U	Date of Loss:	05/03/2019 02:00 - :59 [53 Months and 5 Days From LTA Reg Date (Man Yr)]					
Claim Type:		TP / M1901428	Policy/Cover Note No.:	MK000196 (Third Party Only) Coverage: 25/02/2019 - 24/02/2020					
Vehicle Reg. No. (Insured):		SLK2928K	Policy No. (Claimant):						
		Excess:	S\$1,600.00						
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 18/03/2019]							
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.									

Kalvin

Veron Chen (LKKAuto)

From: Nurulhaida <nurulhaida@tokiomarine.com.sg> on behalf of Mtr Claims <mtrclaims@tokiomarine.com.sg>
Sent: Wednesday, 13 March 2019 2:28 PM
To: SUR
Subject: TP VEH: SHD6509U. OI VEH: SLK2928K. O/REF: M1901428

Dear Veron

Please upload your report to M1901428.

DOA should read as 06.03.19 instead of 05.03.19 but we are not amending the DOA at our end.

Thank you.

Regards

Nurulhaida

Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6403 | F (65) 6221 2101
E nurulhaida@tokiomarine.com.sg | W www.tokiomarine.com

A member of the
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at www.tokiomarine.com

This message contains confidential information and is intended only for the addressee named. If you are not the named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or copy this email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

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 13:54
Date Of Accident	06/03/2019 02:40
Exact Location Of Accident	BKE TWDS WOODLANDS BEFORE DAIRY FARM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6509U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHEUNG TAI LIM
NRIC No	S2191024D
Date Of Birth	26/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97923988
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 741 WOODLANDS CIRCLE #03-423
Postcode	730741
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

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	SLK2928K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG KOON HOE
NRIC/Passport Number	S1497035E
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT RIGHT

No. Of Passenger (Including Driver)

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 199303321R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/3/19 at about 02:40 hrs, I was driving straight on lane 1 at above said location - Suddenly I felt an impact from my taxi left hand side and the impact caused my taxi slightly surged to left. Subsequently we stopped our vehicles at road shoulder to take photo and exchange particulars. 01 male passenger on board my taxi. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CE REG NO: 192201321R

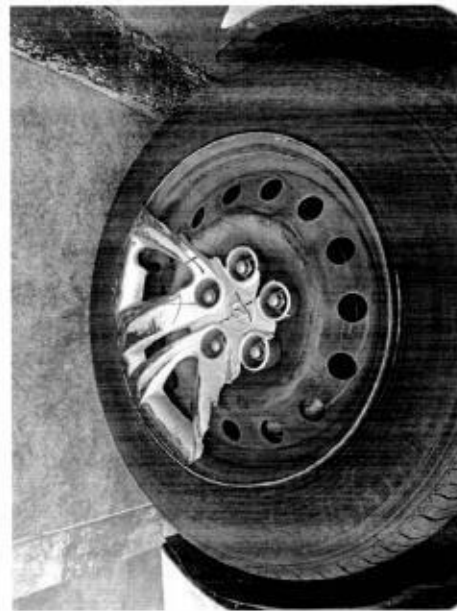
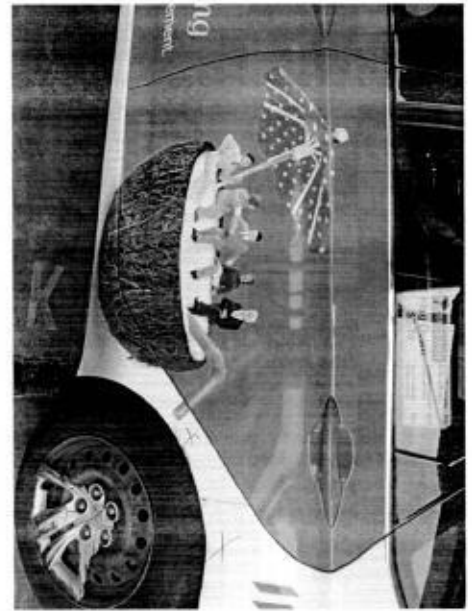
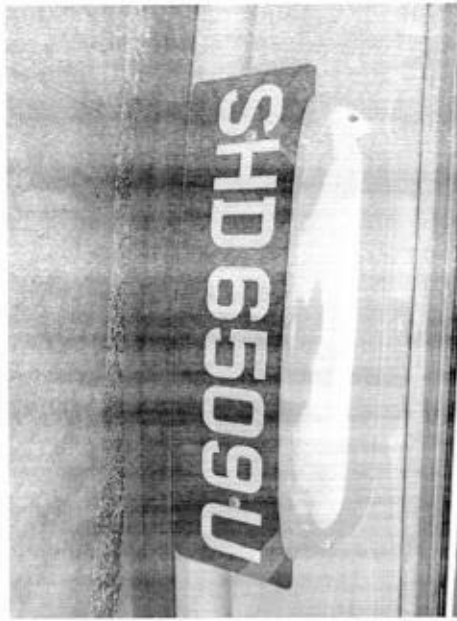
Policyholder's Signature
Date & Time:

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

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

Loke Wei Yeng

6/3/19





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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	06/03/2019
Vehicle Reg. No.:	SHD6509U	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	30/09/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDDU391408	Chassis No:	KMHLB41UMEU059733
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	6		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,047.12
Miscellaneous Items	10.00
Labour	1,910.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,967.12
+ GST 7.00% (S\$)	347.70
Nett Amount (S\$)	5,314.82

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 06 Mar 2019)
Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHD6509U/06/03/2019 16:38
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>Revised</i>	20.00	0.00	*553.00 FL
2	10	-	*REAR BUMPER CLIP — <i>ne</i>	20.00	0.00	*22.00 FL
3	1	-	*REAR FENDER LH — <i>buckled</i>	20.00	0.00	*2,171.40 FL
4	1	-	*REAR FENDER INNER LINING LH <i>x sen</i>	20.00	0.00	*169.30 FL
5	1	-	*REAR WINDSCREEN MOULDING — <i>ne</i>	20.00	0.00	*28.30 FL
6	1	-	*REAR TYRE RIM LH — <i>hard</i>	20.00	0.00	*325.30 FL
7	1	-	*REAR WHEEL HUP-CAP LH — <i>in</i>	20.00	0.00	*107.10 FL
8	1	-	*REAR BUMPER RUBBER MAT — <i>ne</i>	0.00	0	*50.00 F
9	1	-	*REAR BUMPER ADVERTISEMENT LOGO — <i>ne</i>	0.00	0	*50.00 F
10	2	-	*REAR FENDER ADVERTISEMENT LOGO LH/RH — <i>ne</i>	0.00	0	*200.00 F
11	1	-	*REAR WINDSCREEN SEALANT — <i>ne</i>	0.00	0	*46.00 F

F=Franchise part, L=ListItemDisc.

Sub Total (\$\$)	3,722.40
- List Item Discount on L Items (\$\$)	675.28
Total Parts (\$\$)	3,047.12

ComfortDelGro Engineering Pte Ltd/SHD6509U/06/03/2019 16:38. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	800.00 600
2	SPRAY PAINTING CHARGE	New	600.00 400
3	WIRING CHARGE	New	30.00 20
4	TUFF KOTE	New	50.00 20
5	REMOVE/ REFIX CUSHION & UPHOLSTERY REAR	New	150.00 50
6	REMOVE/ REFIX REAR WINDSCREEN GLASS	New	120.00 100
7	REMOVE/ REFIX REVERSE SENSOR	New	80.00 30
8	REAR WHEEL ALIGNMENT	New	80.00 60
Gross Labour Cost (\$\$)			1,910.00

ComfortDelGro Engineering Pte Ltd/SHD6509U/06/03/2019 16:38. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

16/11/19

7/3/19 1045h

4 R.

1/1

After Repair p 16

notify

Signature:

Date:

Signature of Repairer:

Date:

Signature of Company:

Date:

COMFORTDELGRO

Date/Time: 06.03.2019 15:09

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305274876

STOMER

REGN NO.: SHD6509U

MILEAGE

I/MS

COMFORT TRANSPORTATION PTE LTD
7010045

MAKE: HYUNDAI

FUEL

STOMER NO.

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

MODEL I-40

DATE/TIME IN 06.03.2019 13:00

DRESS

(R)

(P)

YR OF MANU 30.09.2014

TARGET DATE

CHASSIS CODE KMHLB41UMEU059733

COMPLETION DATE/TIME:

3COUNT CARD NO

JOB DESCRIPTION

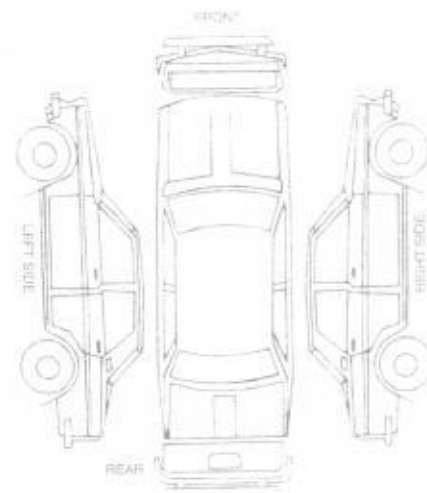
Accident Date: 06.03.2019
NATURE: 3p 06.03.2019

S/NO

LABOR CODE

DESCRIPTION

Tokio Marine - Left Rear



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

et:

lo:

ile No.:

SHD6509U

YY/JU

Vehicle No.:

SHD6509U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305274876
Date : 09/03/19

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

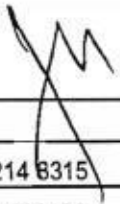
FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
: SHD6509U Date of Accident : 06/03/19

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

1. The repair job shall bill to: TOKIO --- SLK2928K
###
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% \$3,300.00
 - Final Lumpsum Repair cost _____
3. Estimated normal period for repairs: 4 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 : Kalvin
Date : 11/3/19

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/TMI19004194/K1VD3N2

Date: 13/03/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000196
Claimant Vehicle No :	SHD6509U	Insured Vehicle No :	SLK2928K
Date of Loss:	05/03/2019	Nature of Claim:	TP
		Claim No:	M1901428

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD6509U	Engine No:	D4FDDU391408
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU059733
Reg. Date:	30/09/2014 (Man. Year: 2014)	Odometer:	483875 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	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

CONDITION OF TYRES

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

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,047.12	2,911.68	135.44	4.44
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,910.00	1,280.00	630.00	32.98
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,967.12	4,201.68	765.44	15.41
Approved Total (Overridden) (S\$)		3,300.00		
(S\$)	4,967.12	3,300.00	1,667.12	33.56
+ GST 7.00/7.00% (S\$)	347.70	231.00	116.70	33.56
Nett Amount (S\$)	5,314.82	3,531.00	1,783.82	33.56

INSPECTION

Date of Assignment:	07/03/2019 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	07/03/2019 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	4.0 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: 12 Mar 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHD6509U)	
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	Deformed	553.00 FL	*553.00 FL
2	10	-	*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
3	1	-	*REAR FENDER LH	Buckled	2,171.40 FL	*2,171.40 FL
4	1	-	*REAR FENDER INNER LINING LH	Serviceable	169.30 FL	*- FL
5	1	-	*REAR WINDSCREEN MOULDING	Necessary	28.30 FL	*28.30 FL
6	1	-	*REAR TYRE RIM LH	Grazed	325.30 FL	*325.30 FL
7	1	-	*REAR WHEEL HUP-CAP LH	Cracked	107.10 FL	*107.10 FL
8	1	-	*REAR BUMPER RUBBER MAT	Necessary	50.00 F	*50.00 FS
9	1	-	*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 FS
10	2	-	*REAR FENDER ADVERTISEMENT LOGO LH/RH	Necessary	200.00 F	*200.00 FS
11	1	-	*REAR WINDSCREEN SEALANT	Necessary	46.00 F	*46.00 FS

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

Sub Total (\$\$)	3,722.40	3,553.10
- List Item Discount on L Items 20.00/20.00% (\$\$)	675.28	641.42
Total Parts (\$\$)	3,047.12	2,911.68

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	800.00	600.00
2	SPRAY PAINTING CHARGE	New	600.00	400.00
3	WIRING CHARGE	New	30.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	REMOVE/ REFIX CUSHION & UPHOLSTERY REAR	New	150.00	50.00
6	REMOVE/ REFIX REAR WINDSCREEN GLASS	New	120.00	100.00
7	REMOVE/ REFIX REVERSE SENSOR	New	80.00	30.00
8	REAR WHEEL ALIGNMENT	New	80.00	60.00
Gross Labour Cost (\$\$)			1,910.00	1,280.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >