

22/03/2002

ASS. REC. BY:

REF:

CS/TM19004670/Klvdsⁿ²

Special Instruction:

SUBWAY

MEMBER

KALVIN

ASSIGNMENT (Office)

From (Person):

Jeffrey Tay

of

TMF

Date/Time:

14/3/19 @ 1:50pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 48944

Insured:

GBD 9174C

at Workshop m/s

Comfort Delgro

Tel:

624 8300

of

59 Loyang Drive

Policy No:

MJ001454

Claim No:

M1901638

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

13/03/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

14/3/19 @ 9:31am

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 48944 - C03 / TM19002579 / Np43 DOA: 3/1/19
	GBD 9174C - C83 / GAF18011716 / K1290302 DOA: 19/5/2018

Surveyor: Kolvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/INS/TP/RES/OD/RES/EVA/INV/INV
 To Inspected 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.

NIS	O/S

Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHO 48944 Yr Regn: 12 Mar 2019
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Ix0 cc 1680
 Colour: Blue A/C: Insured / Std / HI / NA
 Sp. Reading: 60 1090 T/Radio: Insured / Std / HI / NA
 Eng/No: _____
 C/No: KM HLB41UMF4052707
 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 / Rim or
 Tyre Size: 205/60 R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or West / 164

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>13/3/19</u>		D.O.A. <u>13/3/19</u>

Survey field at C D G E (Layang)

Des. of Damages: Frt / Rear / O/S / NIS / VIC / Rooftop or
O/S B o f.

The VIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
14/3/19	Chand C/S \$950 / 2 b.p. (Red 601, 3870) <u>12 Mar 19</u>

RECEIVED 15 MAR 2019

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

Date/Time, File Return to?

15/3 - typist

Pages For: merimen

LS \$950

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

Add Fee: ☐ : Site Insp \$
☐ : Interview \$
☐ : Tech. Insp \$

Survey Fee:	250
Transportation:	10
Photo:	
Other:	
	260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Mar 2019 Sendback Est	13 Mar 2019 17:21 S\$1,551.00	14 Mar 2019 13:50 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

Insured:	PAN PACIFIC VAN & TRUCK LEASING PTE LTD, Co. Reg. No.: 201511635R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHD4894U	Date of Loss:	13/03/2019 12:00 - :59 [60 Months and 1 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1901638	Policy/Cover Note No.:	MJ001454 (Comprehensive) Coverage: 15/10/2018 - 14/10/2019
Vehicle Reg. No. (Insured):	GBD9174C	Policy No. (Claimant):	
		Excess:	S\$1,500.00
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 Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 25/03/2019]		
Driver/Custodian (Insured):	THET NAING HTAY (59) Email:		
Adj Asg. Remarks:	OUR INSD HAS NOT RPT THE ACCIDENT.		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

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

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	13/03/2019 15:15
Date Of Accident	13/03/2019 12:40
Exact Location Of Accident	DUXTON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4894U
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	YIO KOK WAH (YAO GUOHUA)
NRIC No	S7626991B
Date Of Birth	03/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96630331
Fax Number	
Contact Number	
Email Address	AL76YIO@GMAIL.COM

Address	BLK 672A EDGEFIELD PLAINS #14-547
Postcode	821672
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	COLLISION - OPENING DOOR OF VEHICLE
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)	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

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	GBD9174C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THET NAING HTAY
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

LH FRONT DOOR

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. 199303821R

Policyholder's Signature
Date & Time:

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

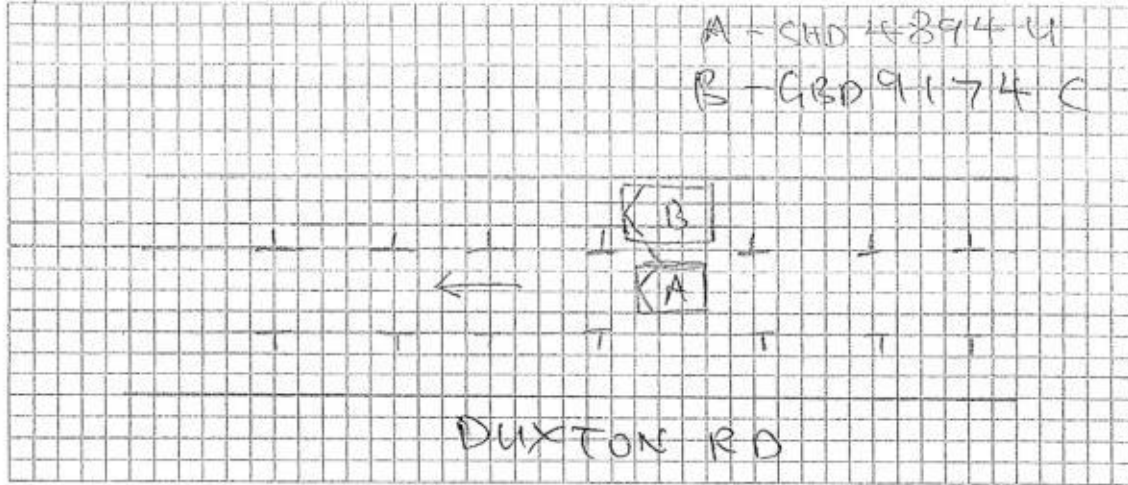
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

13.03.2019

Larry Ng

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Statement attached p

DECLARATION

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

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

Describe Circumstances of the Accident.

On 13.03.2019 at about 1240hrs, I picked up a couple along Duxton Rd. I then drove off going to their destination. As I was driving the single lane one way road, there were many vehicles parked on both sides of the road. Suddenly, I felt an impact from my right. A van, B, which had parked on my right, suddenly opened the left front door and hit my taxi right side mirror. The mirror was broken. My taxi is vehicle A.

I have a video recording the the accident impact. Photos taken at the scene.


Weather was clear and moderate traffic. No injury at the time of accident.

Declaration

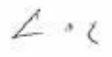
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature/Date &
Time



Driver's Signature (If driver is not the policyholder)/Date
& Time 13.03.2019
1345m

 Larry Ng

Witnessed by Reporting
Centre Personnel

COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.03.2019

REPAIR ESTIMATE

Time: 16:09:39

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 : 305277293
 REGN NO : SHD4894U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 12.03.2014
 DATE/TIME IN : 13.03.2019 13:25
 ACCIDENT DATE : 13.03.2019

Tokio Marine
(L/S) Lok-Kalvin

TS

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0594-G	WING MIRROR RH	1	670.00	20.00	536.00	/	<i>Broken</i>
0002 28-01-0103-0003-A	Frt Door COMFORTDELGRO RH	1	75.00	2.00	75.00	/	<i>nc</i>
	<i>Front Door (RH) x repair</i>						
						SUB-TOTAL :	611.00

JOB NATURE

0000 20-05	Frt Door Adv.Sticker RH		100.00	/	<i>nc</i>	
0001 PB	PANEL BEATING		400.00	<i>20%</i>		
0002 SP	SPRAYPAINT CHARGE		400.00	<i>25%</i>		
0003 17-01	WIRING CHECK		30.00	<i>20%</i>		
0004 20-05	TP MERIMEN		10.00	/		
						SUB-TOTAL : 940.00
						TOTAL : 1,551.00

Limfs
 MVA NAME & SIGNATURE
 DATE :

SURVEYOR NAME & SIGNATURE
 DATE :

Kalvin 16/4/19

13/3/19

1650hrs

2 days

4/5

After Repair photo

AUTHORISED : YES / NO

For Auto-Consultants hence notify
 the Repairer of the following:
 • To the surveyor/insurer/repairer
 • To the surveyor/insurer/repairer
 • To the surveyor/insurer/repairer

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:	13/03/2019
Vehicle Reg. No.:	SHD4894U	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	12/03/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU410567	Chassis No:	KMHLB41UMEU052707
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	2		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	711.00
Miscellaneous Items	10.00
Labour	830.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	1,551.00
+ GST 7.00% (\$\$)	108.57
Nett Amount (\$\$)	1,659.57

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 13 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/SHD4894U/13/03/2019 17:21	
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		*WING MIRROR RH	20.00	0.00	*670.00 FL	Broken
2	1		*FRT DOOR COMFORTDELGRO RH	0.00	0.00	*75.00 F	nee
3	1		*FRT DOOR ADVERTISEMENT STICKER RH	0.00	0.00	*100.00 F	nee
						Sub Total (\$\$)	845.00
						- List Item Discount on L Items (\$\$)	134.00
						Total Parts (\$\$)	711.00

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHD4894U/13/03/2019 17:21. 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 (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00
2	SPRAY PAINTING	New	400.00
3	WIRING CHECK	New	30.00
Gross Labour Cost (S\$)			830.00

ComfortDelGro Engineering Pte Ltd/SHD4894U/13/03/2019 17:21. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305277293

OMER

COMFORT TRANSPORTATION PTE LTD

7010045

IS

OMER NO.

383 SIN MING DRIVE

LESS

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

OUNT CARD NO.

REGN NO.: SHD4894U

MILEAGE

MAKE: HYUNDAI

FUEL

E 1/2 F

MODEL: I-40

DATE/TIME IN: 13.03.2019 13:25

YR OF MANU: 12.03.2014

TARGET DATE

CHASSIS CODE: KMHLB41UMEU052707

COMPLETION DATE/TIME:

JOB DESCRIPTION

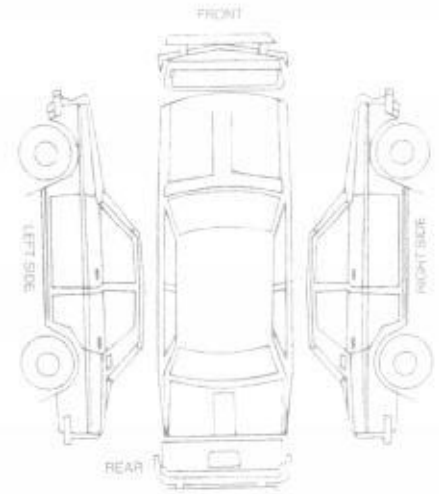
Accident Date: 13.03.2019

NATURE: 3P 13.03.19

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.: SHD4894U

LIMITS

Vehicle No.: SHD4894U

Signature/Date

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 : 305277293

Date : 14/03/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD4894U

Date of Accident : 13-Mar-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 --- GBD9174C

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)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

\$950.00

\$950.00

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 14/3/19

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		NO		
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: CC3/TMI19004670/K1VD3N2
Date: 15/03/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ001454
Claimant Vehicle No :	SHD4894U	Insured Vehicle No :	GBD9174C
Date of Loss:	13/03/2019	Nature of Claim:	TP
		Claim No:	M1901638

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD4894U	Engine No:	D4FDDU391863
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU052707
Reg. Date:	12/03/2014 (Man. Year: 2014)	Odometer:	601090 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:	Good

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	711.00	711.00	0.00	0.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	830.00	470.00	360.00	43.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,551.00	1,191.00	360.00	23.21
Approved Total (Overridden) (S\$)		950.00		
(S\$)	1,551.00	950.00	601.00	38.75
+ GST 7.00/7.00% (S\$)	108.57	66.50	42.07	38.75
Nett Amount (S\$)	1,659.57	1,016.50	643.07	38.75

INSPECTION

Date of Assignment:	14/03/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	13/03/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 15 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 SHD4894U)	
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		*WING MIRROR RH	Broken	670.00 FL	*670.00 FL
2	1		*FRT DOOR COMFORTDELGRO RH	Necessary	75.00 F	*75.00 FS
3	1		*FRT DOOR ADVERTISEMENT STICKER RH	Necessary	100.00 F	*100.00 FS
4	1		*FRONT DOOR (RH)(NPA)	Repair	-	*- FL
					Sub Total (\$\$)	845.00 845.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	134.00 134.00
					Total Parts (\$\$)	711.00 711.00

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 (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING	New	400.00	250.00
3	WIRING CHECK	New	30.00	20.00
Gross Labour Cost (S\$)			830.00	470.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >