

Director: Kelvin

REF: CC3/TMI19005860/K19d3n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop: _____
 Insured: YP21125
 Policy No: MV009580
 Claims No: M190778
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

| | |
|-----|-----|
| NIS | OIS |
| | |

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

CA / REV / REP. / 24 HRS

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

Veh No: SHA 6066x Tr Regn: 30 Apr 2012
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa cc 1.9
 Colour: Blue A/C: Ins 6 / Sid / NI / NA
 Sp. Reading: 9 23 491 T/Radio: Ins 6 / Sid / NI / NA
 Eng/No: _____
 C/No: KM HET41VMCA 824537
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: Inoper / 6 / Jammed / Leaked / Burnt or
 Brake: Inoper / 6 / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / 6 / A/Rim or
 Tyre Size: F: 215 / 60 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Harlak
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 1/4/19 D.O.I. 2/4/19
 Survey field at C D G E (Loyang)
 Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or
n/s Front
 The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|--------------|--|
| | SHA 6066 - CS / FC / I / 16010691 / K9h3d1 D.O.A - 04/06 / 2016 To Kio |
| | YP 21125 - X 4 |
| 3/4 @ 2:00pm | Sent AIA & Estimate via email to tokio |
| 4/4/19 | Calculated 4/5 of 2800 / 3 lgs. (ded pmt 4.96, 44%) |

RECEIVED 06 APR 2019

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

Days Of Repair: 3

Resurvey No. of Trip: 1

Date/Time, File Return to? _____

3rd Fee: Site Insp
 Interview
 Tech. Insp
 Report

| | |
|-----------------|-----|
| Survey Fee: | |
| Transportation: | 250 |
| S-SS | 10 |
| | |
| | |
| | 260 |

Lump Sum = 2800

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Wednesday, 3 April 2019 2:06 PM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE LTD, DOA: 01/04/2019, SHA 6066X (TP VEHICLE), YP 2112S (OI VEHICLE)
Attachments: SHA 6066X ESTIMATE.pdf; SHA 6066X GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 6066X at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 2/4/2019

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Kindly create claim in merimen for our necessary action.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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 | 02/04/2019 11:52 |
| Date Of Accident | 01/04/2019 17:00 |
| Exact Location Of Accident | ANG MO KIO INDUSTRIAL PARK 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA6066X |
| 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 | SONATA |
| 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 | ONG TECK KA |
| NRIC No | S0208539I |
| Date Of Birth | 03/03/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/12/1975 |
| Driving Experience | 43 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86965898 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | 268 07-256 BUKIT BATOK EAST AVENUE 4 |
| Postcode | 650268 |
| 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

SEE ATTACH.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | - |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | YP2112S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | XUZE |
| NRIC/Passport Number | |
| Contact Number | 98280511 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | RHT FRT |

No. Of Passenger (Including Driver)

Sketch Plan Pg. 2

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.

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

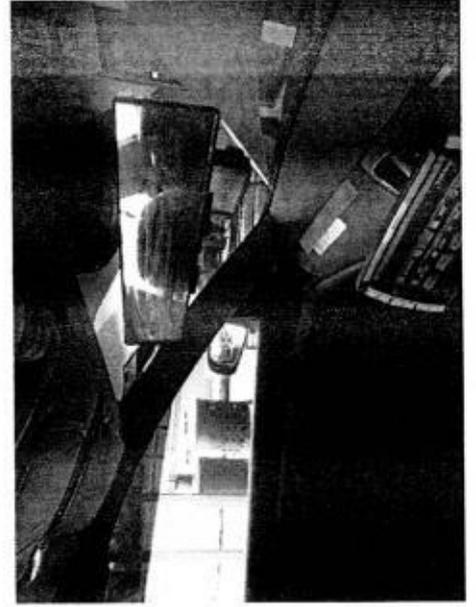
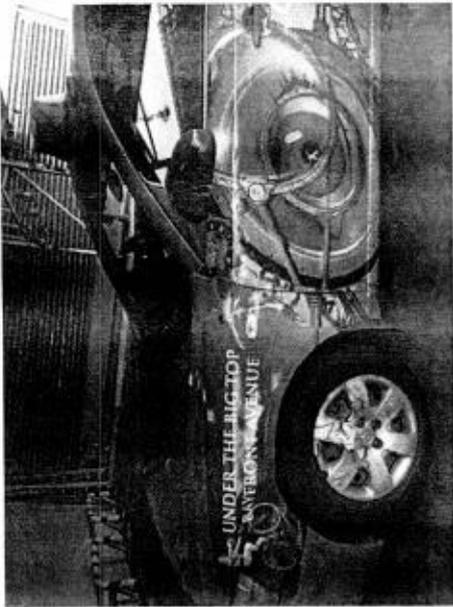
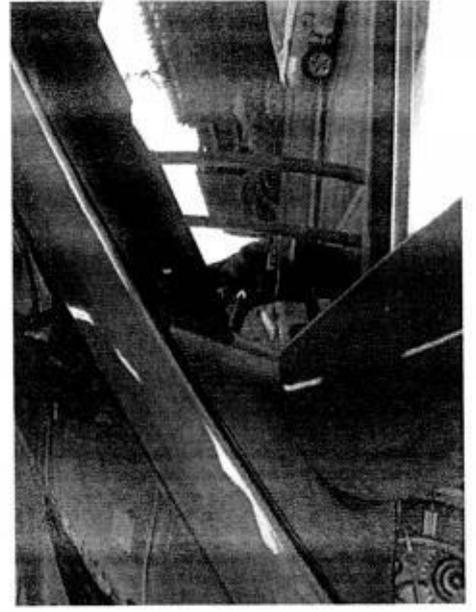
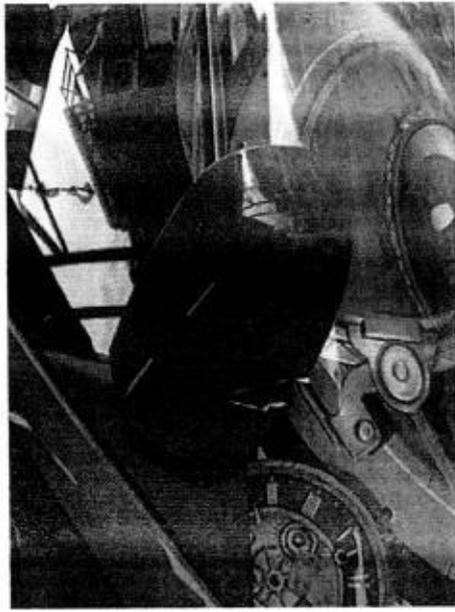
Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 02.04.2019@1100hrs



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



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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

| | | | |
|--------------------------------------|--|---------------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 01/04/2019 |
| Vehicle Reg. No.: | SHA6066X | Driveable? | YES |
| Party At Fault: | UNKNOWN | | |
| Driver (TP): | ONG TECK KA | | |
| Make/Model: | HYUNDAI SONATA, 2.0 CRDI (A) | Vehicle Reg. Date: | 30/04/2012 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | D4EAC084740 | Chassis No: | KMHET41VMCA824537 |
| Odometer: | 1 KM | | |
| Paint Type: | | | |
| List Item Discount: | 20.00 % | | |
| Total Loss? | NO | | |
| Est. Duration of Repair (day) | 4 | | |
| Description of Accident/Loss | SEE ATTACH. | | |
| Present Location: | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) | | |

| COST OF CLAIMS | Amount |
|-----------------------|--------------------------|
| Parts | 3,234.96 |
| Miscellaneous Items | 10.00 |
| Labour | 1,780.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| | Gross Total (S\$) |
| | 5,024.96 |
| | + GST 7.00% (S\$) |
| | 351.75 |
| | Nett Amount (S\$) |
| | 5,376.71 |

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: 02 Apr 2019)
 Parts: 143 HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: **ComfortDelGro Engineering Pte Ltd/SHA6066X/02/04/2019 12:38**
 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 | | *FRONT BUMPER <i>Defunct</i> | 20.00 | 0.00 | *538.80 FL |
| 2 | 1 | | *FRONT BUMPER TOP BRACKET - LH <i>Xsu</i> | 20.00 | 0.00 | *22.40 FL |
| 3 | 1 | | *FRONT BUMPER SIDE BRACKET - LH <i>Xsu</i> | 20.00 | 0.00 | *20.10 FL |
| 4 | 10 | | *FRONT BUMPER CLIPS <i>new</i> | 20.00 | 0.00 | *22.00 FL |
| 5 | 1 | | *HEADLAMP - LH <i>knapped</i> | 20.00 | 0.00 | *797.90 FL |
| 6 | 1 | | *HEADLAMP SUPPORT PANEL ASSY <i>Xsu</i> | 20.00 | 0.00 | *1,023.00 FL |
| 7 | 1 | | *FRONT FENDER - LH <i>Brickel</i> | 20.00 | 0.00 | *593.00 FL |
| 8 | 1 | | *FRONT FENDER SHIELD - LH <i>Xsu</i> | 20.00 | 0.00 | *86.00 FL |
| 9 | 1 | | *SIDE MIRROR - LH <i>cm</i> | 20.00 | 0.00 | *545.50 FL |
| 10 | 1 | | *FRONT WHEEL COVER - LH <i>km</i> | 20.00 | 0.00 | *145.00 FL |
| 11 | 1 | | *ADVERTISEMENT - LHF FENDER <i>me</i> | 0 | 0.00 | *100.00 FS |
| 12 | 1 | | *ADVERTISEMENT - LHF DOOR <i>me</i> | 0 | 0.00 | *100.00 FS |

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

| | |
|---------------------------------------|-----------------|
| Sub Total (S\$) | 3,993.70 |
| - List Item Discount on L Items (S\$) | 758.74 |
| Total Parts (S\$) | 3,234.96 |

ComfortDelGro Engineering Pte Ltd/SHA6066X/02/04/2019 12:38. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Larry Ng

Estimates on Miscellaneous Items

| No | Qty | Particulars | Amount |
|----------------------------|-----|----------------------|--------------|
| Miscellaneous Items | | | |
| 1 | 1 | OD/TP Case (Insurer) | 10.00 ✓ |
| Sub Total (S\$) | | | 10.00 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|--------------------------------|-----------------------|----------|-----------------------|
| Labour Items | | | |
| 1 | PANEL BEATING | New | 800.00 600 |
| 2 | SPRAY PAINTING | New | 700.00 650 |
| 3 | TUFF KOTE | New | 80.00 50 |
| 4 | WIRING CHARGE | New | 80.00 20 |
| 5 | FRONT WHEEL ALIGNMENT | New | 120.00 60 |
| Gross Labour Cost (S\$) | | | 1,780.00 |

ComfortDelGro Engineering Pte Ltd/SHA6066X/02/04/2019 12:38. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka hua 11111
M 2/4/19 1315 L.
3 by
4/5
Alle Repair p/G

Larry Ng

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer

Signature:

Date:

Team: CK ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305283674

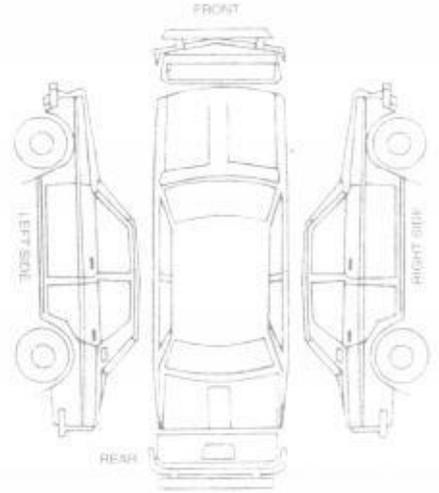
CUSTOMER
COMFORT TRANSPORTATION PTE LTD *VAR1*
 7010045
 CUSTOMER NO. **383 SIN MING DRIVE**
 ADDRESS **Singapore SINGAPORE 575717**
65508755
 L (R) (P) (D)
 SCOUNT CARD NO.

| | | |
|---------------|-------------------|----------------------------------|
| REGN NO: | SHA6066X | MILEAGE |
| MAKE: | HYUNDAI | FUEL E.....1/2.....F |
| MODEL: | SONATA | DATE/TIME IN 02.04.2019 10:20 |
| YR OF MANU: | 30.04.2012 | TARGET DATE |
| CHASSIS CODE: | KMHET41VMCA824537 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 01.04.2019
 NATURE: 3P 01.04.2019

| S/NO | LABOR CODE | DESCRIPTION |
|------|--------------------|-------------|
| | TOKIO - Left Front | |
| | LFR/Kabin - | |



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip
 Name: _____
 Vehicle No.: **SHA6066X**
 Title No.: **LARRY**
Larry Ng
 Name of Service Advisor: _____
 Signature/Date: _____
 To be returned to Service Reception upon collection.

Exit Pass
 Vehicle No.: **SHA6066X**
 Name of Service Advisor: _____
 Date: _____
 To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305283674

Date : 3. Apr. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA6066X

Date of Accident: 2. Apr. 2019

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

1. The repair job shall bill to: TOKIO MARINE YP2112S
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: _____
 - Final Lumpsum Repair cost** \$2,800.00
3. Estimated normal period for repairs: 3 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 : WEI YIENG

Tel : 6214 8316

Fax : 6546 8156

Signature :  _____

Name : Calvin

Date : 4/4/19

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 | | | | |
| 3. Survey Fees | | | | |
| 4. LTA Search Fee | | | | |
| 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/TM19005860/K1QD3N2

Date: 09/04/2019

REFERENCE

| | | | |
|------------------------------|--------------------------------------|-----------------------------|----------|
| Handling Insurer: | Tokio Marine Insurance Singapore Ltd | Policy No: | MV009580 |
| Claimant Vehicle No : | SHA6066X | Insured Vehicle No : | YP2112S |
| Date of Loss: | 01/04/2019 | Nature of Claim: | TP |
| | | Claim No: | M1902228 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|------------------------------------|------------------------------|--------------------|-------------------|
| Reg No: | SHA6066X | Engine No: | D4EAC084740 |
| Make & Model: | HYUNDAI SONATA, 2.0 CRDI (A) | Chassis No: | KMHET41VMCA824537 |
| Reg. Date: | 30/04/2012 (Man. Year: 2012) | Odometer: | 923491 km |
| Colour: | Blue | | |
| Engine Capacity: | 1991 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: | 215/60R16 | Rear Tyre Size: | 215/65R16 |
| 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 | 3,234.96 | 2,313.76 | 921.20 | 28.48 |
| Miscellaneous Items | 10.00 | 10.00 | 0.00 | 0.00 |
| Labour | 1,780.00 | 1,180.00 | 600.00 | 33.71 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 5,024.96 | 3,503.76 | 1,521.20 | 30.27 |
| Approved Total (Overridden) (S\$) | | 2,800.00 | | |
| (S\$) | 5,024.96 | 2,800.00 | 2,224.96 | 44.28 |
| + GST 7.00/7.00% (S\$) | 351.75 | 196.00 | 155.75 | 44.28 |
| Nett Amount (S\$) | 5,376.71 | 2,996.00 | 2,380.71 | 44.28 |

INSPECTION

| | | | |
|------------------------------------|------------|--------------------------|--|
| Date of Assignment: | 04/04/2019 | Present Location: | ComfortDelGro Engineering Pte Ltd (Loyang) |
| Date Inspected: | 02/04/2019 | Inspected At: | ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969 |
| Estimated Period of Repair: | 3.0 days | | |

Adjuster: KALVIN ANG WEI KUN

Manager: SHIAU CHAN

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: 09 Apr 2019) |
| Parts: 143 | HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SHA6066X) |
| 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 | | *FRONT BUMPER | Deformed | 538.80 FL | *538.80 FL |
| 2 | 1 | | *FRONT BUMPER TOP BRACKET - LH | Serviceable | 22.40 FL | *- FL |
| 3 | 1 | | *FRONT BUMPER SIDE BRACKET - LH | Serviceable | 20.10 FL | *- FL |
| 4 | 10 | | *FRONT BUMPER CLIPS | Necessary | 22.00 FL | *22.00 FL |
| 5 | 1 | | *HEADLAMP - LH | Grazed | 797.90 FL | *797.90 FL |
| 6 | 1 | | *HEADLAMP SUPPORT PANEL ASSY | Serviceable | 1,023.00 FL | *- FL |
| 7 | 1 | | *FRONT FENDER - LH | Buckled | 593.00 FL | *593.00 FL |
| 8 | 1 | | *FRONT FENDER SHIELD - LH | Serviceable | 86.00 FL | *- FL |
| 9 | 1 | | *SIDE MIRROR - LH | Cracked | 545.50 FL | *545.50 FL |
| 10 | 1 | | *FRONT WHEEL COVER - LH | Cracked | 145.00 FL | *145.00 FL |
| 11 | 1 | | *ADVERTISEMENT - LHF FENDER | Necessary | 100.00 FS | *100.00 FS |
| 12 | 1 | | *ADVERTISEMENT - LHF DOOR | Necessary | 100.00 FS | *100.00 FS |

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

| | | |
|---|-----------------|-----------------|
| Sub Total (\$\$) | 3,993.70 | 2,842.20 |
| - List Item Discount on L Items 20.00/20.00% (\$\$) | 758.74 | 528.44 |
| Total Parts (\$\$) | 3,234.96 | 2,313.76 |

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 | 400.00 |
| 2 | SPRAY PAINTING | New | 700.00 | 650.00 |
| 3 | TUFF KOTE | New | 80.00 | 50.00 |
| 4 | WIRING CHARGE | New | 80.00 | 20.00 |
| 5 | FRONT WHEEL ALIGNMENT | New | 120.00 | 60.00 |
| Gross Labour Cost (\$\$) | | | 1,780.00 | 1,180.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >