

22/03/2002

ASS. REC. BY:

REF: CS/MS619006910/KISD362

Special Instruction:

Survivor: Kalvin

ASSIGNMENT (Office)

mermen

From (Person): Jowyn Tay

of MSI G

Date/Time: 18.4.2019 11:28 a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHD 4934 m

Insured: SLK 4211 G

at Workshop m/s Comfort delgro Engineering

Tel: 62148300

of 59 Loyang Drive

Policy No: 80452903

Claim No: 590788

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 13.4.2019

CA / REV / REP. / REV 24 HRS

"wp"

H.O.D. Endorsement:

Date/Time: 18.4.19 11:56 a.m

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (V) Estimate.

SHD 4934 m - NSI / NC 18003683 / KIRBN2

D.O.A. - 10/07/2018

SLK 4211 G - X

22/4-

Revised (A) na mermen

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 4934M Yr Regn: 27 Mar, 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 714092 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414M.E4052326Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD CA / Rim orTyre Size: F: 205/60 R 16

R: _____

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

TOYO / YOKO or Harbin

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 13/4/19 D.O.I. 18/4/19Survey held at COGE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Roof/Top or

Rear

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

Date / Time Action / Instruction

23/4/19 Went L/S \$750/ 20%.(\$610.00 Red - 45%)ASIAH
4/5

RECEIVED 23 APR 2019

Date/Time, File Pass to?

23/04/19☐ : Prel. Report1) Typist☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

190

Transportation:

S + RS \$ _____

Photos

Others

10

TOTAL

160

Rec'd Format:

\$750/- L/S

Note: This document has not been finalised.**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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Jowyn Tay Mei Ling

Date: 22 Apr 2019

Preliminary Advice

Insured Vehicle No	: SLK4211G	Accident Date	: 13/04/2019
TP Vehicle No	: SHD4934M	Assignment Date	: 18/04/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 18/04/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,360.00
Revised Amount	:S\$	940.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	940.00

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is economical/not economical for repair.
- (x) The above survey was conducted on a 'without prejudice' basis.

COMFORTDELGRO

Date/Time: 16.04.2019 13:32 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305287718

3MER

S: COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

(R)
(P)

JUNT CARD NO.

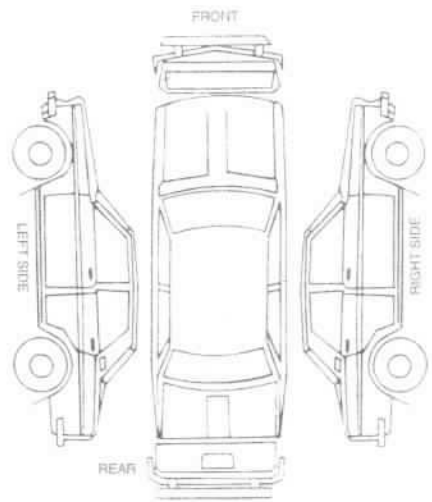
MSIG

REGN NO.: SHD4934M	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 16.04.2019 11:10
YR OF MANU. 27.03.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU052326	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 13.04.2019
NATURE: 3P 13.04.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHD4934M LKE

Vehicle No.: SHD4934M

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

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	15/04/2019 08:45
Date Of Accident	13/04/2019 17:10
Exact Location Of Accident	ECP TWDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4934M
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	TAN AH TEE
NRIC No	S2164461G
Date Of Birth	06/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97540107
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	622 05-88 SENJA ROAD
Postcode	670622
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	4
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	SLK4211G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHILIP TAI KHANG SIONG
NRIC/Passport Number	S9026930E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE5868L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHB4071M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12-4-19 @ 17:10 hr. I VEH.

A was driving along the above location

straight. VEH instant E. brake I VEH.

slow down and stop instant suddenly VEH

B from the rear hit VEH A Rear. At

the point of accident VEH A ferry

a male passenger was injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO 199303721P

Policyholder's Signature
Date & Time:

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

N. S. Manoj (ISO)

Reporting Centre Personnel's Signature
Name:

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:

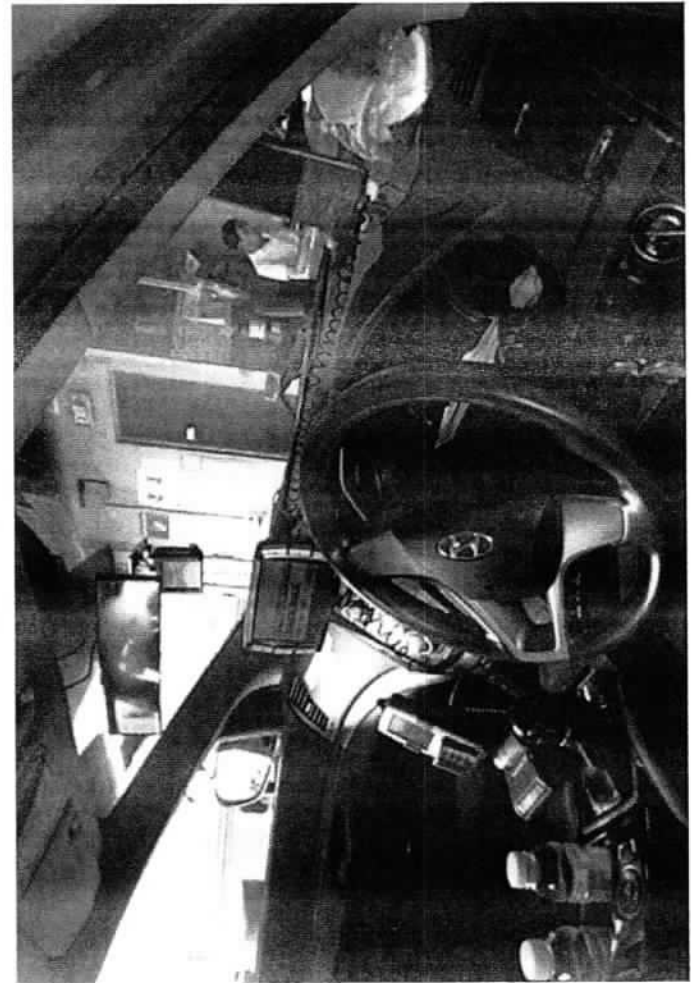
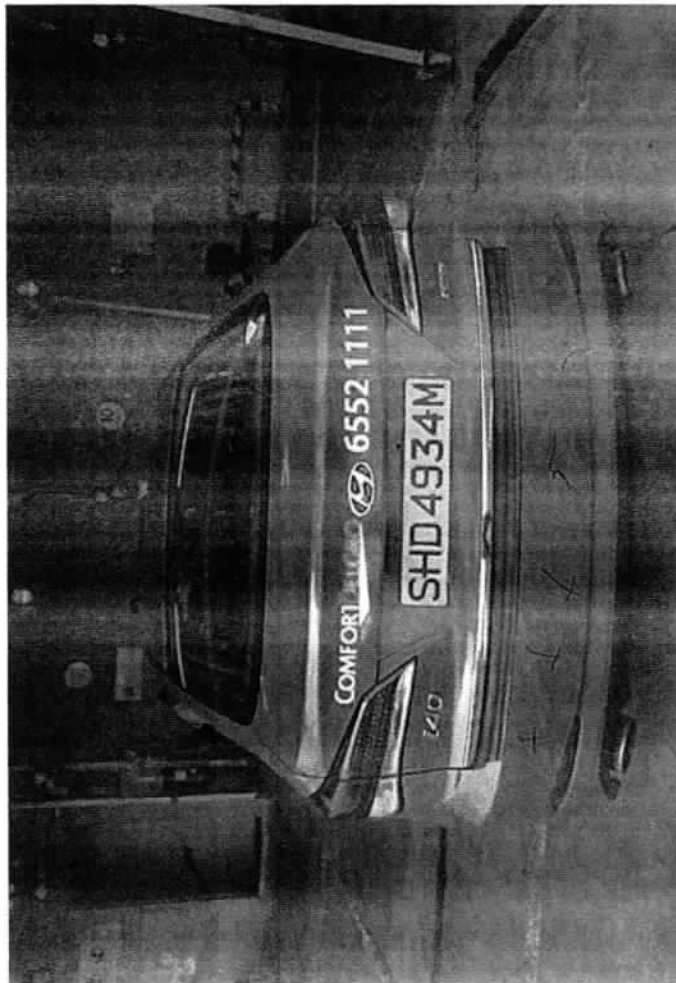
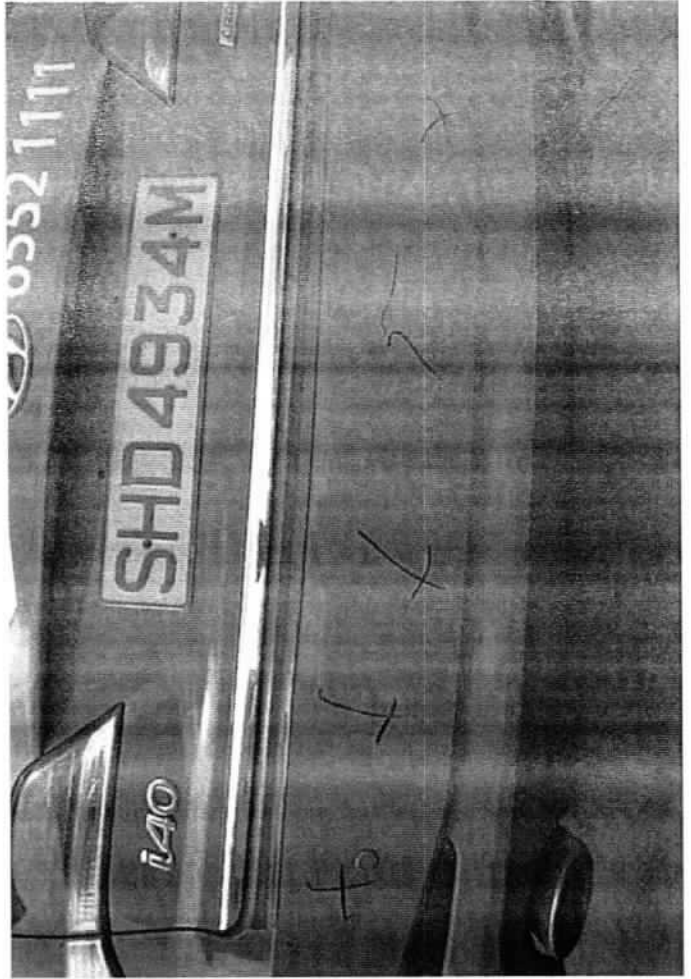
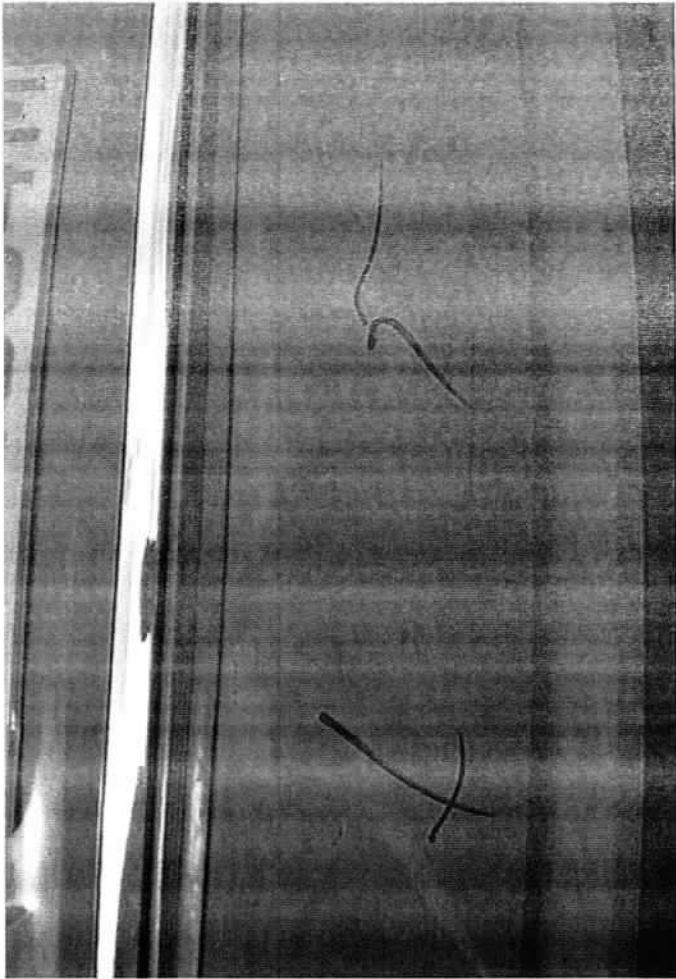
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

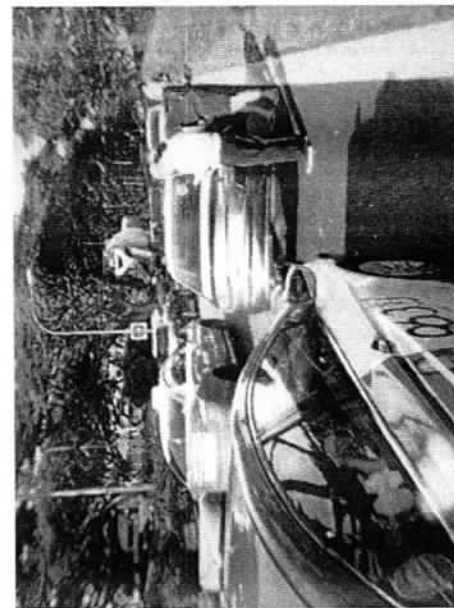
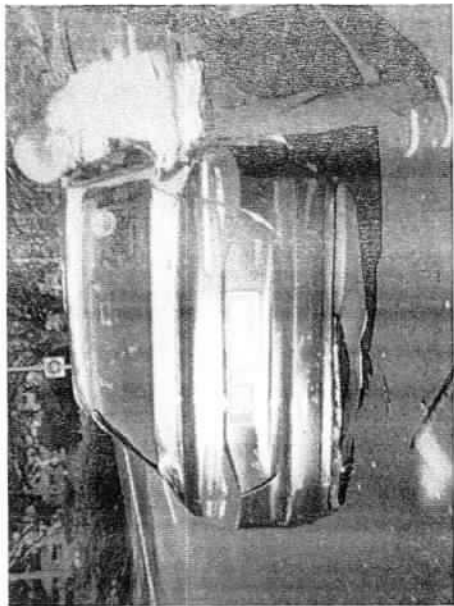
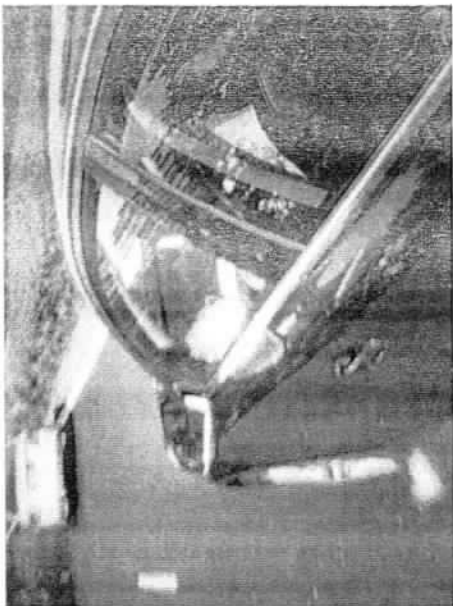
IMPORT TRANSPORTATION
CO REG. NO. 19830727

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.:





* Re-fax repair estimate
→ 62257402 on 16/4 @ 1435
DATE 4/16/2019 14:36

MODEL : HYUNDAI i40

MSIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — Defend			\$ 553.00
	Rear Bumper Clip 10 pcs — ne			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Rubber Mat — ne			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 400.00 200
	Spray Painting Charge			\$ 300.00 200
	Wiring Charge			\$ 30.00 X n
	Remove/Refix Reverse Sensor			\$ 120.00 30
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 1,360.00
	1 Car / via 1 ckkk 18/4/19 123- 2 by - 4/s After Repair photo			

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305287718

Date : 20.04.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHD4934M CTPL

13.04.19

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

1. The repair job shall bill to: **MSIG** --- **SLK4211G**
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% **\$750.00**
Final Lumpsum Repair cost **\$750.00**

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 KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN ANG

Date : 23/4/19

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	16 Apr 2019 15:36		18 Apr 2019 11:28 Edit Adj Rpt	S\$750.00 Edit Estimates	S\$750.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: TAI, MUI , ID: S2506258B									
Main Claimant: COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R									
Vehicle Reg. No.: SHD4934M		Date of Loss:	13/04/2019 17:00 - :59 [60 Months and 17 Days From LTA Reg Date (Man Yr)]						
Claim Type: TP / 590788		Policy/Cover Note No.:	80452903 (Comprehensive) Coverage: 17/01/2019 - 16/01/2020						
Vehicle Reg. No. (Insured): SLK4211G		Policy No. (Claimant):							
		Excess:							
Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jowyn Tay Mei Ling - 6643 1307]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 18/05/2019]									
Driver/Custodian (Insured): PHILIP TAI KHANG SIONG () , NRIC: S9026930E Email:									
Adj Asg. Remarks: LIABILITY:100% CONTACT: LIM KWOK ENG 6214 8355/9824 0811									
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.									

Claim Documents

***SHD4934M (590788)**
[SLK4211G]
TP
COMFORT TRANSPORTATION PTE LTD
Apr 13 2019 5:00PM
[TAI, MUI]
ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View [View in Browser](#)

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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Photos/Images			3 per page	<input checked="" type="checkbox"/>
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19	22/04/19 08:38	General View	Load JPG	<input checked="" type="checkbox"/>
20	23/04/19 08:42	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
21	23/04/19 08:42	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
22	23/04/19 08:42	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	16/04/19 15:36	SLK4211G E-FILE REPORT	Load PDF	
2	16/04/19 15:37	SHD4934M E-FILE REPORT	Load PDF	
3	16/04/19 15:37	SLE5868L E-FILE REPORT	Load PDF	
4	16/04/19 15:38	SHB4071M E-FILE REPORT	Load PDF	
5	16/04/19 15:39	TP PRI NOTICE	Load PDF	
6	18/04/19 10:57	FAX FROM TP TO ARRANGE SURVEY & ESTIMATE	Load PDF	
7	03/05/19 11:17	Letter of Demand from Third Party from ComfortDelgro Engineering PL	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div></div>
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

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/MSG19006910/K1SD3E2

Date: 07/05/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 80452903

Claimant Vehicle No : SHD4934M

Insured Vehicle No : SLK4211G

Date of Loss: 13/04/2019

Nature of Claim: TP

Claim No: 590788

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD4934M

Make & Model: HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A) Engine No: D4FDEU461316

Reg. Date: 27/03/2014 (Man. Year: 2014)

Chassis No: KMHLB41UMEU052326

Colour: Blue

Odometer: 714092 km

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 7 mm

Rear Left Side: Hankook 7 mm

Front Right Side: Hankook 7 mm

Rear Right Side: Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	510.00	510.00	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	850.00	430.00	420.00	49.41
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,360.00	940.00	420.00	30.88
Approved Total (Overridden) (S\$)		750.00		
(S\$)	1,360.00	750.00	610.00	44.85
+ GST 7.00/7.00% (S\$)	95.20	52.50	42.70	44.85
Nett Amount (S\$)	1,455.20	802.50	652.70	44.85

INSPECTION

Date of Assignment: 18/04/2019

Date Inspected: 18/04/2019 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:** Hiew May Fung

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: 07 May 2019)
Parts:	143	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD4934M)	
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 BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
Sub Total (\$)					625.00	625.00
- List Item Discount on L Items 20.00/20.00% (\$)					115.00	115.00
Total Parts (\$)					510.00	510.00

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	0.00
4	REMOVE / REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (\$\$)			850.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >