

ASS. REC. BY:

REF: CS/ICS19006961/K1sd30k

Special Instruction:

minim Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Desmond Lee

of

ECIC S

Date/Time: 18.4.2019 3.33p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 8125K

Insured: SKL 5538 P

at Workshop m/s Comfort delgro

Tel: 6244 8315

of 59 Loyang Drive

Policy No:

Claim No: DMPC1900109H/DL

Sum Insured:

Excess:

Make of Veh:

D.O.A. 17.4.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"wp"

H.O.D. Endorsement:

Date/Time: 18.4.2019 5.28p.m

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 8125K -X
	SKL 5538 P -X
23/4/19	17.29 p.m revised as to team

Surveyor: Kalvin

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SHC 8125 K Yr Regn: 29 Jan 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 710287 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: KMHL8414AF406578x

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insider / Jammed / Leaked / Burnt orBrake: Insider / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wahat Lake

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 17/4/11 D.O.I. 18/4/11Survey held at CDGE (Loyang)

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

n/s Front.

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

Date / Time	Action / Instruction
24/4/19	Labour up \$2150 / 20% (\$1,073.12 Red - 33%)

RECEIVED 25 APR 2019

Date/Time, File Pass to?

25/04/19

☐ : Prel. Report

1) Type 4

☒ : Final Report

Date/Time, File Return to?

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Wheel end (\$ _____)Survey Fee: 350

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL

10

360

Report Format:

2,150/- L/S

Nivitha (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Thursday, 18 April 2019 3:46 PM
To: assignments
Subject: FW: Our Claims Ref: DMPC1900109H/DL // DOA.17.04.19 // SHC8125K with your insured SKL5538P
Attachments: img-418144742-0001.pdf

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Desmond Lee Ker Wen (ECICS, Claims) [mailto:Desmond_Lee@ecics.com.sg]
Sent: Thursday, 18 April 2019 3:33 PM
To: sur@lkkauto.com
Cc: ECICS Claims <claims@ecics.com.sg>; motorsurvey <motorsurvey@ecics.com.sg>
Subject: Our Claims Ref: DMPC1900109H/DL // DOA.17.04.19 // SHC8125K with your insured SKL5538P

Dear LKK

Please assist with the PRI Survey.

Best regards

Desmond Lee

Senior Associate | Claims



DID (65) 6303 0167

Tel (65) 6337 4779

Email Desmond_Lee@ecics.com.sg Web www.ecics.com.sg

Address 10 Eunos Road 8, Singapore Post Centre, #09-04A, Singapore 408600.

From: motorsurvey
Sent: Thursday, 18 April 2019 3:05 PM
To: Desmond Lee Ker Wen (ECICS, Claims)
Cc: ECICS Claims
Subject: FW: DOA.17.04.19 SHC8125K with your insured SKL5538P

Hi Desmond

Please assist.

Thank you.

Best regards

Janice Goh

Senior Associate | Claims



DID (65) 6303 0182

Tel (65) 6337 4779

Email janice_goh@ecics.com.sg Web www.ecics.com.sg

Address 10 Eunos Road 8, Singapore Post Centre, #09-04A, Singapore 408600.

From: Jumani Bin Masudin [<mailto:jumanibm@cdge.com.sg>]
Sent: Thursday, 18 April 2019 2:51 PM
To: motorsurvey
Subject: DOA.17.04.19 SHC8125K with your insured SKL5538P

TO

Officer in charge

Best Regards

Jumani Masudin

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8315 / Fax. 6546-8156

From: ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>
Sent: Thursday, 18 April 2019 2:47 PM
To: Jumani Bin Masudin
Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 8

Attachment File Type: PDF

Device Name: ApeosPort-IV C5570

Device Location:

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

SBS Transit Ltd [Registration No. 199206653M]

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

This message may contain privileged and confidential information and is only intended for use by the addressee. No representation, warranty, guarantee or undertaking expressed or implied is made by ECICS Limited; as to the fairness, accuracy or completeness of any information, projections or opinions contained in this message. Any unauthorized disclosure, use or dissemination either in whole or in part is prohibited. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

This message may contain privileged and confidential information and is only intended for use by the addressee. No representation, warranty, guarantee or undertaking expressed or implied is made by ECICS Limited; as to the fairness, accuracy or completeness of any information, projections or opinions contained in this message. Any unauthorized disclosure, use or dissemination either in whole or in part is prohibited. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

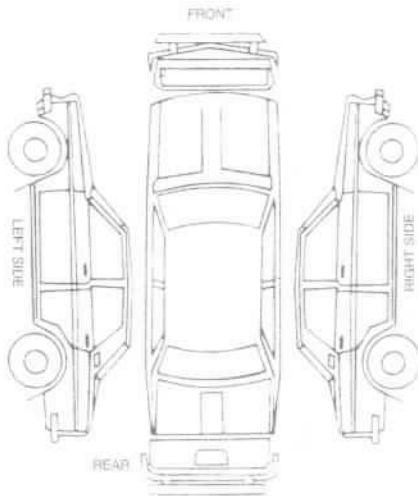
This message may contain privileged and confidential information and is only intended for use by the addressee. No representation, warranty, guarantee or undertaking expressed or implied is made by ECICS Limited; as to the fairness, accuracy or completeness of any information, projections or opinions contained in this message. Any unauthorized disclosure, use or dissemination either in whole or in part is prohibited. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

Team: ARC Repair TP(CLS0)1		JOB CARD		Sales Order:		JC NO.: 305288472	
TOMER AS COMFORT TRANSPORTATION PTE LTD TOMER NO. 7010045 PRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.				REGN NO.: SHC8125K		MILEAGE	
				MAKE : HYUNDAI		FUEL E.....1/2.....F	
				MODEL I-40		DATE/TIME IN 18.04.2019 10:05	
				YR OF MANU. 29.01.2015		TARGET DATE	
				CHASSIS CODE KMHLB41UMFU065784		COMPLETION DATE/TIME:	

JOB DESCRIPTION

Accident Date: 17.04.2019
NATURE: 3P 17.04.19/C

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

wedgement Slip

Exit Pass

No.: SHC8125K	JU ECICS	Vehicle No.: SHC8125K
---------------	----------	-----------------------

Signature/Date	Name of Service Advisor	Date
----------------	-------------------------	------

returned 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	18/04/2019 11:19
Date Of Accident	17/04/2019 22:00
Exact Location Of Accident	PIE SLIP RD TO LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8125K
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	BOK KENG SENG
NRIC No	S1496242E
Date Of Birth	16/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1984
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96952136
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 77 TELOK BLANGAH DRIVE #08-224
Postcode	100077
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: : 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	SKL5538P
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

RH 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:

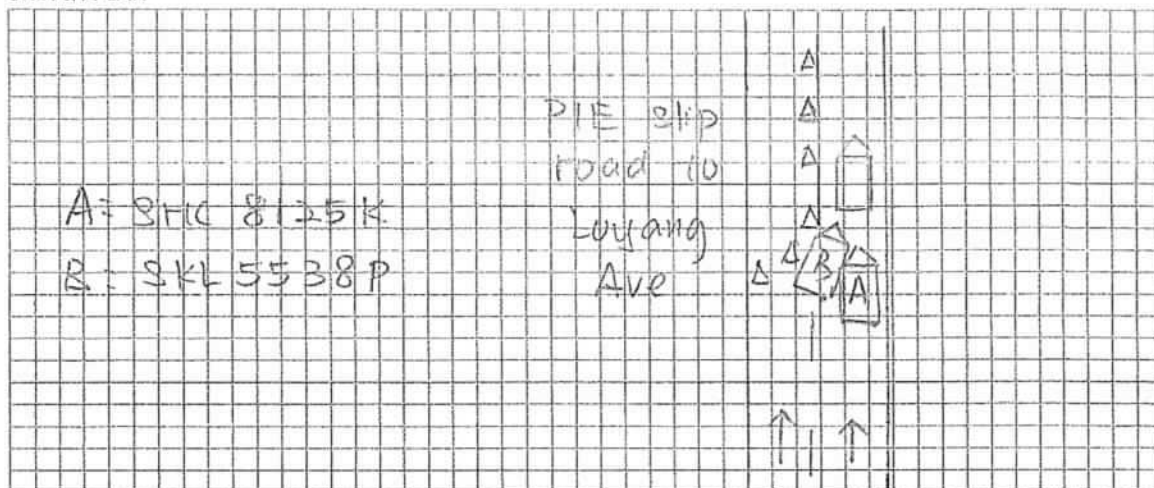
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Loke Wei Yiong

18/4/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/4/19 at about 22:00 hrs, I was driving at above said location with a female pax onboard. Traffic jam and veh moving slowly. While I approaching the merging road, Veh B shoot out from my left in redress. Due to this course, veh B it right front door hit & grazed onto the front left portion of my taxi. No injury at the point 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

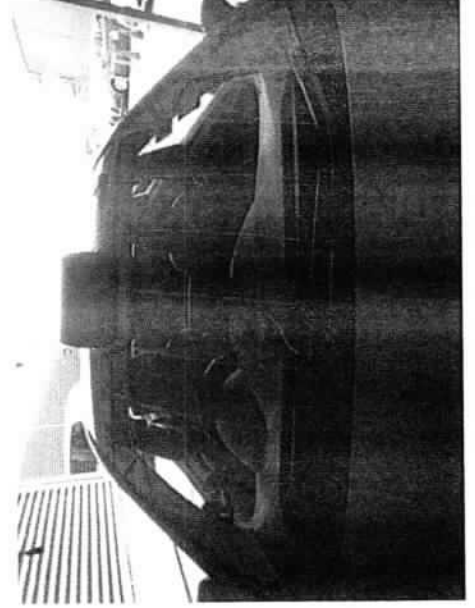
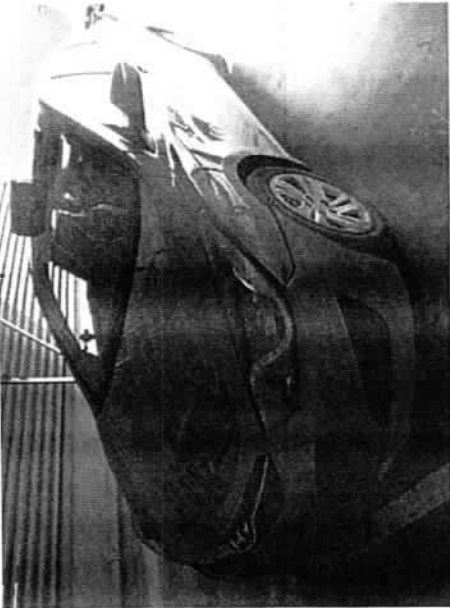
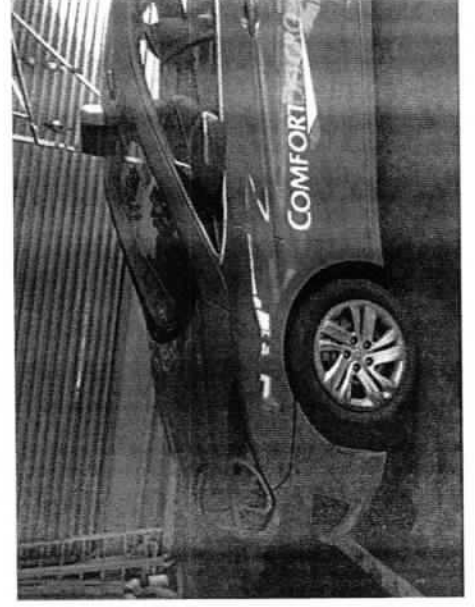
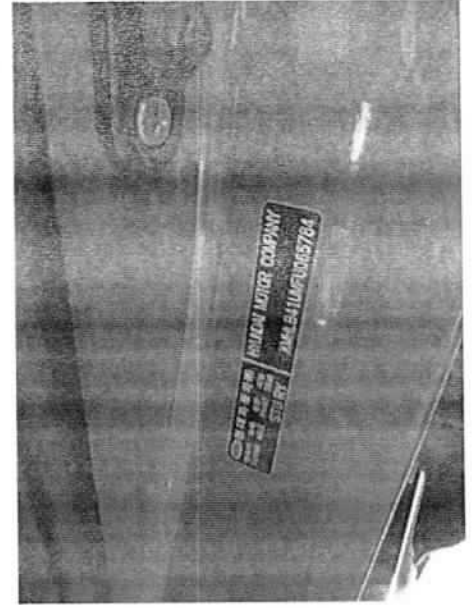
Date & Time:

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

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

GLARMC SketchPlanForm_V3

2



REPAIR ESTIMATE*

DATE 4/18/2019 14:08

MAKE :

MODEL : HYUNDAI i40

LKK Architects Consultants hence notify
the client as per the following:
• Design services of interior painting
• Furniture & accessories supply
• Project management services on a lump sum basis
• Supply of materials and labor for the project
is subject to the client's approval.

Acknowledged by Engineer:

Signature:

Date:

\$ 1,160

COMFORTDELGRO ENGINEERING

Our Job Ref No 305288472
Date : 22/04/2019

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

FINALIZATION FORM

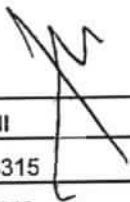
To : LKK Fax :
Attn : KALVIN
: SHC8125K Date of Accident : 17.04.19


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

1. The repair job shall bill to: ECICS --- SKL5538P
###
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% \$2,150.00
 - Final Lumpsum Repair cost** _____

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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 24/4/19

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		N		
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	09 May 2019 08:37 Edit Reg		18 Apr 2019 00:00 Edit Adj Rpt	S\$2,150.00 Edit Estimates	S\$2,150.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	-, Co. Reg. No.: -, Email: EMAIL@EMAIL.COM								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHC8125K	Date of Loss:	17/04/2019 22:00 - :59 [50 Months and 19 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / DMPC1900109H/DL	Policy/Cover Note No.:	(Comprehensive)						
Vehicle Reg. No. (Insured):	SKL5538P	Policy No. (Claimant):							
		Excess:							
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	ECICS Limited (HQ) - Tel: 63374779 /6303 0178 ... [Handled by Desmond Lee - 6303 0167]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 03/05/2019]								
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.									

Claim Documents

*SHC8125K (DMPC1900109H/DL)
[SKL5538P]
TP
COMFORT TRANSPORTATION PTE LTD
Apr 17 2019 10:00PM
[-]
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View		View in Browser	
Photos/Images									3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)								Thumbnail	Print	
1	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
2	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
3	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
4	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
5	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
6	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
7	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
8	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
9	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
10	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
11	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
12	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
13	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
14	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
15	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
16	25/04/19 09:30	General View								Load JPG	<input checked="" type="checkbox"/>	
17	25/04/19 09:31	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>	
18	25/04/19 09:31	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>	
19	25/04/19 09:31	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>	
20	25/04/19 09:31	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>	
21	25/04/19 09:31	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; min-height: 100px;"></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/ICS19006961/K1SD3E2

Date: 09/05/2019

REFERENCE

Handling Insurer: ECICS Limited

Policy No:

Claimant Vehicle No : SHC8125K

Insured Vehicle No : SKL5538P

Date of Loss: 17/04/2019

Nature of Claim: TP

Claim No: DMPC1900109H/DL

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8125K

Make & Model: HYUNDAI I40, 1.7 D (A)

Engine No: D4FDEU496617

Reg. Date: 29/01/2015 (Man. Year: 2014)

Chassis No: KMHLB41UMFU065784

Colour: Blue

Odometer: 710287 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: West Lake 7 mm

Rear Left Side:

West Lake 7 mm

Front Right Side: West Lake 7 mm

Rear Right Side:

West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,063.12	2,037.84	25.28	1.23
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,160.00	720.00	440.00	37.93
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,223.12	2,757.84	465.28	14.44
Approved Total (Overridden) (S\$)		2,150.00		
(S\$)	3,223.12	2,150.00	1,073.12	33.29
+ GST 7.00/7.00% (S\$)	225.62	150.50	75.12	33.29
Nett Amount (S\$)	3,448.74	2,300.50	1,148.24	33.29

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: 09 May 2019)
Parts:	143	HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC8125K)	
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 COVER	Cracked	1,052.20 FL	*1,052.20 FL
2	1		*FRONT BUMPER BRACKET TOP (LH)	Serviceable	22.40 FL	*- FL
3	1		*FRONT BUMPER RETAINER MOUNTING	Serviceable	9.20 FL	*- FL
4	1		*HEADLAMP (LH)	Grazed	1,388.00 FL	*1,388.00 FL
5	1		*FRONT WHEEL HUB CAP (LH)	Grazed	107.10 FL	*107.10 FL
6	1		*FRONT FENDER (LH) (NPA)	Repair	0.00 FL	*- FL
					Sub Total (\$\$)	2,578.90 2,547.30
					- List Item Discount on L Items 20.00/20.00% (\$\$)	515.78 509.46
					Total Parts (\$\$)	2,063.12 2,037.84

F=Franchise part. 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	300.00
2	SPRAY PAINTING CHARGE	New	600.00	400.00
3	WIRING CHARGE	New	30.00	20.00
4	TUFF KOTE	New	50.00	0.00
5	FRT WHEEL ALIGNMENT	New	80.00	0.00
Gross Labour Cost (\$\$)			1,160.00	720.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >