

22/3/2002

ASS. REC. BY:

REF: CS/SMO 190074801 R1vd3ⁿ²

Special Instruction:

Surveyor: RUSAASSIGNMENT (Office)

Merimen

From (Person): Hwang Chiang Yiof SMDDate/Time: 29.4.2019 942 a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHB 4977 AInsured: FB N 9934 2at Workshop m/s Ding AutomotiveTel: 96891857of 31 Corporation RoadPolicy No: D19MTMC 01000611Claim No: CMTD1902069

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 23.4.2019

CA / REV / REP. / REV 24 HRS

"np"

H.O.D. Endorsement:

Date/Time: 29.4.19 1.

Person Contacted:

AUXVehicle IN/OUT

Date/Time	Action/Instruction	Estimate (✓)
	SHB 4977B - CS / FC1 18023274 / PHd3	D.O.A. - 13/12/2018
	FB N 9934 2 - x	
2/5/19	Send preli revised via merimen	
9/5/19	Final fig \$ 1477.72 (Red 2163.52, 5970) (No LS) confirmed by email	

Surveyor *P. Rame*

REF:

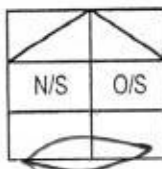
28399

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **SHB 4977A**
at Workshop m/s **DIKH AUTO**
of **31, CORPORATION RD**
Insured: **Sampo**
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.



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: **SHB 4977A** Yr Regn: **2015 / NOV**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai I 40 1-7** c.c: **1685**
Colour: **Yellow** A/C: Insured / Std / NI / NA
Sp. Reading: **485758** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHLP41UMG408064F**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____ R: _____

205/60R16

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

TOYO / YOKO or

WESTAKE

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 23/04/19		D.O.I. 29/04/19	

Survey held at

DIKH AUTO

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

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

Date / Time Action / Instruction

RECEIVED 09 MAY 2019

[Signature]
9/5/2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **als - typist**

Report Format : **merimen**

Lump Sum / I.B.I: (\$) **1477.72**

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

250

10

260

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:	Sompo Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06, Singapore Land Tower Singapore 048623	From:	LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn:	Hwang Shiang Yi	Date:	02 May 2019
Preliminary Advice			

Insured Vehicle No	: FBN9934Z	Accident Date	: 23/04/2019
TP Vehicle No	: SHB4977A	Assignment Date	: 29/04/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 4
Date of Inspection	: 29/4/2019		
Inspection At	: DING AUTOMOTIVE PTE LTD		

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\$	3,641.24
Revised Amount	:S\$	1,477.72
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,477.72
Lump Sum Repair	:S\$	

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 repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments :The above survey was conducted on a 'Without Prejudice' basis.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Apr 2019		29 Apr 2019 09:42 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	LEE CHOON SHYONG, ID: G6898654R		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHB4977A	Date of Loss:	23/04/2019 16:00 - :59
Claim Type:	TP / CMTD1902069	Policy/Cover Note No.:	D19MTMC01000611 (TP, Fire & Theft)
Vehicle Reg. No. (Insured):	FBN9934Z	Policy No. (Claimant):	
	Excess:		
Repairer:	Ding Automotive Pte Ltd (HQ) 31 CORPORATION ROAD, 649825 Boon Lay - Tel: 96992878		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Hwang Shiang Yi - 6329 5205]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 09/05/2019]		
Adj Asg. Remarks:	WS: NELSON 96891857 /62657130 -AS RQ BY WS, ARRANGE SURVEY TDY AFTERNOON -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT		

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.									

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 9 May 2019 3:49 PM
To: taxiscs@stengg.com; SUR
Cc: CS A Team; Admin A; Asher Sng (LKKAUTO); accounts@dingautomotive.com.sg; ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Claims@dingautomotive.com.sg; Dd hashim
Subject: RE: 50111595-SHB4977A - Finalize Amount & After Repair Photo & Estimate

Dear Alex,

WITHOUT PREJUDICE

Confirmed amount \$1477.72 @ 4 working days

Kindly send Final invoice and all supporting documents directly to SOMPO INSURANCE

Best Regards,

Veron Chen | 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: taxiscs@stengg.com <taxiscs@stengg.com>
Sent: Wednesday, 8 May 2019 4:04 PM
To: SUR <sur@lkkauto.com>; Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Cc: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; accounts@dingautomotive.com.sg; ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Claims@dingautomotive.com.sg; Dd hashim <dd.hashim@dingauto.sg>
Subject: 50111595-SHB4977A - Finalize Amount & After Repair Photo & Estimate

Dear Veron ,

Please see below for the finalize according to our conversion to finalize for **SHB4977A**

Please refer below attachment & estimate & after paint for **SHB4977A**

Total Repair - 4 Days

Part By Part Repair

LABOUR = \$1240

S/N = \$35

PARTS AFTER AAA -20% =\$202.72

TOTAL (L+S+P) = \$1477.72

FINALIZE AMOUNT = \$1477.72

Thank You

Best Regards

Ding Automotive Pte Ltd

ARC

Alex Khong

Hp : 96891857 / 62657130

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you]

S

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	24/04/2019 10:30
Date Of Accident	23/04/2019 16:55
Exact Location Of Accident	ALONG SCOTTS ROAD TOWARDS NEWTON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4977A
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (A)
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	NAGOOR MEERAN S/O MOHAMED SHA
NRIC No	S7250147J
Date Of Birth	31/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1993
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90214706
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 18 TELOK BLANGAH CRESCENT #06-172 SINGAPORE
Postcode	090018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	RAINING
Road Surface	WET

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: : UNKNOWN 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 TO ATTACH STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN9934Z
Vehicle Make/Model/Colour	YAMAHA Y15
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LEE CHOON SHYONG
NRIC/Passport Number	G6898654R
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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:

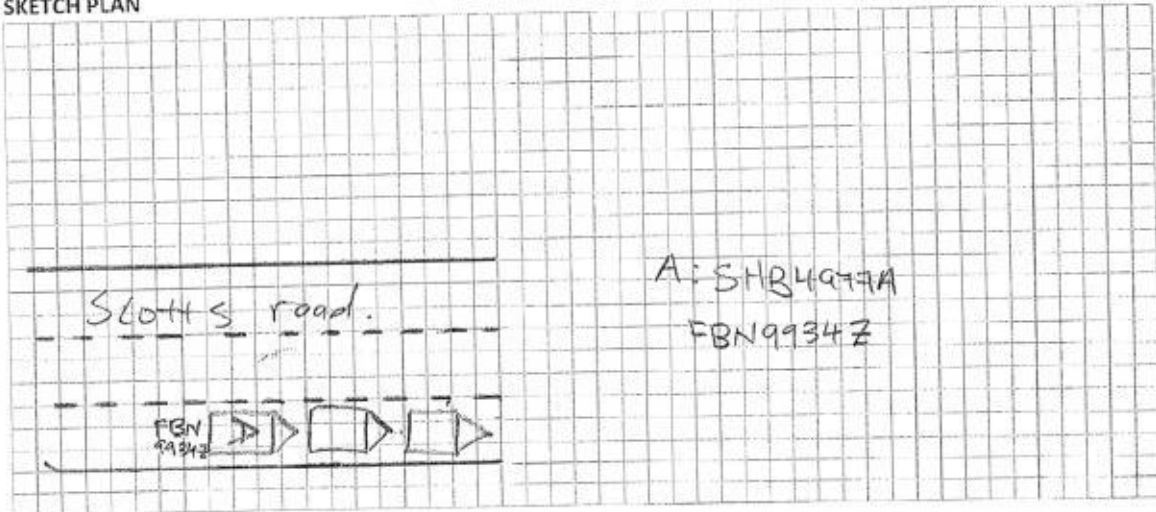
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23/4/2019 at about 16:50p.m while I was TRAVELING along SCOUT RD TOWARDS NEWTON my infront VEH slow down and STOP AND I HAVE TO STOP AND MY BACK MOTORCYCLE FBN9934Z COULDN'T STOP ON TIME AND HIT MY BACK TAXI.

DECLARATION

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

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.:

Annex D

NOTICE OF REPORTING

This is to confirm that Nagoor Meeran S/O Mohamed Sha, NRIC/FIN
S7250147J, has reported to the Police a non-injury traffic accident which
occurred at Scotts Road Towards Newton

on 23/04/2019 at 1657hrs am/pm involving the following vehicles:

SHB4977A and FBN9934Z. The accident was not attended to by any
ambulance or police. We exchanged particulars before leaving. Motorcyclist
suffered abrasions on his arm from the accident.

2 If this accident was reported to the Police within 24 hours of its
occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act,
Cap 276.

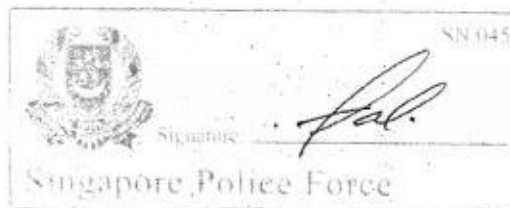
Rank/Name of Issuing Officer: SSGT T08235 Muhd Fadley

Date: 23/04/2019 Time: 2125hrs

S/D Ref: 22

Police Post/Unit: Telok Blangah NPP / Clementi Division

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police



DING AUTOMOTIVE PTE LTD
Blk 10 Sin Ming Industrial Estate Sector C
#01-20

Singapore 575645
Tel: 6452 1208 Fax: 6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

29/04/2019 9:50

JOB-NO: 50111595

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)
ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

CONTACT: 65533880
64739522

Page 1 of 2

VEHICLE DETAILS

LICENSE NO: SHB4977A
MAKE / MODEL: HYUNDAI / i40
OWNER'S INSURER: MS First Capital Insurance Limited
JOB-CODE: TP

TRANS: AUTO
SA: Ding Auto User 1

CHASSIS: KMHLB41UMGU080644
ENGINE: D4FDEU440633

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 TO REPAIR END PANEL & SPARE TYRE PANEL .STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	550.00	0.00	550.00			400 200 300
2 R&R EXHAUST PIPE	1.00	150.00	0.00	150.00	X	Y	X 111
3 R&R REVERSE SENSOR	1.00	60.00	0.00	60.00		Y	40
4 R&R SPARE TYRE / BOARD / TRIM / CARPET TO REPAIR SPARE TYRE PANEL	1.00	100.00	0.00	100.00		Y	60
5 RESPRAY BOOTLID & BUMPER LOWER & BUMPER -REAR	1.00	720.00	0.00	720.00		Y	300
6 RESPRAY END PANEL & SPARE TYRE PANEL	1.00	480.00	0.00	480.00		Y	400
7 TO RUST PROOFING ON ACCIDENT AFFECTED AREAS	1.00	80.00	0.00	80.00		Y	40
8 TO APPLY SEAL JOINT ON WELDING AFFECTED AREAS	1.00	80.00	0.00	80.00		Y	X 111
TOTAL:		2,220.00	0.00	2,220.00			
<u>MATERIALS</u>							
1 BUMPER LOWER -REAR CR	1.00	253.40	50.68	202.72	L	Y	
2 BUMPER REFLECTOR -REAR LH X 111	1.00	42.50	8.50	34.00	L	Y	
3 BOOTLID LOGO X 111	1.00	32.67	6.53	26.14	L	Y	
4 BOOTLID EMBLEM-i40 X 111	1.00	38.55	7.71	30.84	L	Y	
5 EXHAUST MUFFLE REAR LH X 111	1.00	854.18	170.84	683.34	L	Y	
6 BOOTLID EMBLEM-CRDI X 111	1.00	36.50	7.30	29.20	L	Y	
7 BUMPER LOWER CLIPS SET-REAR CR	1.00	35.00	0.00	35.00	S	Y	
8 REVERSE SENSOR SET X	1.00	220.00	0.00	220.00	S	Y	
9 STICKER - CDGL -BOOTLID X 111	1.00	80.00	0.00	80.00	S	Y	
10 STICKER -65521111 -BOOTLID X 111	1.00	80.00	0.00	80.00	S	Y	
TOTAL:		1,672.80	251.56	1,421.24			
TOTAL PARTS & LABOUR :		3,892.80	251.56	3,641.24			

EXCESS/LOADING: S\$ 0.00

No. Of Day:

RE-SURVEY: BEFORE /AFTER PAINTING

PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: 29 / 04 / 17 @ 1640

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
SURVEYED BY: <u>Rahul</u>							

CONTACT NO:

90010068

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

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:

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/SMO19007480/R1VD3N2

Date: 13/05/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D19MTMC01000611
Claimant Vehicle No :	SHB4977A	Insured Vehicle No :	FBN9934Z
Date of Loss:	23/04/2019	Nature of Claim:	TP
		Claim No:	CMTD1902069

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB4977A	Engine No:	D4FDEU440633
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU080644
Reg. Date:	12/11/2015 (Man. Year: 2015)	Odometer:	485758 km
Colour:	Yellow		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	205/60R16	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	1,421.24	237.72	1,183.52	83.27
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,220.00	1,240.00	980.00	44.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	3,641.24	1,477.72	2,163.52	59.42
+ GST 7.00/7.00% (\$\$)	254.89	103.44	151.45	59.42
Nett Amount (\$\$)	3,896.13	1,581.16	2,314.97	59.42

INSPECTION

Date of Assignment:	29/04/2019	Inspected At:	Ding Automotive Pte Ltd (HQ) 31 CORPORATION ROAD Singapore 649825
Date Inspected:	29/04/2019		

Estimated Period of Repair: 4.0 days

Adjuster: MOHD RASUL

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: 13 May 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 SHB4977A)	
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		*BUMPER LOWER-REAR	Cracked	253.40 FL	*253.40 FL
2	1		*BUMPER REFLECTOR-REAR LH	Not Necessary	42.50 FL	*- FL
3	1		*BOOTLID LOGO	Not Necessary	32.67 FL	*- FL
4	1		*BOOTLID EMBLEM-I40	Not Necessary	38.55 FL	*- FL
5	1		*EXHAUST MUFFLE REAR LH	Not Necessary	854.18 FL	*- FL
6	1		*BOOTLID EMBLEM-CRDI	Not Necessary	36.50 FL	*- FL
7	1		*BUMPER LOWER CLIPS SET-REAR	Necessary	35.00 FS	*35.00 FS
8	1		*REVERSE SENSOR SET	Not Necessary	220.00 FS	*- FS
9	1		*STICKER-CDGL-BOOTLID	Not Necessary	80.00 FS	*- FS
10	1		*STICKER-65521111-BOOTLID	Not Necessary	80.00 FS	*- FS

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

Sub Total (\$\$)	1,672.80	288.40
- List Item Discount on L Items 20.00/20.00% (\$\$)	251.56	50.68
Total Parts (\$\$)	1,421.24	237.72

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
Labour Items				
1	TO REPAIR END PANEL & SPARE TYRE PANEL, STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	New	550.00	400.00
2	R&R EXHAUST PIPE	New	150.00	0.00
3	R&R REVERSE SENSOR	New	60.00	40.00
4	R&R SPARE TYRE/BOARD/TRIM/CARPET TO REPAIR SPARE TYRE PANEL	New	100.00	60.00
5	RESPRAY BOOTLID & BUMPER LOWER & BUMPER-REAR	New	720.00	300.00
6	RESPRAY END PANEL & SPARE TYRE PANEL	New	480.00	400.00
7	TO RUST PROOFING ON ACCIDENT AFFECTED AREAS	New	80.00	40.00
8	TO APPLY SEAL JOINT ON WELDING AFFECTED AREAS	New	80.00	0.00
Gross Labour Cost (S\$)			2,220.00	1,240.00

Report was unsubmitted during this print-out.

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