

199800

INSR CASE OWNER:

CC 3 / CT11900 7719, #17639

LKR

IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT

2014/14

Date / Time:

2014/14

Registered in Merit:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBH 2966J

Name of Insured:

HUNSEY CONSTRUCTION P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

2014/14

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: M BOON HENA

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

SNM190201956

Policy No.:

DMVSN 2023 211900

Make / Model:

TOYOTA

Place of Accident:

18 BO SEMA AVE

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability: %

Final? Yes / No

SIC MIC



INSRS:
WSP:
Tel:
Liability:
RMKS:

CODE
W



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
03-01-14 2:30	Non-Reporting Itr (1st)	
	Non-Reporting Itr (2nd)	
	Non-Reporting Itr (Final)	
	Notification Itr (if non-pickup):	
	Call Of:	7:30 AM 2014
	After call Itr in OI	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OI	<input checked="" type="checkbox"/>
	Authorisation To Act	<input checked="" type="checkbox"/>
	Release Voucher	<input checked="" type="checkbox"/>
	Final Repair Bill	<input checked="" type="checkbox"/>
	Car Rental Invoice	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	ITA / GIA	<input checked="" type="checkbox"/>
	Medical Bill	<input type="checkbox"/>
	PIR	<input type="checkbox"/>
	Mandate/Reject Instruction	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form	<input type="checkbox"/>
	Post-Repair Photos	<input checked="" type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: PWC
 Repair Cost: PIP \$5,993.68 | 1 | days | Reduction: 16 % Email Call

FINAL SETTLEMENT Date/Time: 08-01-14 Confirm with: Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 26 If NO or B 28, Ass. Lia:

Repair Cost: \$51,063.24 DID OPEN CODE IN TP

Loss of Rental (LOR): \$5,302.95 | 2.5 days x \$212.50

Loss of Use (LOU): \$5 - (5 x days)

Loss of Income (LOI): \$5,125.00 (5.50 x 2.5 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/ITA Search \$57.44

Medical \$5 -

Disbursement: \$5 - (e.g. Tow/Independent)

Legal Cost \$5 -

Total: \$5,150.87 Global Sum \$5: 1,500.00

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$5,150.00 Name 1: (SINPOLESTAR ENGINEERING PTE LTD)

Payee 2: (Strike if N.A.) \$5 Name 2:

Payee 3: (Strike if N.A.) \$5 Name 3:

COPY SENT

Surveyor: Kalvin

REF:

ASSIGNMENT

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

Veh No: SHC 3211 C Yr Regt: 1 Feb 2019
 Type: M/Car / M/Cycle / Bus / Van / Lorry / ~~Trailer~~ / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Tucson cc: 1580
 Colour: Blue A/C: Ins 0 / Std / NI / NA
 Sp. Reading: 26329 T/Radio: Ins 0 / Std / NI / NA
 Eng/No: _____
 C/No: 1CMHC851CVK4134055
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In 0 / Jammed / Leaked / Burnt or _____
 Brake: In 0 / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD 0 / Rim or _____

(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. Repair: _____ days Res.: Yes or No
 Lum Surv: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / ~~ST~~ / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 29/4/19 D.O.I. 30/4/19
 Survey held at LDPE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s body minor
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	PIP: 993.68 (RSD: 190.16%)
	CTI
	PIP

Date/Time, File Pass to? : Prel. Report
 : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : _____ (\$ _____)
 : _____ (\$ _____)
 Survey Fee: _____
 Transportation: _____
 Points: _____
 Other: _____
 TOTAL: _____

China Taiping
(CPH)

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305291883
REGN NO : SHC3211C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.02.2019
DATE/TIME IN : 30.04.2019 11:40
ACCIDENT DATE : 29.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2538-G WING MIRROR RH 1 1,054.60 20.00 843.68 / 09

SUB-TOTAL : 843.68

JOB NATURE

0000 PB PANEL BEATING 150.00 / 100
0001 SP SPRAYPAINT CHARGE 150.00 / 50
0002 17-01 WIRING CHECK 40.00 / X 20

SUB-TOTAL : 340.00

TOTAL : 1,183.68

Lim J
MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Ka hui 10/04/19
30/4/19 1515h
1 Day
PIP
Before Paint photo



COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305291883

Date : 02/05/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC3211C

Date of Accident : 29-Apr-19

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

1. The repair job shall bill to: CHINA TAIPING --- GBH2966J

2. The finalized amount shall be:

(a) Spare Parts after List discount \$843.68

(b) Labour Charges \$150.00

Total for Part-By-Part Repair Cost \$993.68

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 1 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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 2/5/19

Fax : 65468156

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:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305291883
 REGN NO : SHC3211C
 MILEAGE : 000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 01.02.2019
 DATE/TIME IN : 30.04.2019 11:40
 ACCIDENT DATE : 29.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2538-G WING MIRROR RH 1 1,054.60 20.00 843.68

SUB-TOTAL : 843.68

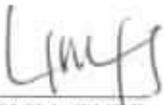
JOB NATURE

0000 PB PANEL BEATING 100.00

0001 SP SPRAYPAINT CHARGE 50.00

SUB-TOTAL : 150.00

TOTAL : 993.68


 MVA NAME & SIGNATURE

DATE :

 SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

511 BELLEVUE LANE, #02-25 PAYA LEBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/CTI19007719/K1jb3

Date: 02.05.2019

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHC3211C

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 30.04.2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	<u>1,183.68</u>
Revised Estimate Amount	: S\$	<u>993.68</u>
"Check" Items Amount	: S\$	<u>-</u>
Market Value	: S\$	<u>-</u>
LTA Reimbursement Value	: S\$	<u>-</u>
Nett Value	: S\$	<u>-</u>

Description of Damage:

The vehicle sustained damages at the
O/S Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 1 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

COMFORTDELGRO ENGINEERING PTE LTD

Date: 30.04.2019

REPAIR ESTIMATE

China Taiping
(CPH)

Time: 14:57:01

Page: 1

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305291883
REGN NO : SHC3211C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.02.2019
DATE/TIME IN : 30.04.2019 11:40
ACCIDENT DATE : 29.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2538-G WING MIRROR RH 1 1,054.60 20.00 843.68 /

SUB-TOTAL : 843.68

JOB NATURE

0000 PB PANEL BEATING 150.00 / 100

0001 SP SPRAYPAINT CHARGE 150.00 / 50

0002 17-01 WIRING CHECK 40.00 X

SUB-TOTAL : 340.00

TOTAL : 1,183.68

MVA NAME & SIGNATURE

DATE :

Lim J

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

Ka Loh 10/04/19
M 30/4/19 1515h
1 Day
PIP
Before Paint photo

Stamp area with fields for Acknowledged by/Repair, Signature, and Date.

Joy

COMFORTDELGRO ENGINEERING

Our Ref : T 0419 / SHC3211C /WT(st)

Your Ref :

Date : 06-May-19

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6200
Facsimile +65 6280 9765

www.cdge.com.sg

Company Registration No. 198201240R

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609236

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
Yishun Industrial Park A
Singapore 768732

CHINA TAIPING INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC3211C YOUR INSURED GBH2966J ON 29.04.19 AND OTHER _____

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC3211C which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving GBH2966J we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,063.24
6	3 days Loss of Rental @ \$ 125.19 per day	\$	375.57
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :			\$ 1,446.30

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$	240.00
Total Claims :			\$ 1,686.30

We enclose herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs : 7 pcs.
- b) LTA search slip/s of : GBH2966J
- c) GIA / Police report/s of : SHC3211C
- d) Letter of authority from owner / hirer / operator
 - () Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
 - (X) Photograph/s of Accident Scen (x) Downtime/Mileage record (x) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully
William Tan

CDGE Claims Department
Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.





Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/CTH9007719/K1eb3

03 JUL 2019

HUNSEN CONSTRUCTION PTE LTD
1084 EUNOS AVENUE 7A
#01-21 EUNOS INDUSTRIAL ESTATE
SINGAPORE 409534

Dear Sir/Madam,

ACCIDENT INVOLVING GBH 2966J AND SHC 3211C ON 29/04/2019

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. *China Taiping Insurance (Singapore) Pte Ltd*
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****Hyundai Ioniq SHC3211C , GBH2966J
17 BO SENG AVE****ON 29-Apr-19 17:10**

I / We

ONG KWEE HUAN(Hirer) NRIC No.: **S6919323D**

and/or

(Relief) NRIC No.:

Taxi Number

SHC3211C

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "**ComfortDelGro Engineering Pte Ltd**".

Date

30-Apr-2019Name of Hirer
Hirer NRIC**ONG KWEE HUAN
S6919323D**

Signature :



Address

**677C YISHUN RING ROAD #03-1954
763677**

Contact No.

96900198

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3023011900

Claim No : SNM190301956

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,500.00
DOLLARS ONE THOUSAND AND FIVE HUNDRED ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHC 3211C
Insured Vehicle No. : GBH 2966J

Date of Loss : 29/04/2019
Place of Accident : 17 BO SENG AVE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : HUNSEN CONSTRUCTION PTE LTD
Driver Name : NG BOON HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) Global Sum	S\$ 1,500.00
TOTAL	S\$ 1,500.00

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature : 
 CLAIMS DEPARTMENT
 COMFORTDELGRO ENGINEERING PTE LTD
 51 CUYANG DRIVE
 SINGAPORE 539827

Date : 8-7-19

* Coverage of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

TAX INVOICE

BUYER

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

1 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHC3211C

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
01.02.2019

CHASSIS CODE
K2HC851CVKU134055

INV. NO/DATE
91441818 03.05.2019

JOB NO.
305291883

ODOMETER READING

DATE/TIME IN
30.04.2019 11:40

Description : 3P 29.04.19

S/No Part No.

Qty Unit Price \$Disc Net

PART REQUISITION

S/No	Part No.	Description	Qty	Unit Price	\$Disc	Net
0001	G4-01-0104-2538	WING MIRROR RH	1	1,054.60	20.00	843.68
			SUB-TOTAL	:		843.68

JOB NATURE

S/No	Part No.	Description	Unit Price	Net
0001	PB	PANEL BEATING	100.00	100.00
0002	SP	SPRAYPAINT CHARGE	50.00	50.00
			SUB-TOTAL	150.00

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91441818	1,063.24	

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHC3211C

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
01.02.2019

CHASSIS CODE
KMHC851CVKU134055

INV. NO/DATE
91441818 03.05.2019

JOB NO.
305291883

ODOMETER READING

DATE/TIME IN
30.04.2019 11:40

Items total		993.68
Add GST @	7.000 %	69.56
Invoice amount		1,063.24

Issued by : CHEWSELENG 03.05.2019 14:02:28
Repair type : OLSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Please kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO N
8010012	91441818	1,063.24	

Our Ref: CT19040844

Date: 03 May 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 29/04/2019 @ 17:10 hrs
ALONG 17 BO SENG AVE
INVOLVING GBH2966J

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC3211C** (the "Taxi"). The Taxi was hired to **ONG KWEE HUAN IC NO S6919323D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

SHC 3211C

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAV
							FROM	TO		
01 05 2019	Orin Gustafson									
02 30/4	Accident									
03 2/5	repair			24		1140	1130			
04										
05										
06										
07										
08										
09										
10										
11										

[Handwritten signature]

Enquire Vehicle Insurer

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

GBH2966J 29 Apr 2019 / 17:10:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SHC321K



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CC3/CTI19007719/K1eb3q2

3 ANSON ROAD #16-00
SPRINGLEAF TOWERSINGAPORE 079909

Date : 29-07-2019



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBH 2966J	Veh. Inspected	SHC 3211C
Policy No.	DMCVSN3023011900	Coverage (\$)	0.00
Claim No.	SNM19D201956	Excess (\$)	0.00
Assign From		Assign Date	30/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU134055	Colour	BLUE
Odometer	26329	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	8 mm
L/H Front Tyre	195/65 R15	MICHELIN	8 mm
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S WING MIRROR. DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/04/2019	Inspection Date	30/04/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 Working Days
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LKK Auto Consultants Pte Ltd

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3211C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	WING MIRROR RH	CRACKED	1,054.60	1,054.60
	LESS 20% DISCOUNT		-210.92	-210.92
			843.68	843.68
	LABOUR			
	PANEL BEATING.	NOT NECESSARY	150.00	100.00
	SPRAYPAINT CHARGE.		150.00	50.00
	WIRING CHECK.		40.00	-
			340.00	150.00
	GRAND TOTAL		1,183.68	993.68
RECOMMENDED COST OF REPAIRS				993.68

Report Ref No. CC3/CTI19007719/K1eb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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