in Gringhi : -	ASSIGNMEN	NT (Office)
From (Person	a); Cchia Nyur Rúi of mszq.	Date/Time: 3.5.19 12.01p.n
Estimated Co	10.11	Bill for
To Inspect V	chicle No: SHC 8599 D	Insured: GBD RASSY
	m/s Chunni Major	Tel: 65425119
of BICTO	# 01-05/06 AMIC Autopoint	THE REPORT OF THE PARTY OF THE
Policy No:	B29069129MKF	Claim No: 59 2304
Sum Insured		Excess:
Make of Veh (Client's Recer		D.O.A. 30.4. 2019
CA / REV	REP. / REV 24 HRS "up"	LYNN Vehicle IN OUT
D ( m)	Action/Instruction Ishmoth	
Date/Time	SH ( 2590h (22 1016 12-110-	
Date/Time	SHC 85981- (3/AIG 130/6998) GBD 89554- X	8/45a 392 DOA-11/09/2013

		710/71/11/11/2	1 2	
From:	Date:	2001 1000	D At Book 9010	
Estimated Cost		Type: M.Car / M.Cycle / Bus / Van	I Lorry (Cab) I Prime Move	er l
OD/TP/WS/T	PRESIODRESIEVA/INVIMV	Truck / Trailer or		1/1/5
To Inspect Vehic	le No:	Make Hyundai I	40 6.0	
at Workshop m/s		Colour Bine		
of		Sp.Reading 48 7851	T/Radio: Insured / S	td / NI / NA
Insured.		Eng/No: D4FDF	U 579394	
Policy No.		C/No: KMH	LB41UMGU	082916
Claims No.		Gen. Gond: Good / Fair / Poor / Ba	urnt	
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leak	sed/Burnt or -	
(Client's Recor	d)	Brake: Incoder / Jammed / Leak	ked/Burnt or	
Make of Veh:		Modi: Nil) S/Rim / STD A/Rin	n or	
	V,	Tyre Size: F:	105 60 RNG.	×
(Policy Conditi	ion)	R:	·	
1.00.10.00000.0000000000000000000000000	the state of the s	N/S O/S BS/DUN/EXNOVA/GY/FS/L	IZA / MIC / OHTSU / PIR /	SUMI /
	at the time of inspection.	TOYO / YOKO or	1 controsic	
Bal. or Market V	falue:	Front	Rear	
IDAC Accident I		No P/Bal. \$ mm	R/Bal. S	mm
GIA / PR See	0 11 10 V1	No L/Bal. S mm	L/Bal.	mm
Est. Repairs:	9 days Res.: Yes or	No D.O.A 30 14 2019	D.O.I. 03	5/2119
Lum Sum:	20 % 3 Val.: Yes or	No Survey held at Chris	nni AMK	
Lum Sum.	00	Des. of Damages : Frt / Rear / 9	O/S / N/S / U/C / Roofto	op or
CA / REV /	REP. / 24 HRS	hicle: IN/OUT Rout 4	Rev	
Date:	Person Contacted:	The U/C / Chassis frame /	Body Structure affected d	ue to collision.
Date / Time	Action / Instruction	,		
	MSIG GBD 8955	Y		
10  06  19		00   -1 -ith 9 dq, 2 m	~ (Red 85	82.83, 429
				130
	- 4			
Date/Time, File Pa	ss to? : Preli, Report	Days Of Repair:		
1)	: Final Report	Resurvey No. of Trip: 2	Survey Fee:	
Date/Time, File R		pressy	Transportation.	200
2) 106	- typist	Add Fee: Site Insp (\$	)S+RS,SI	200
		: Interview (\$	) Photos	11
Report For	mat: merimen	: Tech. Invs (\$	) Others	
Lump Sum	/ I.B.I: (\$ 12,000 =	) Weekend. (\$	)[*:	
	TORK MODES I		TOTAL	` 211

### 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

From: LKK Auto Consultants Pte Ltd MSIG Insurance (Singapore) Pte. Ltd. To: 51 Ubi Ave 1 #01-25 4 Shenton Way Paya Ubi Industrial Park #21-01 SGX Centre 2 Singapore 408933 Singapore 068807 06 May 2019 Chhia Nyuk Pui Attn: **Preliminary Advice** Insured Vehicle No : GBD8955Y : 30/04/2019 Accident Date : SHC8598D TP Vehicle No : 03/05/2019 Assignment Date : HYUNDAI 140 Make :9 Est. Duration of Repair : 3/5/2019 Date of Inspection :CHUNNI MOTOR WORK PTE LTD Inspection At Point of Impact / General Description of Damages The vehicle sustained impact / damages front and rear portion and parts claimed are consistent to the accident. 20,582.82 :S\$ Repairer's Estimate (Gross) 15,285.38 :\$\$ Revised Amount 0.00 :S\$ Check Items (Estimated) 15.285.38 :S\$ :S\$ Lump Sum Repair Total Loss Consideration :S\$ New for Old Value :S\$ Pre-Accident Value :S\$ COE / PARF Rebate :S\$ Salvage Value :S\$ Margin for Repair Remarks The vehicle is economical/not economical for repair. ( X ) The above survey was conducted on a 'without prejudice' basis.

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

Cana	Notified	Est Submitted	Adj Assigned	Ad) R	lpt	Adj Submitted	Ins Auth'ed	Status	
Case	02 May 2019	Est Sub-interes	03 May 2019 17:01 Edit Adj Rpt					Pending for Report Cancel Ca	energy (
	Main	Ref	erence	C	laim De	tails	Documents		Show All
CLAIM S	UBFOLDER DE	TAILS	Name and Address of the Owner, where the Owner, which is				[Create	ed by insure	er]
Insured:		GARDE	NIA FOODS (S)	PTE LTD,	Co. Reg	No.: 197801714R	2020210		
Main Clai Vehicle R	PARTICAL PROPERTY.	SHC8		ATION PT	Date of I	Co. Reg. No.: 199	30/04/2 [ <b>40</b> Mol LTA Reg	019 22:00 - nths and <b>20</b> ( Date (Man Y	Days From (r)]
Claim Ty	pe:	<b>TP</b> / 5	TP / 592304		Policy/Cover Note No.: B290 Cover			129MKF (Con ge: 01/01/20: 2019	
Vehicle R	eg. No. (Insured)	: GBD89	55Y			. (Claimant):			
Repairer:		649360	16			lk 10 #01-05/06,			
Handling	Insurer:	6594 2	5211			Q) - Tel: +65 682			NYUK PUI -
Adjuster		[Imm	.Advice due 04	4/05/201	9]	6256-3561 [Ha		TANI]	
ACCRECATION OF THE PARTY.	ustodian (Insured	): LOO C	IIN KOK () , NRI	IC: 516931	18G, T	el: +6591197395	Email:		
Adj Asg.	Remarks:	LIABIL	TY: 100%. CONTA	ACT: IRENE,	/LTNN 65	42 5119/6542 716	14.		
ASSOCI	ATED MAIL RE	CEIVED					View All	Compos	e Case Mail
There ar	e no mail for this	case.							
E ALL AS	SOCIATED TAS		21000-1 1200			w All Search T	asks Create	New Task	Complete
Due D	777 - July 1990 - 1990	Type Task	Group Subjec	t Hand	ier A	ssigned By	completed on	Created	211

MCD619050561 / ComfortDolGro Engineering Pie Lid - Loyeng ENTRY DATE & TIME: 02/05/2019 13:58 SUBMITTED BY: Huang XieoYen

#### 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 witholding 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.

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 prohiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the ladgament of this report to the insurers, you hereby consent to the archiving of this report at the contre and to copies of the report being made available aforesald.

A	CCI	DEN	TS	Α		ΕN	U
---	-----	-----	----	---	--	----	---

Date Of Report

02/05/2019 13:58

Date Of Accident

30/04/2019 22:25

Exact Location Of Accident

GAMBAS AVE TWDS WOODLANDS

Country/State of Loss

SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHC8598D

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

199303821R

Co Reg No **Email Address** 

FLEETSAFETY@CDGTAXI.COM,SG

Mobile Phone No

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer

HYUNDAI

Model Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

140

for repair to your vehicle? If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT

Type Of Covorage

YES

Fleet Policy

Policy Number

D-18088936MFSH

Cover Note Number

Driver

THEN TIAN SZE

Name of Driver NRIC No

S0538265C

01/10/1950

Date Of Birth

OUTDOOR

Occupation Date Of Driving Pass

02/05/1970

Driving Experience

48 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97414242

Fax Number

Contact Number

NOEMAIL

EMail Address

Address

BLK 536 BUKIT BATOK STREET 52 #12-653

Postcode

650536

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 DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

4

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

10 UBI AVENUE 3 - UBI

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20190501/2009

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

GBD8955Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LOO CHIN KOK

NRIC/Passport Number

S1693118G

Contact Number

91197395

Address

Postcode

MSIG INSURANCE (SINGAPORE) PTE, LTD.

Nature Of Damage

Insurance Company Name

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFH1613L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

S1629518C

SLV6947X

LOH LENG NGAH

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

3P PASSENGER

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

NOT SURE

SLV6947X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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 aforesald.
- 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 insurers) 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:
  - 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;
  - 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:

CONTRACTOR OF THE

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02.05.2019

@ 11:00 hrs

Hm

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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	R	efe	er te	o F	Poli	ce	Rep	port	T/20	019	050	1/2	000	19
	R	Refe	er te	o F	Poli	ce	Rep	port	T/20	019	050	1/2	000	19
	R	Refe	er te	o F	Poli	ce	Rep	port	T/20	019	050	1/2	000	19
	R	Refe	er t	o F	Poli	ce	Rep	port	T/20	019	050	1/2	000	19

I/We declare the foregoing particular pare true in every respect.

COMFORT TRANSPORTATION P E LET Dare true in every respect.

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

CAPACT CHEST C.

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

Date & Time: 02.05.2019 @ 11:00 hrs

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



Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190501/2009

REPORT O	F A TRAFFIC	ACCIDENT		
Date/Time Report Made: 01/05/2019 01:33			Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ilars		
	Informant:		Address: APT BLK 536 BUKIT BATOK BREEZE SINGAPORE 65053	
ID Type NRIC NO	/ ID No.: D / S053826	55C	Contact No.: Home/Office:	Mobile: 97414242
National		10-2017	Email:	<u>, , , , , , , , , , , , , , , , , , , </u>
Sex: Male	Age:	Date of Birth: 01/10/1950	Type of Informant: Driver	
Race: Chinese	Race:		Language: Chinese	Institution / School Name:
Occupat Taxi driv	tion:		Driving Licence Information: Class: 3,4	Date of Expiry:

General Inform	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 30/04/2019 22:25	Type of Location Straight Road
Location: GAMBAS AV				
Weather: Clear	10	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - W	orking	Traffic Volume: Moderate
Type of Collis				Anyone conveyed by ambulance: Yes

Details of Vo	ehicle Involv	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD8955Y	Lorry					0
SFH1613L	Car	3				0
SHC8598D	Taxi					0
SLV6947X	Car					1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190501/2009

CONTINUATION OF REPORT

#### Brief Details.

On the above mentioned date and time,

I was driving my vehicle SHC8598D, along Gambas Ave, I was initially in the center of 3 lane road. I filtered onto the Left lane and after filtering into the Left lane, The car infront, SHF1613L, suddenly emergency braked. I could not stop in time and collided into the rear SHF1613L. I then felt 1 Impact from the rear. 2 vehicles were involved in the accident as well: GBD8955Y, that collided onto my rear, and SLV6947X that collided onto GBD8955Y's rear.

After the collision, all involved parties got out of their vehicles. The passenger from SLV6947X, got out of the vehicle and complained of pain so the driver of SLV6947X called the ambulance for the passenger.

The Sequence of vehicles is as follows: 1st Vehicle- SHF1613L 2nd Vehicle- SHC8598D 3rd Vehicle- GBD8955Y 4th Vehicle- SLV6947X

3

3 of 3





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20190501/2009

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / ZENG ZI CONG	
Signature Of Interpreter: Not applicable	1
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID	-
Contact No.: 65476247 Authentication Stamp	١

Signature	Of Informant:	
Date/Time 01/05/201		
Classifica	tion Of Case:	
	SINGAPORE POLICE FORCE	

## CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO: SHC 8598D

MAKE

DATE : 2.05,2015

TEL : 6542 5119

FAX - 6542 6039 MSIG

Parts Description/ Labour  diator Grille CNANC  diator Grille H Emblem Hac  Int Bumper Cover Mondy broken  Int Bumper Sponge SVL  Int Bumper Reinforcement HA  Int Bumper Bracket Top (LH/RH) HA  Int Bumper Bracket (LH/RH) HA  Int Bumper Bracket (LH/RH) NAI  Int Bumper Bracket (LH/RH) HA  Int Bumper Bracket Top (LH/RH) HA  Int Bumper Bracket To	Туре	s s	22.40 24.60 1,388.00 (6.00	s s s s s s	1,110.10 120.30 1,052.20 99.20 402.10 44.80 49.20 907.40 2,776.00 6,561.30 1,312.26 5,249.04	/ /××××× /
diator Grille H Emblem Hacount Bumper Cover Movely broken Int Bumper Sponge SVL Int Bumper Reinforcement HA Int Bumper Bracket Top (LH/RH) HA Int Bumper Bracket (LH/RH) NA Indiamp Support Panel Assy Hat Bt adlamp (LH/RH) Movely Couch broken  SUB TOTAL LESS 20% DISCOUNTED TOTAL		s s	24.60 1,388.00	\$ \$ \$ \$ \$ \$ \$	120.30 1,052.20 99.20 402.10 44.80 49.20 907.40 2,776.00 6,561.30 1,312.26	/ /××××× /
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ant Bumper Reinforcement HH ont Bumper Bracket Top (LH/RH) HH ont Bumper Bracket (LH/RH) HH adlamp Support Panel Assy HH adlamp (LH/RH) Would Clark broken  SUB TOTAL LESS 20% DISCOUNTED TOTAL		s s	24.60 1,388.00	s s s	44.80 49.20 907.40 2,776.00 6,561.30 1,312.26	××*·
ant Bumper Bracket Top (LH/RH) HA ant Bumper Bracket (LH/RH) HA adlamp Support Panel Assy Hat Bt adlamp (LH/RH) would crack broke  SUB TOTAL LESS 20% DISCOUNTED TOTAL		s s	24.60 1,388.00	s s	49.20 907.40 2,776.00 6,561.30 1,312.26	××× ·
adlamp Support Panel Assy Hat Bt adlamp (LH/RH) would could broke  SUB TOTAL LESS 20%  DISCOUNTED TOTAL		s s	24.60 1,388.00	s s	49.20 907.40 2,776.00 6,561.30 1,312.26	* ~
adlamp Support Panel Assy Hat Bt adlamp (LH/RH) would creed broke  SUB TOTAL  LESS 20%  DISCOUNTED TOTAL		s	1,388.00	s s	907.40 2,776.00 <b>6,561.30</b> 1,312.26	*
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SUB TOTAL LESS 20% DISCOUNTED TOTAL		596 47 <sup>2</sup>	(6.00 F2.80	s s	1,312.26	
LESS 20% DISCOUNTED TOTAL		47	f2.80	\$	1,312.26	
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		1 70				
agnostic & Resetting To Erase Fault Code				S	480.00	H
						-
TOTAL LABOUR				S	1,980.00	4
1	nel Beating ray Painting Charge ring Charge wing Charge move/Refix Aircon & Refill Gas agnostic & Resetting To Erase Fault Code	nel Beating ray Painting Charge ring Charge wing Charge move/Refix Aircon & Refill Gas	nel Beating ray Painting Charge  ring Charge wing Charge move/Refix Aircon & Refill Gas agnostic & Resetting To Erase Fault Code	ray Painting Charge  tring Charge  wing Charge  move/Refix Aircon & Refill Gas  agnostic & Resetting To Erase Fault Code	ray Painting Charge  ring Charge  wing Charge  move/Refix Aircon & Refill Gas  agnostic & Resetting To Erase Fault Code  S  S  S  S  S  S  S  S  S  S  S  S  S	ray Painting Charge  s 250.00  s 250.00  s 250.00  s 50.00  s 50.00  s 50.00  s 150.00  s 480.00

Boot Lid 15+

Qty

# 2/ 10 Soon Hock SHC 8598D Unit Price Amount Type Parts Description/ Labour 2,174.90 S \$ 96.50 Boot Lid Rubber de med S 102.60 Boot Lid Lock Upper 18 1 \$ 31.70 × Boot Lid Lock Lower NJ 1,131.20 Boot Lid Lamp (LH/RH) GALC S 565.60 S 116.40 Boot Lid Trimboard ton S 11.00 Boot Lid Trimboard Clips (10pcs) -LC X S 85.00 Bootlid Moulding ►14 X 27.90 Bootlid i40 Emblem ∾↓ 227.90 X S Bootlid Lower Garnish NJ 553.00 Rear Bumper Dents 5 428.40 Rear Bumper Reinforcement Crack 160.60 80.30 Rear Bumper Reinforcement Bracket (LH/RH) HN 22.00 S Rear Bumper Clip 10 pcs LLC X 71.20 35.60 Rear Bumper Bracket Hu 118.40 Rear Bumper Sponge tom 228.00 S Rear Bumper Under Cover oust AL 697.80 1,395.60 \$ Tail Lamp (LH/RH) Crack \$ 526.70 Rear Panel Dentil S 57.70 Rear Panel Garnish world digme S 495.50 Rear Panel Lower Panel Dank S 852.80 Spare Tyre Panel Dath 209.05 X Spare Tyre Panel Cushion 94.60 Rear Towing Hook S 248.00 Spare Tyre Holder HH X 117.10 58.55 5 Exhaust Pipe Insulator 2 967.70 1,935.40 Exhaust Silencer 7. 15t 58.55 117.10 X Exhaust Pipe Hanger NA S 730.10 X 10246.10 Exhaust Pipe Centre 8196.88 S 12,366.35 SUB TOTAL 2,473.27 LESS 20% 9,893.08 DISCOUNTED TOTAL Nett L S 30.00 Boot Lid Comfort Logo & Tel No. Sticker huc S 135.70 Nett U Rear Bumper Reverse Sensor D\_ ... 215.70 S 50.00 Nett \_ Rear Bumper Rubber Mat 215.70 LKK Auto Consultants hence notify the Repairer of the following: 8001- To resurvey before/after spray paint 1,500.00 1670.00 To display damaged part(s) during resurvey 7001-1,200.00 Spray Painting Charge Parts prices are subject to confirmation S -50.00 30 - Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed -50.00 \$ 401-Remove/Refix Reverse Schsof be supplementary item(s) must be resurveyed and 120.00 401-300.00 Remove/Refix Exhaust Pipe Acknowledged by Repairer 1528538 s 3,220.00 TOTAL LABOUR

Wiring Charge Tuff Kote

Labour Charge

Panel Beating

ESTIMATE TOTAL

4512000/ \$ 20,582.82

#### 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

CS/MSG19007834/DVD3N2 Our File No:

11/06/2019 Date:

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

B29069129MKF

Claimant

SHC8598D

Insured Vehicle No: GBD8955Y

Vehicle No: Date of Loss:

30/04/2019

Nature of Claim:

TP

Claim No: 592304

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SHC8598D

Make & Model:

HYUNDAI 140, 1.7 D (A) 10/12/2015 (Man. Year: 2015) Engine No: Chassis No: D4FDEU494910

Reg. Date: Colour:

Blue

1685 cc

Odometer:

KMHLB41UMGU082916 487851 km

Engine Capacity:

Market Value/New Car

N/A

Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

Front Tyre Size:

205/60R16

Rear Tyre Size:

205/60R16

Front Left Side: Front Right Side: Hankook 5 mm

Rear Left Side: Rear Right Side: Hankook 5 mm Hankook 5 mm

Hankook 5 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	15,382.82	13,185.38	2,197.44	14.29
Miscellaneous Items	0.00	0.00	0.00	
Labour	5,200.00	2,100.00	3,100.00	59.62
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	20,582.82	15,285.38	5,297.44	25.74
Approved Total (Overridden) (S\$)		12,000.00		
(S\$)	20,582.82	12,000.00	8,582.82	41.70
+ GST 7.00/7.00% (S\$)	1,440.80	840.00	600.80	41.70
Nett Amount (S\$)	22.023.62	12.840.00	9,183.62	41.70

INSPECTION

Date of Assignment:

03/05/2019

Date Inspected:

03/05/2019 Inspected At:

Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint

Singapore 568047

Estimated Period of Repair:

9.0 days

Adjuster: BRYAN TANI

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

Referen	ce			
Part Source: MRM-SG		Version: 1.0 (Last Synchronised: 11 Jun 2019)		
Parts:	143	HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)		
Labour:	Repairer's	(Price-denominated Standard List)		
Print Code:				
Validity: These estimates numbers with the		are valid only if they contain the print code (above) on all estimate pages, running page END OF ESTIMATES marker on the last estimate page		
Further Info		ot in reference catalogue are prefixed with an asterisk *.		

# Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*RADIATOR GRILLE	Cracked		*1,110.10 FL
2	1		*RADIATOR GRILLE H EMBLEM	Necessary	120.30 FL	
3	1		*FRONT BUMPER COVER	Mounting Broken	1,052.20 FL	*1,052.20 FL
4	1		*FRONT BUMPER SPONGE	Serviceable	99.20 FL	*-FL
5	1		*FRONT BUMPER REINFORCEMENT	Not Necessary	402.10 FL	
6	2		*FRONT BUMPER BRACKET TOP (LH/RH)	Not Necessary	44.80 FL	*-FL
7	2		*FRONT BUMPER BRACKET (LH/RH)	Not Necessary	49.20 FL	
8	1		*HEADLAMP SUPPORT PANEL ASSY	Bent	907.40 FL	
9	2		*HEADLAMP (LH/RH)	Mounting Cracked/Broken		*2,776.00 FL
10	1		*BOOT LID	Bent	2,174.90 FL	*2,174.90 FL
11	1		*BOOT LID RUBBER	Deformed	96.50 FL	
12	1		*BOOT LID LOCK UPPER	Bent	102.60 FL	
13	1		*BOOT LID LOCK LOWER	Not Necessary	31.70 FL	*-FL
14	2		*BOOT LID LAMP (LH/RH)	Cracked	1,131.20 FL	*1,131.20 FL
15	1		*BOOT LID TRIMBOARD	Torn	116.40 FL	*116.40 FL
16	10		*BOOT LID TRIMBOARD CLIPS	Necessary	11.00 FL	*11.00 FL
17	1		*BOOTLID MOULDING	Not Necessary	85.00 FL	
18	1		*BOOTLID I40 EMBLEM	Not Necessary	27.90 FL	
19	1		*BOOTLID LOWER GARNISH	Not Necessary	227.90 FL	
20	1		*REAR BUMPER	Dented	553.00 FL	
21	1		*REAR BUMPER REINFORCEMENT	Cracked	428.40 FL	
22	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Not Necessary	160.60 FL	*-FL
23	10		*REAR BUMPER CLIP	Necessary	22.00 FL	
24	2		*REAR BUMPER BRACKET	Not Necessary	71.20 FL	. *-FL
25	1		*REAR BUMPER SPONGE	Torn	118.40 FL	
26	1		*REAR BUMPER UNDER COVER	Distorted	228.00 FL	
27	2		*TAIL LAMP (LH/RH)	Cracked		. *1,395.60 FL
28	1		*REAR PANEL	Dented	526.70 FL	
29	1		*REAR PANEL GARNISH	Mounting Deformed	57.70 FL	
30	1		*REAR PANEL LOWER PANEL	Dented	495.50 FL	
31	1		*SPARE TYRE PANEL	Dented	852.80 FL	
32	1		*SPARE TYRE PANEL CUSHION	Not Necessary	209.05 FL	
33	1		*REAR TOWING HOOK	Not Necessary	94.60 FL	
34	1		*SPARE TYRE HOLDER	Not Necessary	248.00 FL	
35	2		*EXHAUST PIPE INSULATOR	Not Necessary	117.10 FL	
36	2		*EXHAUST SILENCER	Bent	1,935.40 FL	*1,935.40 FL
37	2		*EXHAUST PIPE HANGER	Not Necessary	117.10 FL	
38	1		*EXHAUST PIPE CENTRE	Not Necessary	730.10 FL	
39	1		*FRONT NUMBER PLATE	Not Necessary	25.00 FS	
40	1		*BOOT LID COMFORT LOGO & TEL NO STICKER	Necessary	30.00 FS	30.00 FS

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
41	1		*REAR BUMPER REVERSE SENSOR	Damaged	135.70 FS	*135.70 FS
41 42	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
	Sub Total (S\$) - List Item Discount on L Items 20.00/20.00% (S\$)				16,427.80 3,242.42	
				Total Parts (S\$)	15,382.82	13,185.38
			Report was unsubmitted of	during this print-out.		

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

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No	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			
1	PANEL BEATING	New	2,500.00	1,000.00
2	SPRAY PAINTING CHARGE	New	1,450.00	900.00
3	WIRING CHARGE	New	100.00	60.00
4	TOWING CHARGE	New	50.00	0.00
5	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00	0.00
6	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	0.00
7	TUFF KOTE	New	50.00	40.00
8	REMOVE/REFIX REVERSE SENSOR	New	120.00	40.00
9	REMOVE/REFIX EXHAUST PIPE	New	300.00	60.00
	Gross Labo	our Cost (S\$)	5,200.00	2,100.00

< END OF ESTIMATES >