

22/03/2021

ASS. REC. BY:

REF:

CS/CTI/19008730/10312

Special Instruction:

Surveyor: Lynn

ASSIGNMENT (Office)

From (Person): Chong Buan Sen of CTIDate/Time: 16/5/2019 4:08pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHA 8654KInsured: SKT 4006Y

at Workshop m/s

Chunni MotorTel: 63425119of Bt 10 Amk Andupoint #01-05/06Policy No: PMPCSN 30376318011Claim No: SNM19D202072C02

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 08/05/2019

(Client's Record)

17/05/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 4:40pm @ 16/5/19Person Contacted: LynnVehicle IN/OUT

Date/Time	Action/Instruction	Estimated (✓)
	SHA 8654K-X	
	SKT 4006Y-CS/CTI/19008296/Uqd3e2	

D.O.A: 8/5/2019

Nivitha (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Thursday, 16 May 2019 4:08 PM
To: Chunni Motor
Cc: assignments
Subject: RE: Accident involving veh no: SHA 8664K & SKT 4006Y on 08.05.19 / our ref: snm19d202072

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平狮城 Taiping SG 3 Anson
Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Chong Boon Sen
Sent: Thursday, 16 May, 2019 4:05 PM
To: 'Chunni Motor' <chunnimotor@gmail.com>
Cc: Elaine Cheong <elaine.cheong@sg.cntaiping.com>
Subject: RE: Accident involving veh no: SHA 8664K & SKT 4006Y on 08.05.19 / our ref: snm19d202072

WITHOUT PREJUDICE

Dear Sir,

We will be assigning M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Aside to LKK,

Please proceed to survey the third party vehicle on WP basis.

Thank you.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
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Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Chunni Motor [mailto:chunnimotor@gmail.com]

Sent: Thursday, 16 May, 2019 8:28 AM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; Elaine Cheong <elaine.cheong@sg.cntaiping.com>

Subject: Fwd: Accident involving veh no: SHA 8664K & SKT 4006Y on 08.05.19

----- Forwarded message -----

From: **Chunni Motor** <chunnimotor@gmail.com>

Date: Tue, May 14, 2019 at 3:44 PM

Subject: Fwd: Accident involving veh no: SHA 8664K & SKT 4006Y on 08.05.19

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

----- Forwarded message -----

From: **Chunni Motor** <chunnimotor@gmail.com>

Date: Tue, May 14, 2019 at 3:43 PM

Subject: Re: Accident involving veh no: SHA 8664K & SKT 4006Y on 08.05.19

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Dear Sir,

Our vehicle number should be SHA 8654K.

Thank you

On Tue, May 14, 2019 at 3:29 PM Chunni Motor <chunnimotor@gmail.com> wrote:

Dear Sir/Mdm,

We refer the above mentioned matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly survey at AMK Autopoint, Soon Hock Motor, #01-05/06.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 6542 7162

Thank you for your kind assistance.

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

MCDG19060773 / ComfortDelGro Engineering Pte Ltd - Layan
 ENTRY DATE & TIME: 10/05/2019 14:15
 SUBMITTED BY: Huang XiaoYan

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 14/05/2019 15:14

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 10/05/2019 14:15
 Date Of Accident 08/05/2019 13:45
 Exact Location Of Accident SLIP RD > FRM CTE TWDS SELETAR WEST LINK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8654K
 Insured/Policyholder
 Name Of Registered Owner CITYCAB PTE LTD
 Co Reg No 199502839G
 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 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 WONG WEI MENG
 NRIC No S7024392Z
 Date Of Birth 29/07/1970
 Occupation OUTDOOR
 Date Of Driving Pass 30/06/1994
 Driving Experience 24 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90621325
 Fax Number
 Contact Number
 Email Address ALANWWW@YAHOO.COM

Address BLK 589D MONTREAL DRIVE
#13-118
Postcode 754589
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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? YES
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 UBI AVE 3
Police Station Address ROAD: 10 UBI AVE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190509/2060

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 SKT4006Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG WEI MENG

Approximate Age

Injuries Sustain

BACK, NECK AND LOWER BACK PAIN. ON 3 DAYS MC.

Injured person in which vehicle?

SHA8654K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

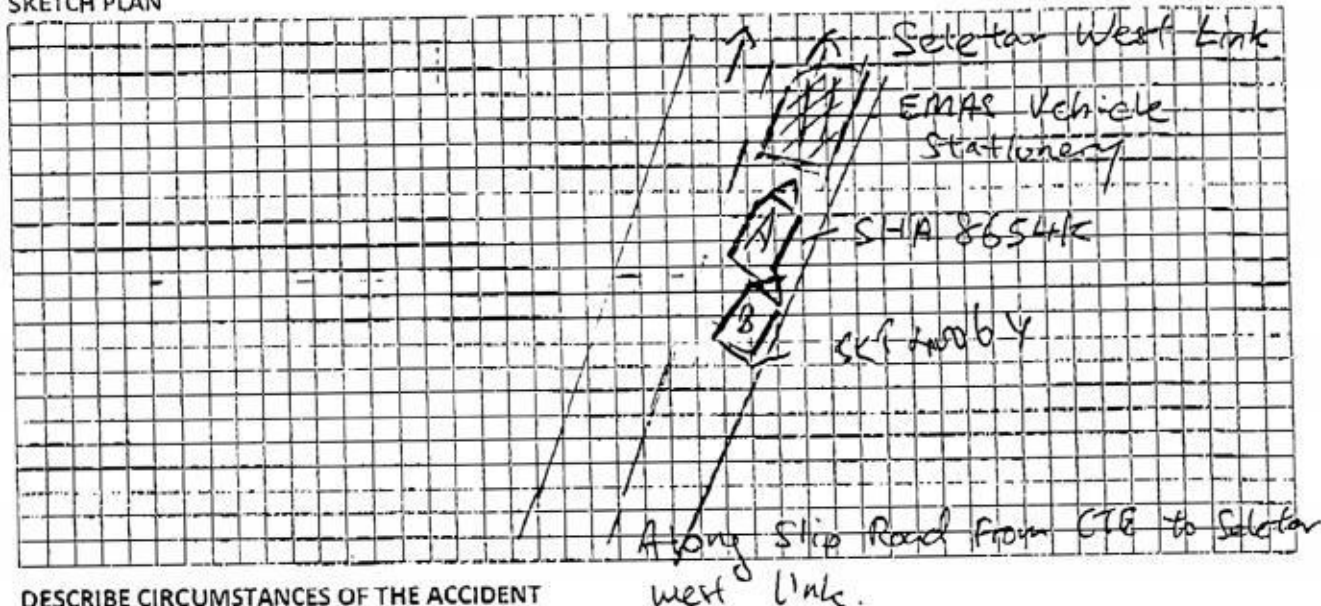
Policyholder's Signature
Date & Time:

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

10.5.19 @ 1130hrs

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attachment Police Report:

T/20190509/2060 and Amendment Police Report

When I slowed down my taxi, I felt impact from behind. Vehicle B lost control and hit my taxi A rear right portion. The impact pushed my taxi A to the side railing on the right side. As a result rear right portion of the door damaged. No damage to government property.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

10.5.19 @ 1130 hrs

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



**SINGAPORE
POLICE FORCE**



T/20190509/2060

1 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190509/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2019 12:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG WEI MENG			Address: APT BLK 589D MONTREAL DRIVE #13-18 MONTREAL SPRING SINGAPORE 754589		
ID Type / ID No.: NRIC NO / S7024392Z			Contact No.: Home/Office: Mobile: 90621325		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 29/07/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/05/2019 13:45	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY SLIP RD FROM CTE TOWARDS SELETAR WEST LINK				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8654K	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR			0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**SINGAPORE
POLICE FORCE**

T/20190509/2060

2 of 3

Report No. T/20190509/2060

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	WONG WEI MENG	ID No.	S7024392Z
Related Vehicle	SHA8654K (Car)	Contact No.	90621325
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

ON STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING ON A SLIP ROAD FROM CTE TOWARDS SELETAR WEST LINK. I WAS APPROACHING THE BEND AT BETWEEN 60-70 KM/H WHEN I SAW EMAS TOWING VEHICLE 50 METRES AHEAD AND TRY TO SLOW DOWN. SUDDENLY, MY VEHICLE WAS STRONGLY RAMMED BEHIND. I DID NOT STEP DOWN AS I WAS TOO STUNNED AND WEAK TO ACCESS THE DAMAGES. AMBULANCE AND TP WERE CALLED IN AS WELL AS LTA TRAFFIC MARSHAL WAS THERE TOO. EMAS TOWING VEHICLE WAS THERE ATTENDING TO A PREVIOUS ACCIDENT VEHICLE. I SUSTAINED BACK NECK AND WAIST INJURIES DUE TO THE IMPACT FROM BEHIND.



**SINGAPORE
POLICE FORCE**



T/20190509/2060

3 of 3

Report No. T/20190509/2060

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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 /

AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

09/05/2019 12:13

Classification Of Case:

**SINGAPORE
POLICE FORCE**

Signature: _____



TRAFFIC POLICE AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No. : T/20190509/2060 Name : Wong Wei Meng
Accident Date/Time : 08/05/2019 @ 1345hrs Address : Blk 589D Montreal Drive #13-18 Singapore 754589
Vehicle(s) Involved : _____ NRIC No : S7024392Z
_____ Tel No : 90621325
_____ Date : 14/05/2019

Dear Sir / Madam

Accident involving SHA8654K and SKT4006Y
along Slip road from CTE Towards Seletar West Link on 08/05/2019 at 1345 hours

With reference to the above, I have on 09/05/2019 (date) 1213 hours (time) make a
police report at Traffic Police HQ (Police Station/NPP/NPC)
In NP 168 - T/20190509/2060

On 14/05/2019 (date), 1101 hours (time) at Sembawang NPC
(Police Station/NPP/NPC), I make the following amendments to the above report;
I wish to add that the registration number of the other party involved in this accident is
SKT4006Y. My TP IO was the one who had given the registration number of the other party to
me. I wish to add on that due to the impact of the accident, my vehicle had swerved to the right
and the rear passenger door on the right had collided into side railings. There are scratches and
dents on the said door area.

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No : SGT Marcus Tan T160200
Date and Time : 14/05/2019 @ 1104hrs
Station Dairy No : 26
Signature : *Marcus*

SEMBAWANG NPC
4 Sembawang Crescent
Singapore 757633
Tel: 1860-5549599
Fax: 62522499

110

Soon Hock

2017 V 04

check with handler
just follow

China Gasping

TEL : 6542 5119

FAX : 6542 6039

5317.20

4253.76

201.00

SHA 8654K

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,500.00 800/-
	Spray Painting Charge			\$ 1,250.00 800/-
	Wiring Charge			\$ 100.00 24
	Tuff Kote			\$ 150.00 40/-
	Towing Charge			\$ 50.00 24
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 80/-
	Remove/Refix Rear Windscreen Glass			\$ 120.00 80/-
	Remove/Refix Reverse Sensor			\$ 120.00 40/-
	Remove/Refix Undercarriage (RR)			\$ 200.00 24
	Rear Wheel Alignment		1900.00	\$ 120.00 60/-
	Re-set Rear ABS System			\$ 200.00 24
	Re-set Rear Power Window System			\$ 200.00 24
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00 24
	TOTAL LABOUR			\$ 4,640.00
	ESTIMATE TOTAL			\$ 13,668.24
	17/05/2019 @ 1530m NIA Antenna 2 km 6 days 8 Mar LKE Auto		6354.76 Supp 1805.12 8159.88 456500/- 15473.36	
	<div><p>LKK Auto Consultants hence notify the Repairer of the following:</p><ul style="list-style-type: none">• 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<p>Acknowledged by Repairer</p><p>Signature:</p><p>Date:</p></div>			
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

REPAIR ESTIMATE*

DATE : 17.05.2019

TEL : 6542 5119

FAX : 6542 6039

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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/CTI19008730/DQD3N2

Date: 09/07/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN30376318011	
Claimant Vehicle No :	SHA8654K	Insured Vehicle No :	SKT4006Y	
Date of Loss:	08/05/2019	Nature of Claim:	TP	Claim No: SNM19D202072C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA8654K	Engine No:	D4FDGU660654
Make & Model:	HYUNDAI I40, 1.7 D (A)	Chassis No:	KMHLB41UMGU092286
Reg. Date:	14/07/2016 (Man. Year: 2016)	Odometer:	335421 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 5 mm	Rear Left Side:	West Lake 5 mm
Front Right Side:	West Lake 5 mm	Rear Right Side:	West Lake 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	10,833.36	6,259.88	4,573.48	42.22
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,640.00	1,900.00	2,740.00	59.05
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	15,473.36	8,159.88	7,313.48	47.26
Approved Total (Overridden) (\$\$)		6,500.00		
(\$\$)	15,473.36	6,500.00	8,973.36	57.99
+ GST 7.00/7.00% (\$\$)	1,083.14	455.00	628.14	57.99
Nett Amount (\$\$)	16,556.50	6,955.00	9,601.50	57.99

INSPECTION

Date of Assignment: 16/05/2019
 Date Inspected: 17/05/2019 Inspected At:

CHUNNI MOTOR WORK PTE LTD
 BLK 10 ANG MO KIO IND. PARK 2A,
 #03-19 AMK AUTOPOINT
 SINGAPORE 568047

Estimated Period of Repair: 8.0 days

Adjuster: BRYAN TANI

Manager: SHIAU CHAN

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 Jul 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 SHA8654K)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Dented/Punctured	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER BRACKET,RH	Not Necessary	35.60 FL	*- FL
4	1		*REAR FENDER (RH)	Dented	2,171.40 FL	*2,171.40 FL
5	1		*REAR FENDER INNER LINING (RH)	Not Necessary	169.30 FL	*- FL
6	1		*REAR WINDSCREEN MOULDING	Necessary	28.30 FL	*28.30 FL
7	1		*REAR DOOR (RH)	Dented	2,201.10 FL	*2,201.10 FL
8	1		*REAR DOOR GEAR/REGULATOR (RH)	Not Necessary	242.80 FL	*- FL
9	1		*REAR DOOR POWER MOTOR (RH)	Not Necessary	158.60 FL	*- FL
10	1		*REAR DOOR TRIM BOARD (RH)	Not Necessary	808.70 FL	*- FL
11	1		*ROCKER PANEL OUTER GARNISH	Cut/Dented	341.40 FL	*341.40 FL
12	1		*REAR TYRE RIM (RH)	Not Necessary	325.30 FL	*- FL
13	1		*REAR WHEEL HUP-CAP (LRH)	Not Necessary	107.10 FL	*- FL
14	1		*REAR WHEELBEARING ING & HUB	Not Necessary	362.00 FL	*- FL
15	1		*REAR TRAILING ARM (LRH)	Not Necessary	192.00 FL	*- FL
16	1		*REAR ASSIST (RH)	Not Necessary	145.70 FL	*- FL
17	1		*REAR SHOCK ABSORBER (RH)	Not Necessary	276.30 FL	*- FL
18	1		*REAR SHOCK ABSORBER MOUNTING (RH)	Not Necessary	81.30 FL	*- FL
19	1		*REAR CROSSMEMBER	Not Necessary	1,021.50 FL	*- FL
20	1		*STABILIZER BAR	Not Necessary	199.60 FL	*- FL
21	1		*STABILIZER LINK	Not Necessary	85.90 FL	*- FL
22	1		*REAR UPPER ARM (RH)	Not Necessary	335.75 FL	*- FL
23	1		*REAR LOWER ARM (RH)	Not Necessary	353.80 FL	*- FL
24	1		*REAR KNUCKLE ARM (RH)	Not Necessary	545.60 FL	*- FL
25	1		*FRONT DOOR (RH)	Dented/Bent	2,256.40 FL	*2,256.40 FL
26	1		*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS
27	1		*REAR DOOR COMFORTDELGRO & APPS STICKER (RH)	Necessary	80.00 FS	*80.00 FS
28	1		*FRONT DOOR COLOURED COMFORT LOGO (RH)	Necessary	75.00 FS	*75.00 FS
29	1		*REAR TYRE (RH)	Not Necessary	216.00 FS	*- FS

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

Sub Total (\$\$) 13,437.45 7,774.60
 - List Item Discount on L Items 20.00/20.00% (\$\$) 2,604.09 1,514.72

Total Parts (\$\$) 10,833.36 6,259.88

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	PANEL BEATING	New	1,500.00	800.00
2	SPRAY PAINTING CHARGE	New	1,250.00	800.00
3	WIRING CHARGE	New	100.00	0.00
4	TUFF KOTE	New	150.00	40.00
5	TOWING CHARGE	New	50.00	0.00
6	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	80.00
7	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	80.00
8	REMOVE/REFIX REVERSE SENSOR	New	120.00	40.00
9	REMOVE/REFIX UNDERCARRIAGE (RR)	New	200.00	0.00
10	REAR WHEEL ALIGNMENT	New	120.00	60.00
11	RE-SET REAR ABS SYSTEM	New	200.00	0.00
12	RE-SET REAR POWER WINDOW SYSTEM	New	200.00	0.00
13	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	0.00
Gross Labour Cost (\$\$)			4,640.00	1,900.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >