

22/03/2002

ASS. REC. BY:

REF: CS/PC119008793/R19d302

Special Instruction:

Surveyor: RasuASSIGNMENT (Office)From (Person): Sitharaof FCIDate/Time: 17.5.19 2.31 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SME 9926P

Insured:

SHD 8861M

at Workshop m/s

Comforda digro Engineering

Tel:

6848 5725of 320 ubi road 3

Policy No:

Claim No:

D19003291 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

2.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

17.5.19 2.37 p.m

Person Contacted:

JohanVehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SME 9926P -xSHD 8861M - CS3/PC115021999/G4b2 -1DOA - 19/7/201521/5/19 @ 2.53pm revised to Sithara by email.21/7/19 @ 3.07pm checked with Tini, the vehicle already convert to OD claim (LH)29/7/19 Submit Photo report.

Signature: *[Signature]*

REF:

3095W

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SME 9926P
at Workshop m/s Comfort UBI
of 330, UBI RD 3
Insured: FCI
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 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: SME 9926P Yr Regn: 2018 / OCT
Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: HYUNDAI ELANTRA 1.6 A c.c. 1591
Colour: GREY A/C: Insured / Std / NI / NA
Sp. Reading: 9329 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: KMH0841CMJ4744486

Gen. Cond: Good / ☒ Fair / Poor / Burnt
Steering: ☒ In order / Jammed / Leaked / Burnt or
Brake: ☒ In order / Jammed / Leaked / Burnt or
Modi: Nil / ☒ S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or NEXEN

Front		Rear	
R/Bal. <u>6</u>	mm	R/Bal. <u>6</u>	mm
L/Bal. <u>6</u>	mm	L/Bal. <u>6</u>	mm
D.O.A. <u>02/05/19</u>		D.O.I. <u>17/05/19</u>	

Survey held at Comfort UBI

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Frt
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 30 JUL 2019

Date/Time, File Pass to?



Preli. Report

1) 29/7/2019



Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

135

90

22

207

MOTOR SURVEY ASSIGNMENT

Date	17-05-2019	Our Ref No. D19003291MFSH
Accident Date	02-05-2019	Claim Type. Third Party
Insured Vehicle	SHD8861M	Third Party Vehicle. SME9926P
Survey Location	320 UBI ROAD 3	
Contact Person.	JOHARI	
Contact No.	68485725/ 0	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	COMFORTDELGRO ENGINEERING PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Shiau Chan (LKKAUTO)

From: CDGE Ubi Private Cars Crash Repair Counter <ubi_cr@sparkcarcare.com>
Sent: Monday, 29 July 2019 3:09 PM
To: Shiau Chan (LKKAUTO)
Subject: Re: TP VEHICLE SME 9926P (DOA: 02/05/2019)

Dear Shiau Chan,

Owner convert to OD.

Thks & Regards,
Tinie
Crash Repair
ComfortDelGro Engineering Pte Ltd
320 Ubi Road 3 S (408649)
Tel: +65 6848 5725/26
Email: Ubi_CR@sparkcarcare.com



From: Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Sent: Monday, 29 July 2019 3:06 PM
To: CDGE Ubi Private Cars Crash Repair Counter <ubi_cr@sparkcarcare.com>
Subject: RE: TP VEHICLE SME 9926P (DOA: 02/05/2019)

Dear Sir/Madam,

Kindly advise vehicles status as below.

If vehicles has been repaired, please finalize with us.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Shiau Chan (LKKAUTO)
Sent: Monday, 17 June 2019 1:42 PM
To: CDGE Ubi Private Cars Crash Repair Counter <ubi_cr@sparkcarcare.com>
Subject: TP VEHICLE SME 9926P (DOA: 02/05/2019)

Dear Sir/Madam,

Kindly advise vehicles status as below.

If vehicles has been repaired, please finalize with us.

Best Regards,

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 21 May 2019 2:53 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Sithara'; SUR
Subject: RE: SURVEY ASSESSMENT - D19003291MFSH/1
Attachments: CSFCI19008793R1qd3.pdf

Dear Sithara,

Enclosed herewith preliminary advice of SME 9926P.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Friday, 17 May 2019 2:42 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Sithara' <Sithara@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19003291MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Friday, 17 May 2019 2:31 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Sithara <Sithara@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003291MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19003291MFSH

Date: 21 May 2019

Our Ref: CS/FCI19008793/R1qd3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

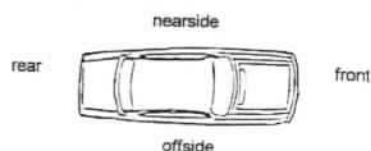
INITIAL INSPECTION REPORT OF VEHICLE NO. SME 9926P .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 17/05/2019 at the premises of M/s COMFORTDELGRO ENGINEERING, and have the following to report:-

Workshop Estimate Amount	: S\$ 4,828.24 .
Revised Estimate Amount	: S\$ 2,642.64 .
"Check" Items Amount	: S\$ 1,265.60 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages at the o/s front portion.



Yours faithfully

Rasul
Automotive Assessor

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	13/05/2019 18:08
Date Of Accident	02/05/2019 16:45
Exact Location Of Accident	CARPARK OF THE BAYCOURT CONDOMINIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9926P
Insured/Policyholder	
Name Of Registered Owner	BESTLINK VEHICLE PTE LTD
Co Reg No	200603095W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62818366

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (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 PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V08317/VPZ/R00
Cover Note Number	

Driver

Name of Driver	HARJYOT KAUR BAJAJ
NRIC No	S7923274B
Date Of Birth	29/07/1979
Occupation	INDOOR
Date Of Driving Pass	22/07/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90235280
Fax Number	
Contact Number	
EEmail Address	SARDONYX09@HOTMAIL.COM

Address	461A UPPER EAST COAST ROAD #01-01
Postcode	466507
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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 Sketch Plan

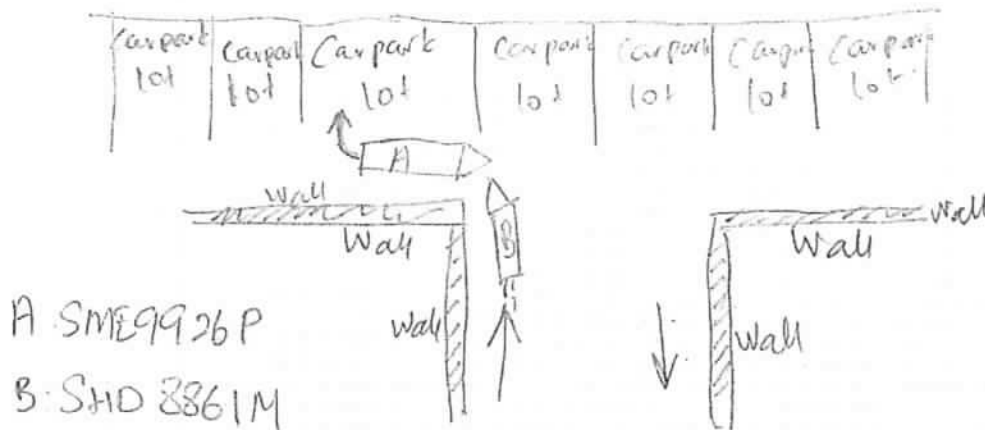
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD8861M
Vehicle Make/Model/Colour	MERCEDE BENZ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN TOON MENG
NRIC/Passport Number	S0117248D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

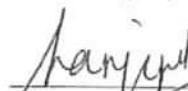
On May 2nd 2019 @ 4:45pm I was parking the car in my condominium carpark. I was parking the car into a designated carpark lot. As it was in the afternoon, there were many lots available. This Mercedes taxi was speeding into the carpark lot at Baycourt as it was driven by a fellow resident at the condominium and was not there to pick up a passenger. This taxi came into the carpark and knocked into the front side of my vehicle.

I was about to reverse my car to park when the taxi came into the parking lot and was turning left. As there is a wall blocking his view and mine, he could not see that I was about to reverse my car to park it into a designated parking lot.

DECLARATION

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

x 
Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:

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.

X 

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/05/19



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



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069426
 Tel: (65) 6221 8611 Fax: (65) 6225 6890
 Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V08317 /VPZ /R00
Form	MZ406
Date Of Issue	23-NOV-2018
1.Index Mark and Registration No. of Vehicle:	SME9926P
2.Chassis number of Vehicle:	KMHD841CMJU744486
3.Name of Policyholder:	BESTLINK VEHICLE PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	25-OCT-2018 00:00 AM
5.Date of Expiry of Insurance:	13-AUG-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
7.Limitations as to use*:	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p>	
8.Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>	
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.</p>	
<p>I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>	
 Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$1250, Windscreen Excess S\$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	PCMI INSURANCE BROKERS PTE LTD

PLFM/PLFM/23-NOV-18

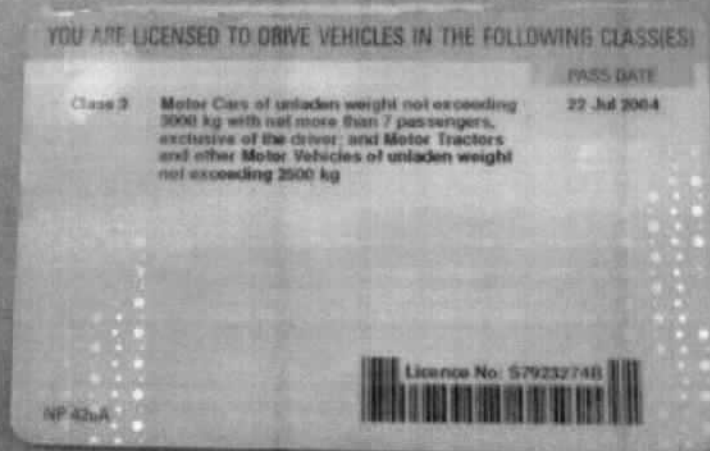
S1_CI_T1_T3_OE_Template2-Ver1.

23-NOV-18

Sketch Plan #2



Sketch Plan #3





ComfortDelGro Engineering

320 UBI ROAD 3 SINGAPORE 408649

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TPVehicle No. : SME9926PMake & Model : HYUNDAI ELANTRAYear of Manufacture : 2018Chassis No. : KMHD841CMJU744486Ins Company : MS FIRST CAPITALEngine No. : G4FGJU254385

Excess : _____

Policy No. : _____

Date of Accident : 02/05/2019Time of Accident : 16:45Suggested Days of Repair : 6

In-house Vehicle Assessor

Repair Estimates

Case Owner : _____

Signature : _____

Parts (a) Cost / List Price Items \$ 3,972.80

Contact No

Plus/Less _____ \$ -

68438736 – THOMAS

Total of Cost / List \$ 3,178.24(b) Nett Price Items \$ -Less 20% _____

Total of Nett Item _____

(c) Special Nett Items \$ -Total Parts Cost (Appendix A) \$ 3,178.24Labour (Appendix B) \$ 1,650.00Total Repair Cost \$ 4,828.24

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Rasul
 Company : LKK AUTO P/L
 Survey conducted on : 17/05/19 at 1510

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 3 day(s) pp(c) Resurvey : Required / Not Required before print

(d) Excess : \$ _____

(e) Signature of surveyor : R Date: 17/05/19

Spark Car Care

ComfortDelGro Engineering Pte Ltd
320 UBI ROAD 3 SINGAPORE 408649
TEL :68438723/68438736 Fax:67436072

Spare Parts

Vehicle No : SME9926P Case Owner : JOHARI

Make & Model : HYUNDAI ELANTRA Year Manufacture : 2018

Chassis No : KMHD841CMJU744486 Engine No : G4FGJU8254385

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : _____

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	FRONT BUMPER <i>DE /</i>	1		\$ 642.00			
2	FRONT BUMPER SIDE RETAINER RH <i>RE /</i>	1		\$ 52.00			
3	FRONT BUMPER CLIP'S <i>RE /</i>	15		\$ 60.00			
4	FRONT BUMPER INNER BASE <i>?</i>	1		\$ 320.00			
5	FRONT BUMPER SPONGE <i>?</i>	1		\$ 156.00			
6	FRONT BUMPER REINFORCEMENT <i>?</i>	1		\$ 940.00			
7	FRONT BUMPER SIDE GARNISH RH <i>?</i>	1		\$ 48.00			
8	FRONT BUMPER RIVET <i>RE /</i>	6		\$ 16.80			
9	FRONT HEAD LAMP RH <i>CRA /</i>	1		\$ 1,620.00			
10	FRONT HEADLAMP LOWER BRACKET RH <i>?</i>	1		\$ 118.00			
11							
12							
13							
14							
15							
16							
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27							
28							
29							
30							

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

ComfortDelGro Engineering Pte Ltd

Tel: 68438723/68438736 FAX : 67436072

Labour

Vehicle No. : **SME9926P**

Case Owner : JOHARI

Make & Model : HYUNDAI ELANTRA

Year of Manufacture : 2018

[illegible]

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.




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				
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI19008793/R1qd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 05-08-2019		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 8861M	Veh. Inspected	SME 9926P	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19003291MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	17/05/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI ELANTRA 1.6A	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KMHD841CMJU744486	Colour	GREY	
Odometer	9329	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	NEXEN	6 mm	
L/H Front Tyre	195/65 R15	NEXEN	6 mm	
R/H Rear Tyre	195/65 R15	NEXEN	6 mm	
L/H Rear Tyre	195/65 R15	NEXEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	02/05/2019	Inspection Date	17/05/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD NO : 320 UBI ROAD 3 SINGAPORE 408649			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

**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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SME 9926P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	DEFORMED	642.00	642.00
1	FRONT BUMPER SIDE RETAINER RH	NECESSARY	52.00	52.00
15	FRONT BUMPER CLIPS	NECESSARY	60.00	60.00
1	FRONT BUMPER INNER BASE	* CHECK	320.00	-
1	FRONT BUMPER SPONGE	* CHECK	156.00	-
1	FRONT BUMPER REINFORCEMENT	* CHECK	940.00	-
1	FRONT BUMPER SIDE GARNISH RH	* CHECK	48.00	-
6	FRONT BUMPER RIVET	NECESSARY	16.80	16.80
1	FRONT HEADLAMP RH	CRACKED	1,620.00	1,620.00
1	FRONT HEADLAMP LOWER BRACKET RH	* CHECK	118.00	-
	LESS 20% DISCOUNT		-794.56	-478.16
			3,178.24	1,912.64
	<u>LABOUR</u>			
	TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKET AND ETC.		100.00	30.00
	TO KNOCK & REPAIR FRONT RH FENDER, BONNET, RADIATOR SUPPORT PANEL AND AFFECTED AREA.		650.00	300.00
	TO PUTTY & SPRAY PAINT FRONT RH FENDER, BONNET, RADIATOR SUPPORT, BUMPER AND AFFECTED AREA.		900.00	400.00
			1,650.00	730.00
GRAND TOTAL			4,828.24	2,642.64
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS \$1,265.60)				2,642.64

Report Ref No. CS/FCI19008793/R1qd3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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