

22/03/2002

ASS. REC. BY:

REF: CS/TMI19009388/KHd302

Special Instruction:

Surveyor: Kelvin

ASSIGNMENT (Office)

From (Person): Mutulhaideg Binte Mohd Saif TMI

Date/Time: 28.5.19 15.33pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 8130U

Insured: SLG 1976X

at Workshop m/s Comfort Hdgro Engineering
of 59 Loyang Drive

Tel: 62148300

Policy No: MC00196

Claim No: M1903840

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 26.5.2019

29.5.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 28.5.19 3.46pm

Person Contacted:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 8130U - CS/TMI19005862/KHd302
	SLG 1976X - X

D.O.A. - 01/04/2019

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

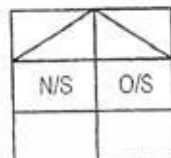
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

SHC 81704

Tr Regn: _____

30 Zn 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: _____

Honda 240

c.c. 168

Colour: _____

Blue

A/C: Insured / Std / NI / NA

Sp. Reading: _____

491805

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

1CMH2841444091516

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: 205 / 60 R 16

R: _____

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

TOYO / YOKO or

Han Kark

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 26/5/14

D.O.I. 28/5/14

Survey held at

CPGE (Loyang)

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

O/S Rear

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

Date / Time

Action / Instruction

30/5/19 Contact P/P 840 / 207. Cred: 674.16 : 62% To Kio

RECEIVED 30 MAY 2019

Date/Time, File Pass to?

1) 30/5 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B. (\$ 410)

250

10

260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 May 2019 12:30 Sendback Est	28 May 2019 12:33 S\$1,084.16	28 May 2019 15:33 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8130U	Date of Loss:	26/05/2019 16:00 - :59 [34 Months and 26 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1903840	Policy/Cover Note No.:	MK000196 (Third Party Only) Coverage: 25/02/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLQ1976X	Policy No. (Claimant):	D-18088936MFSH
		Excess:	S\$1,600.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Nurulhaida Binte Mohd Seain]		
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 07/06/2019]		

ASSOCIATED MAIL RECEIVED
[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

☐ **ALL ASSOCIATED TASKS**
[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	27/05/2019 16:37
Date Of Accident	26/05/2019 16:15
Exact Location Of Accident	SENGKANG EAST WAY X JUNCTION OF SENGKANG EAST RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8130U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	THOR SWEE KOON
NRIC No	S0178660A
Date Of Birth	16/01/1951
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1969
Driving Experience	49 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90899769
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	444 09-1601 HOUGANG AVENUE 8
Postcode	530444
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	SIDE SWIPE
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

SEE ATTACH.

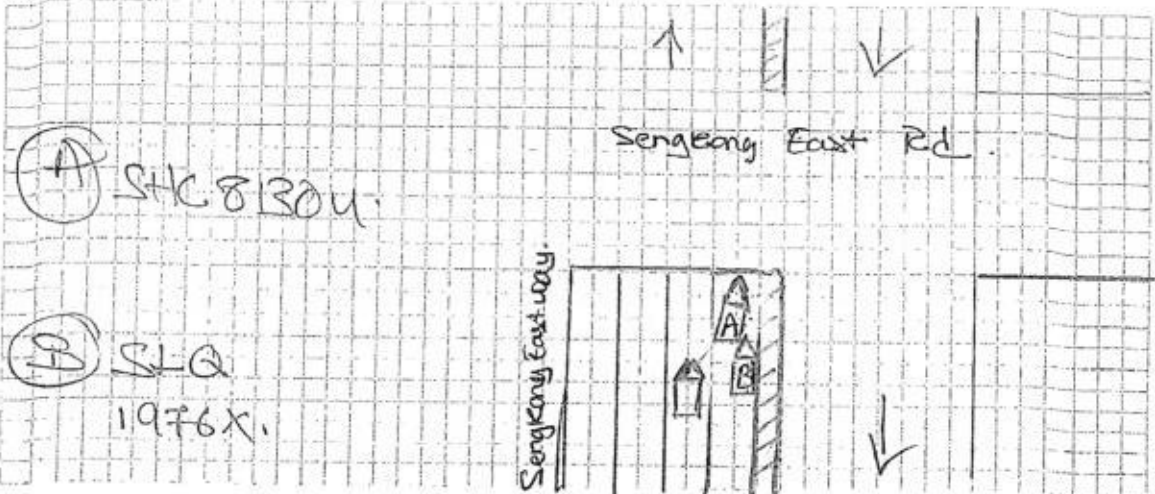
Attachment(s)

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	SLQ1976X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 26 MAY 2019 @ 16:15 hr I VEH A
 was on 2nd lane slowly follow to lane one
 vehicle on 2nd and 1st lane already stop
 to give way. I VEH A about to move
 forward the traffic light change to
 Red. I to vehicle without stop I VEH A
 3/4 on the 1st lane vehicle on 1st lane
 also stop behind VEH A. the moment
 the light change green I VEH A
 Completely inside on 1st lane Suddenly VEH
 B Dash in and hit VEH A Right Rear. VEH B

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO REG. NO. 199303321R

Policyholder's Signature
 Date & Time:

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

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

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:

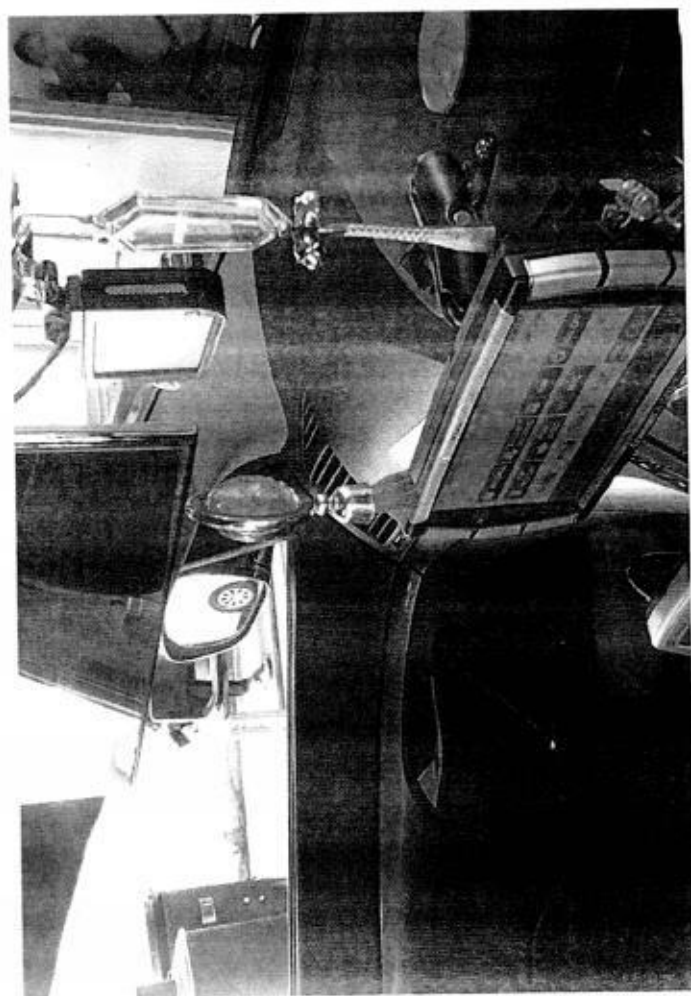
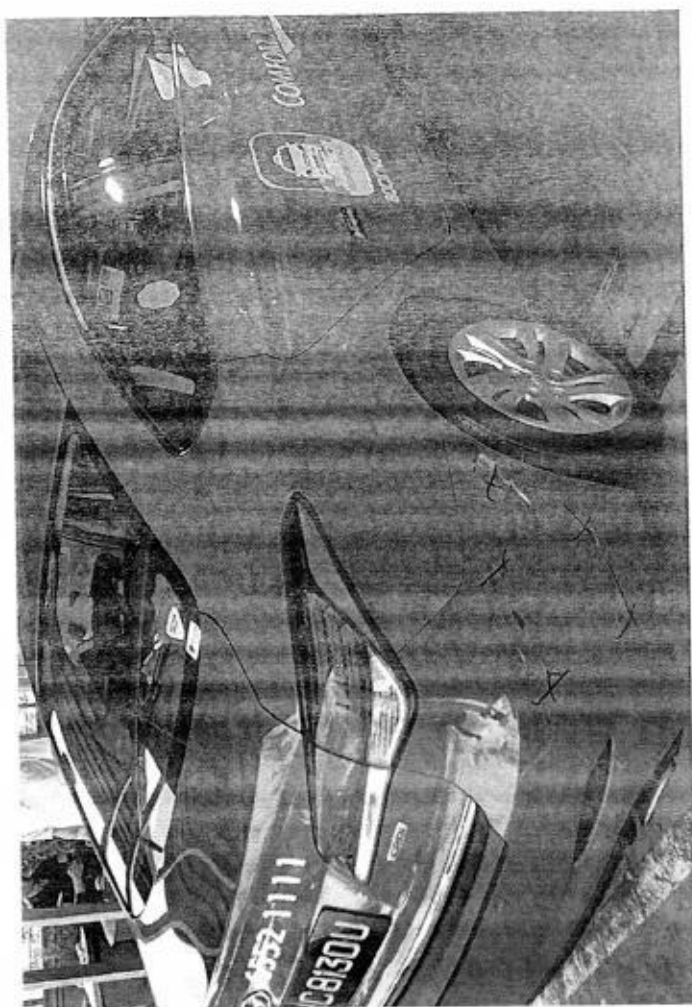
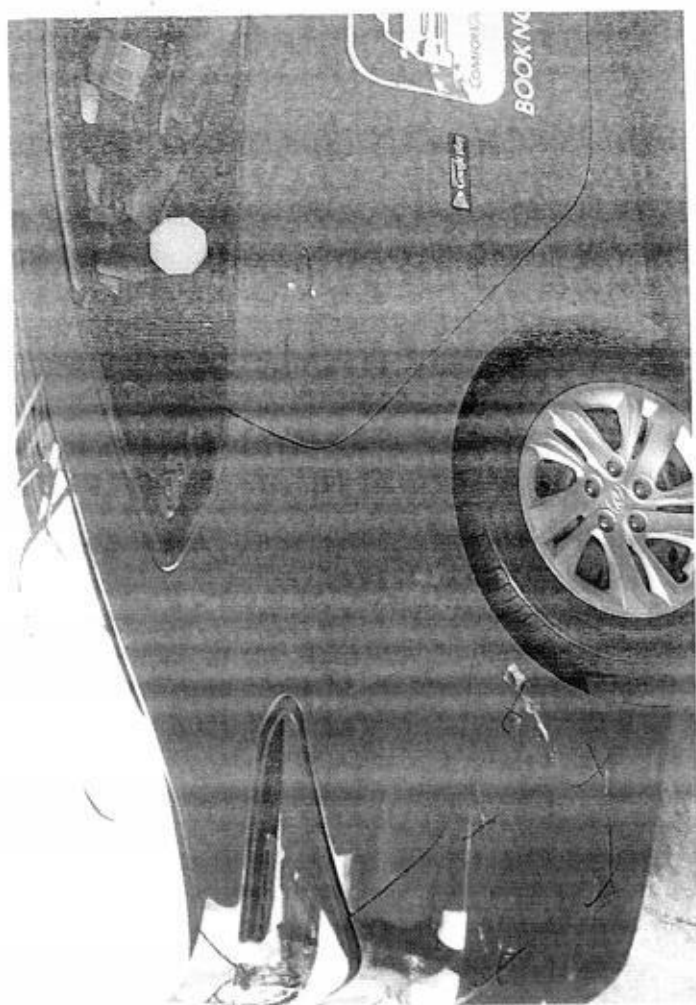
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

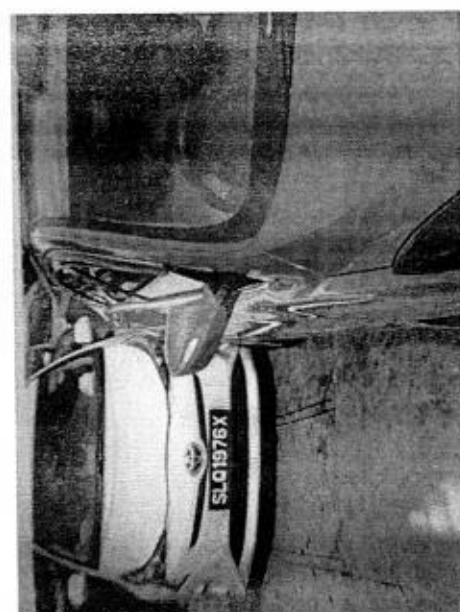
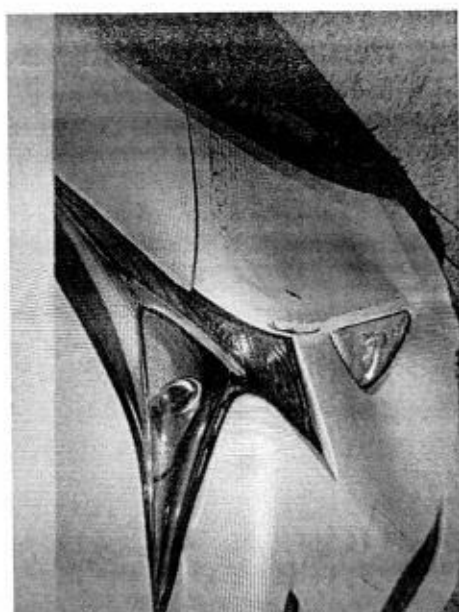
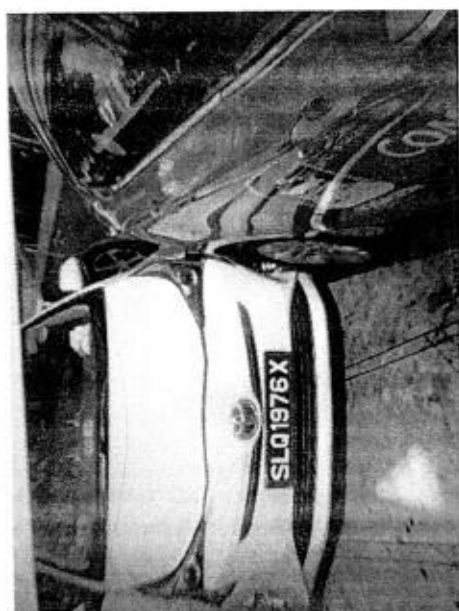
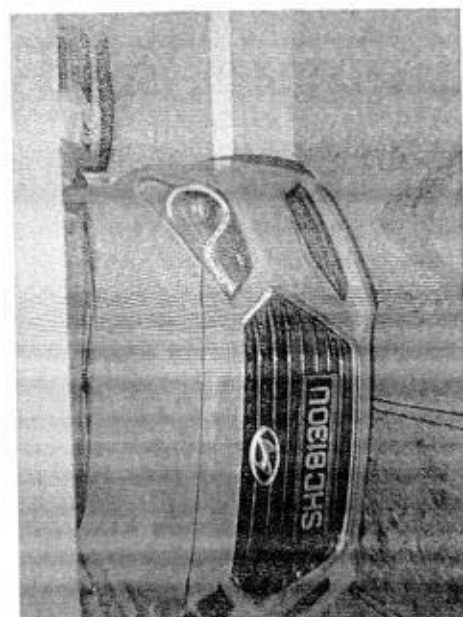
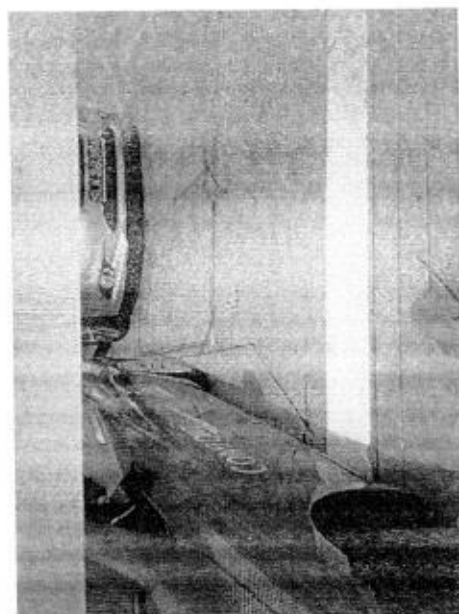
PORT TRANSPORTATION PTE LTD
CO REG. NO. 199303321R

Policyholder's Signature
Date & Time:

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

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





ComfortDelGro Engineering Pte Ltd (Co. Reg. No. 199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/05/2019
Vehicle Reg. No.:	SHC8130U	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	THOR SWEE KOON		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	30/06/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU652184	Chassis No:	KMHLB41UMGU091556
Odometer:	491362 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Description of Accident/Loss	SEE ATTACH.		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	494.16
Miscellaneous Items	10.00
Labour	580.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,084.16
+ GST 7.00% (S\$)	75.89
Nett Amount (S\$)	1,160.05

This claim is handled by: **NG NYUK PHIN**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 28 May 2019)

Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHC8130U/28/05/2019 12:33

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 *

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER <i>X reg 1</i>	20.00	0.00	*553.00 FL
2	1		*REAR BUMPER CLIPS <i>x</i>	20.00	0.00	*2.20 FL
3	1		*REAR BUMPER RUBBER MAT <i>X</i>	0	0.00	*50.00 FS
Sub Total (S\$)						605.20
- List Item Discount on L Items (S\$)						111.04
Total Parts (S\$)						494.16

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

ComfortDelGro Engineering Pte Ltd/SHC8130U/28/05/2019 12:33. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Larry Ng

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00 ✓
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATNG	New	200 250.00
2	SPRAY PAINTING	New	200 250.00
3	REMOVE / REFIX REVERSE SENSOR	New	X 80.00
Gross Labour Cost (S\$)			580.00

ComfortDelGro Engineering Pte Ltd/SHC8130U/28/05/2019 12:33. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka bin 16K14

28/5/19 1310 hrs.

2 hrs.

PIP

After Repair photo

Larry Ng



COMFORTDELGRO

Date/Time: 28.05.2019 12:23

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 305299025

CUSTOMER

VMS COMFORT TRANSPORTATION PTE LTD VARS

CUSTOMER NO. 7010045

ADDRESS: 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

L (R)

(O)

(P)

3 COUNT CARD NO.

REGN NO. SHC8130U

MILEAGE

MAKE: HYUNDAI

FUEL

E..... 1/2..... F

MODEL: I-40

DATE/TIME IN 28.05.2019 09:50

YR OF MANU 30.06.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU091556

COMPLETION DATE/TIME:

JOB DESCRIPTION

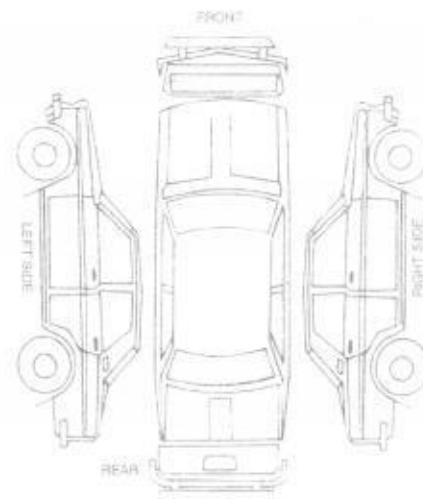
Accident Date: 26.05.2019

NATURE: 3P 26.05.2019 (C)

S/NO

LABOR CODE

DESCRIPTION

TOKIO - Right Rear
LCC / Kahr -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e:
to:
File No.: SHC8130U LARRY

Vehicle No.: SHC8130U

Larry Ng

Signature of Service Advisor

Signature/Date:

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305299025
REGN NO : SHC8130U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 30.06.2016
DATE/TIME IN : 28.05.2019 09:50
ACCIDENT DATE : 26.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L MERIMEN FEE 10.00

0001 PB PANEL BEATING 200.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 410.00

TOTAL : 410.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305299025
Date : 29. May. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8130U


Date of Accident: 26. May. 2019


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

1. The repair job shall bill to: TOKIO SLQ1976X
2. The finalized amount shall be:

(a) Spare Parts after List discount	/	
(b) Labour Charges		\$410.00
Total for Part-By-Part Repair Cost		\$410.00
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:		
Final Lumpsum Repair cost		
3. Estimated normal period for repairs: 2 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 : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Kala
Date : 30/5/19

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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/TMI19009388/K1TD3N2

Date: 31/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000196
Claimant Vehicle No :	SHC8130U	Insured Vehicle No :	SLQ1976X
Date of Loss:	26/05/2019	Nature of Claim:	TP
		Claim No:	M1903840

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8130U	Engine No:	D4FDGU652184
Make & Model:	HYUNDAI I40, 1.7 D CRDI (A)	Chassis No:	KMHLB41UMGU091556
Reg. Date:	30/06/2016 (Man. Year: 2016)	Odometer:	491805 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	494.16	0.00	494.16	100.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	580.00	400.00	180.00	31.03
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,084.16	410.00	674.16	62.18
+ GST 7.00/7.00% (S\$)	75.89	28.70	47.19	62.18
Nett Amount (S\$)	1,160.05	438.70	721.35	62.18

INSPECTION

Date of Assignment:	28/05/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	28/05/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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: 31 May 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC8130U)
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	Repair	553.00 FL	*-FL
2	1		*REAR BUMPER CLIPS	Not Necessary	2.20 FL	*-FL
3	1		*REAR BUMPER RUBBER MAT	Not Necessary	50.00 FS	*-FS
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (S\$)					605.20	0.00
- List Item Discount on L Items 20.00/20.00% (S\$)					111.04	0.00
Total Parts (S\$)					494.16	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (\$\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATNG	New	250.00	200.00
2	SPRAY PAINTING	New	250.00	200.00
3	REMOVE / REFIX REVERSE SENSOR	New	80.00	0.00
Gross Labour Cost (\$\$)			580.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >