

ASS. REC. BY:

REF: CS/MSG 1900973/T140302

Special Instruction:

Surveyor: Taufiq

ASSIGNMENT (Office)

From (Person): Monica Chung Reizen of MSG

Date/Time: 3.6.2019 10.119.17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SH 8941P

Insured: YN 9558D

at Workshop m/s Comfo A delgro

Tel: 0148300

of 59 Loyang Drive

Policy No: B28623518MKC

Claim No: 595160

Sum Insured:

Excess:

Make of Veh:

D.O.A. 30.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 3.6.2019 11.000.18

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SH 8941P - CS/AXA 120239100/41VI-F3C 3 D.O.A - 10/12/2012
	YN 9558D - CS/11116003821/T14 2 D.O.A - 22/02/2016
4/6@15:22	Revised 1A via memmey

(08/11/13)

ASS. REC. BY: Tanphu

REF

ms19

ASSIGNMENT

From:

Date:

3.6.2019

Estimated Cost:

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

To Inspect Vehicle No: SH 8941Pat Workshop m/s Comfortulgroof 59 longang drive

Insured:

Policy No.:

Claims No.:

Sum Insured:

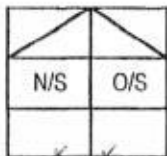
Excess:

(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

"up"

Vehicle: IN / OUT

Date: Person Contacted:

Ching

Veh No:

SH 8941P.

Yr Regn:

2016 / June.

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

Truck / Trailer or

Make:

Hyundai I40

c.c

1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

54828

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

1CM HLB414M 641091357

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

3/6/19

Survey held at

Comfort Longang

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

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

Date / Time

Action / Instruction

18/6

\$1355.70, 2 days e-mail to Ching

(Red: 1143 36, 45%)

RECEIVED 19 JUN 2019

Date/Time, File Pass to?



Preli. Report

11/9/16 Typist.



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

TP

Lump Sum / I.B.I: (\$ 1355.70

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

150
11
• • •
• • •
• • •
• • •
161

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Monica Chung Pei Zhen

Date: 04 Jun 2019

Preliminary Advice

Insured Vehicle No	: YN9558D	Accident Date	: 30/05/2019
TP Vehicle No	: SH8941P	Assignment Date	: 03/06/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 03/06/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,499.06
Revised Amount	:S\$	1,455.70
Check Items (Estimated)	:S\$	610.96
Total	:S\$	2,066.66

Lump Sum Repair :S\$

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is economical/not economical for repair.
- (x) The above survey was conducted on a 'without prejudice' basis.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	31 May 2019 15:41		03 Jun 2019 10:11 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	HUPCO PTE LTD, Co. Reg. No.: 199206471G								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SH8941P	Date of Loss:	30/05/2019 13:00 - :59 [35 Months and 14 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 595160	Policy/Cover Note No.:	B28623518MKC (Comprehensive) Coverage: 05/10/2018 - 04/10/2019						
Vehicle Reg. No. (Insured):	YN9558D	Policy No. (Claimant):							
		Excess:							
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 04/06/2019]								
Driver/Custodian (Insured):	CHUNG SIONG FOH (/ Male) , NRIC: S2192839I Email:								
Adj Asg. Remarks:	on WP. Please contact us ASAP if you cannot attend this assignment. Liba: 100%. Contact: Chiang Liat Choon @ 6214 8314.								
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	31/05/2019 10:54
Date Of Accident	30/05/2019 13:55
Exact Location Of Accident	ANG MO KIO AVE 8 TWDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8941P
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	GOH VOON KEW
NRIC No	S1514917E
Date Of Birth	02/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97815448
Fax Number	
Contact Number	
Email Address	GOHVOK@GMAIL.COM

Address	142 #05-285 TECK WHYE LANE
Postcode	680142
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	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?	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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

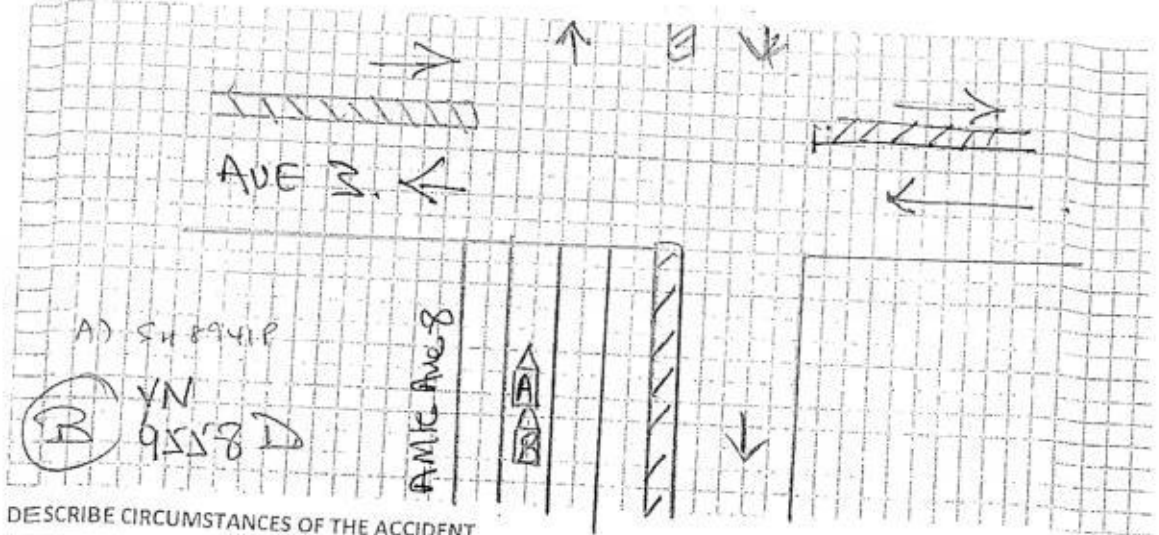
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9558D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUNG SIONG FOH
NRIC/Passport Number	S2192839I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 30 May 2019 @ 13.15hr I veh A
 slowdown and stop. forces second veh A
 move and stop suddenly veh B from
 the rear hit veh A rear. at the
 point of accident veh A ferry a
 Male PAX not injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE.

CO REG NO 489003821R

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

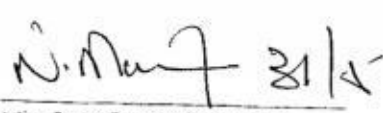
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)

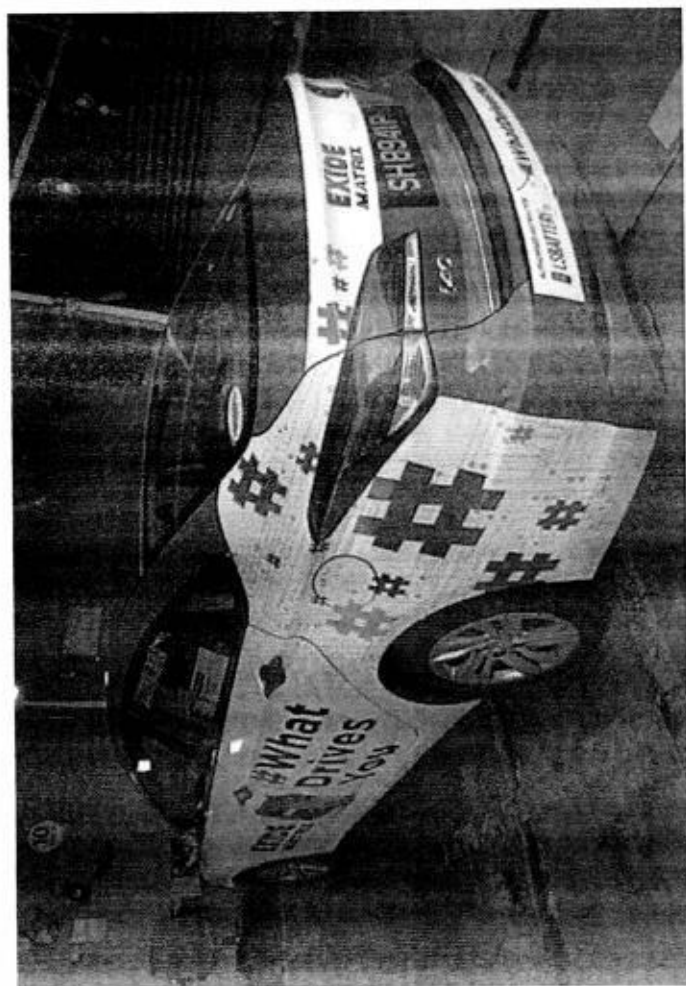
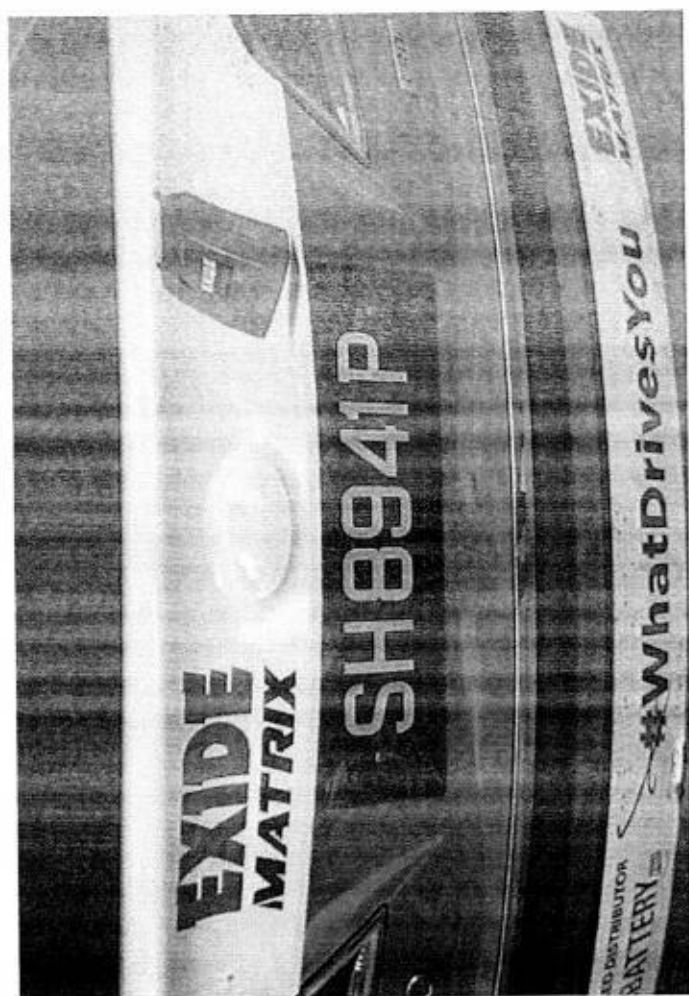
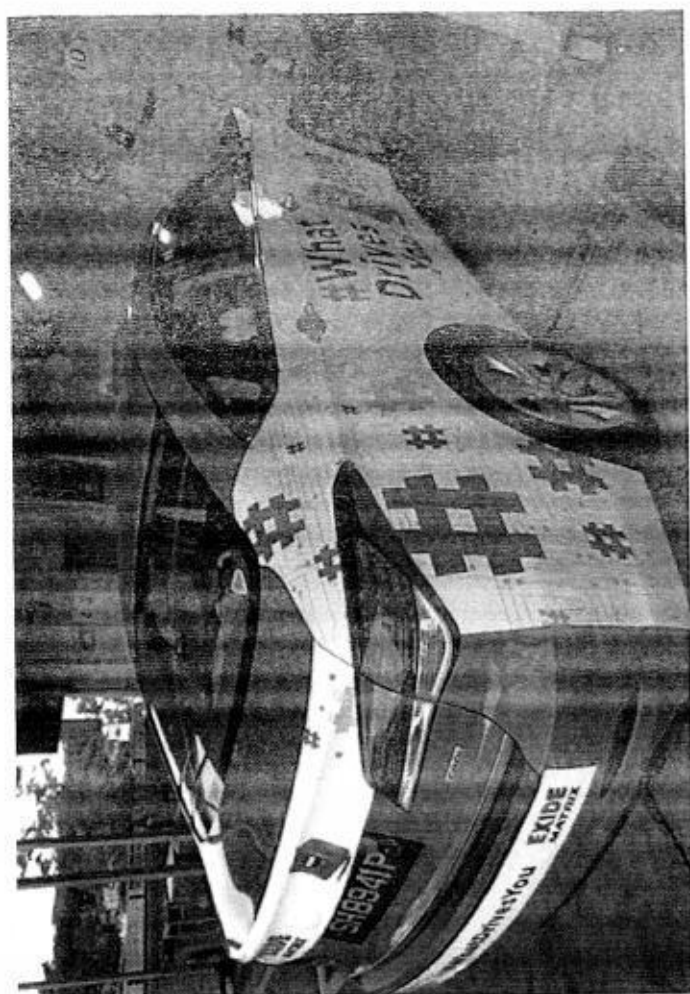
I understand, acknowledge, agree and consent that:

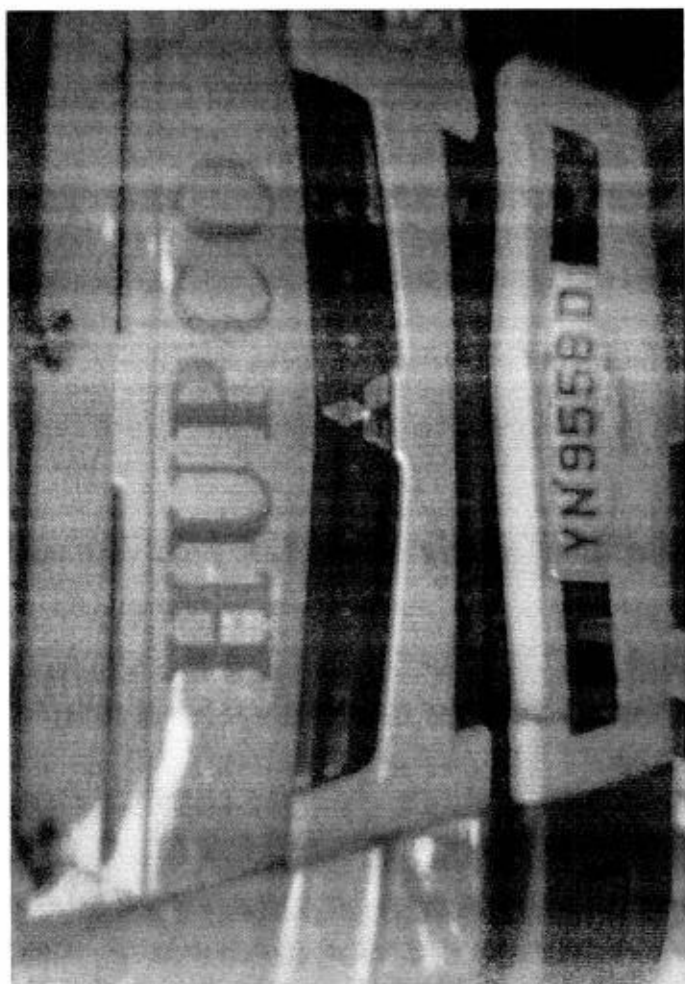
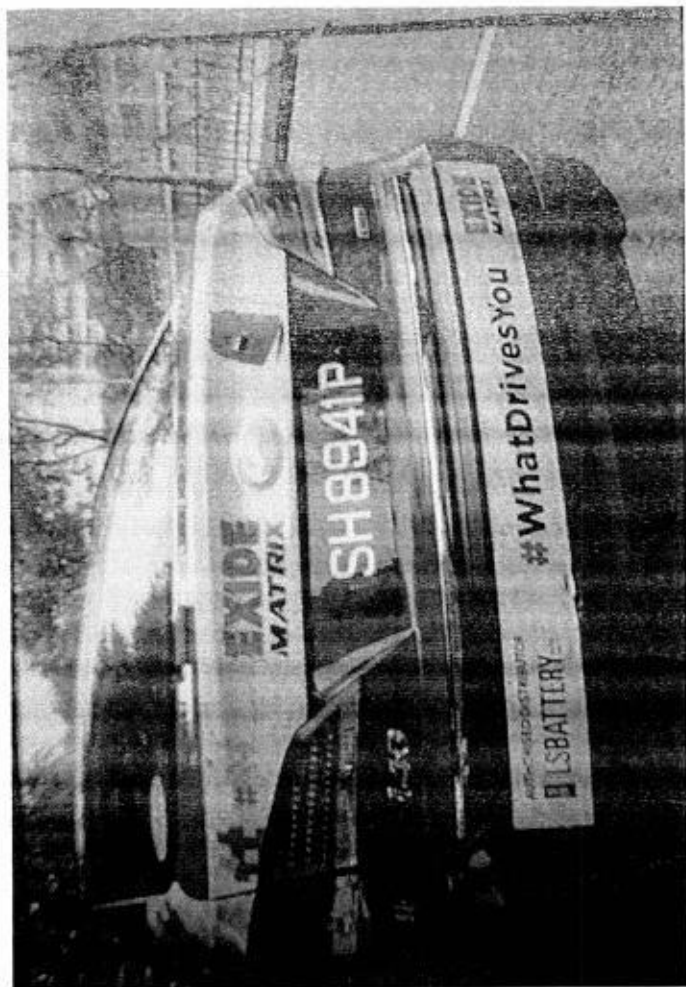
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature:  10 19930382
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

REPAIR ESTIMATE*

VEHICLE NO : SH 8941P

DATE 31/5/2019 13:03

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Reinforcement			\$ 428.40	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 80.30	\$ 160.60	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Bracket		\$ 35.60	\$ 71.20	
	Rear Bumper Sponge			\$ 103.50	
	Rear Bumper Under Cover			\$ 228.00	
	SUB TOTAL			\$ 1,566.70	
	LESS 20%			\$ 313.34	
	DISCOUNTED TOTAL			\$ 1,253.36	
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				\$ 435.70	
	Labour Charge				
	Panel Beating			\$ 400.00	200
	Spray Painting Charge			\$ 300.00	✓
	Wiring Charge			\$ 30.00	✓
	Remove/Refix Reverse Sensor			\$ 80.00	30
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 2,499.06	
<p>Tanfiah 97445749 'wp' 3/6/19 @ 2:50pm Resurvey before paint part by part 2 days sure lkkauto.com</p>					
<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 Signature: Date:</p>					
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.					

COMFORT DELGRO

Date/Time: 31.05.2019 12:47

Page 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 305299727

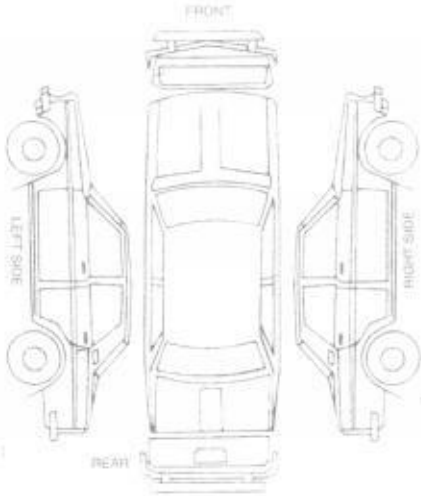
CUSTOMER
COMFORT TRANSPORTATION PTE LTD
7010045
CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755
L (R)
(P)
SCOUNT CARD NO.

REGN NO. SH 8941P	MILEAGE
MAKE HYUNDAI	FUEL E 1/2 F
MODEL I-40	DATE/TIME IN 31.05.2019 10:00
YR OF MANU 16.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091357	COMPLETION DATE/TIME

Accident Date: 30.05.2019
NATURE: 3P 30.05.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No. SH 8941P CHIANG

Vehicle No. SH 8941P

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 04.06.2019

Time: 16:52:58

Page: 1

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

JOB NO : 305299727
REGN NO : SH 8941P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 16.06.2016
DATE/TIME IN : 31.05.2019 10:00
ACCIDENT DATE : 30.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00-	50.00
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	0.20	135.70

SUB-TOTAL : 645.70

JOB NATURE

0000 20-05	REAR BUMPER MAT	50.00
0001 20-05	REAR FENDER ADVERTISEMENT	100.00
0002 PB	PANEL BEATING	200.00
0003 SP	SPRAYPAINT CHARGE	300.00
0004 17-01	CHECK ALL LIGHTING	30.00
0005 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 710.00

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

JOB NO : 305299727
REGN NO : SH 8941P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 16.06.2016
DATE/TIME IN : 31.05.2019 10:00
ACCIDENT DATE : 30.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,355.70

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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/MSG19009732/T1TD3N2

Date: 26/06/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	B28623518MKC
Claimant Vehicle No :	SH8941P	Insured Vehicle No :	YN9558D
Date of Loss:	30/05/2019	Nature of Claim:	TP
		Claim No:	595160

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH8941P	Engine No:	D4FDGU650737
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMGU091357
Reg. Date:	16/06/2016 (Man. Year: 2016)	Odometer:	548218 km
Colour:	Blue		
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:	205/60 R16	Rear Tyre Size:	205/60 R16
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,689.06	795.70	893.36	52.89
Miscellaneous Items	0.00	0.00	0.00	
Labour	810.00	560.00	250.00	30.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	2,499.06	1,355.70	1,143.36	45.75
+ GST 7.00/7.00% (\$\$)	174.93	94.90	80.03	45.75
Nett Amount (\$\$)	2,673.99	1,450.60	1,223.39	45.75

INSPECTION

Date of Assignment:	03/06/2019	
Date Inspected:	03/06/2019	Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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: 26 Jun 2019)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SH8941P)	
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	Deformed	553.00 FL	*553.00 FL
2	1	*REAR BUMPER REINFORCEMENT	Not Necessary	428.40 FL	*- FL
3	2	*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Not Necessary	160.60 FL	*- FL
4	10	*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
5	2	*REAR BUMPER BRACKET	Not Necessary	71.20 FL	*- FL
6	1	*REAR BUMPER SPONGE	Not Necessary	103.50 FL	*- FL
7	1	*REAR BUMPER UNDER COVER	Repair	228.00 FL	*- FL
8	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
9	1	*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
10	1	*REAR BUMPER REVERSE SENSOR	Not Working	135.70 FS	*135.70 FS
11	2	*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 FS	*100.00 FS

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

Sub Total (\$\$)	2,002.40	910.70
- List Item Discount on L Items 20.00/20.00% (\$\$)	313.34	115.00
Total Parts (\$\$)	1,689.06	795.70

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
<u>Labour Items</u>				
1	PANEL BEATING.	New	400.00	200.00
2	SPRAY PAINTING CHARGE.	New	300.00	300.00
3	WIRING CHARGE.	New	30.00	30.00
4	REMOVE / REFIX REVERSE SENSOR.	New	80.00	30.00
Gross Labour Cost (\$\$)			810.00	560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >