

ASS. REC. BY:

REF: CS/MSG 14009268/K1SD3 02 Special Instruction:

Survivor: Kalun

ASSIGNMENT (Office)

From (Person): Kathrine Wong

of MSG

Date/Time: 4.6.19 9.49 a.m.

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SH 6993C

Insured:

SL 3903 U

at Workshop m/s Comfortdyro

Tel:

614 8316

of 59 Lobang Dnre

Policy No: 28795104 MCX

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 2.6.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 4.6.19 1.16 p.m.

Person Contacted:

Larry

H.O.D. Endorsement:

Vehicle (IN/OUT)

Date/Time

Action/Instruction (✓) Estimate

SH 6993C - CC4/II 18013434/KP9392

D.O.A - 21/03/2018

SL 3903U - CS/MSG 18011064/And 302

D.O.A - 13/06/2018

06/06/19 @ 14:38 pm revised 2A to Kathrine Wong via memo.

ASSIGNMENT

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.

N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 6993C Yr Regn: 29 Dec 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~ab~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai C.O. 168rColour: Black A/C: Insured / Std / NI / NASp. Reading: 39 3822 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLDYU44097232Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / 99 / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or CampFront 7 mm Rear 7 mmR/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 2/6/19 D.O.I. 4/6/19Survey held at CPGE (Loyang)

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

2/1 Front

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

Date / Time	Action / Instruction
10/6/19	Insured PIP \$70/- 24hrs. (\$1,250/- Red Red - 73%)

RECEIVED 11 JUN 2019

Date/Time, File Pass to?

11/06/19

1) Type

Date/Time, File Return to?

2)

Report Format:

Lump Sum / (B): (\$ 700/- PIP)Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

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: Katherine Wong

Date: 06 Jun 2019

Preliminary Advice

Insured Vehicle No	: SLL3903U	Accident Date	: 02/06/2019
TP Vehicle No	: SH6993C	Assignment Date	: 04/06/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2 days
Date of Inspection	: 04/06/2019		
Inspection At	: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,550.00
Revised Amount	:S\$	1,100.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,100.00

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	03 Jun 2019		04 Jun 2019 09:49 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:

Skyway Motor Pte Ltd, Co. Reg. No.: 199904194N

Main Claimant:

COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R

Vehicle Reg. No.:

SH6993C

Date of Loss:

02/06/2019 10:00 - :59
[29 Months and 4 Days From LTA Reg Date (Man Yr)]

Claim Type:

TP

Policy/Cover Note No.:

28795104MCX (Comprehensive)
Coverage: 08/08/2018 - 07/08/2019

Vehicle Reg. No. (Insured):

SLL3903U

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 Katherine Wong - 6594 2544]

Adjuster:

LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 05/06/2019]

Adj Asg. Remarks:

on WP. Please contact us ASAP if you cannot attend this assignment. CAR IN. Liab: dispute (OI NR)
Contact: Larry Ng @ 6214 8316.

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	03/06/2019 10:37
Date Of Accident	02/06/2019 10:00
Exact Location Of Accident	PATERSON RD AT X-JUNCTION OF ORCHARD BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6993C
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	HENG SOO KOON
NRIC No	S7240000C
Date Of Birth	31/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83381697
Fax Number	
Contact Number	
EMail Address	TAT2SAILOR@GMAIL.COM

Address	184A 19-645 WOODLANDS STREET 13
Postcode	731184
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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)

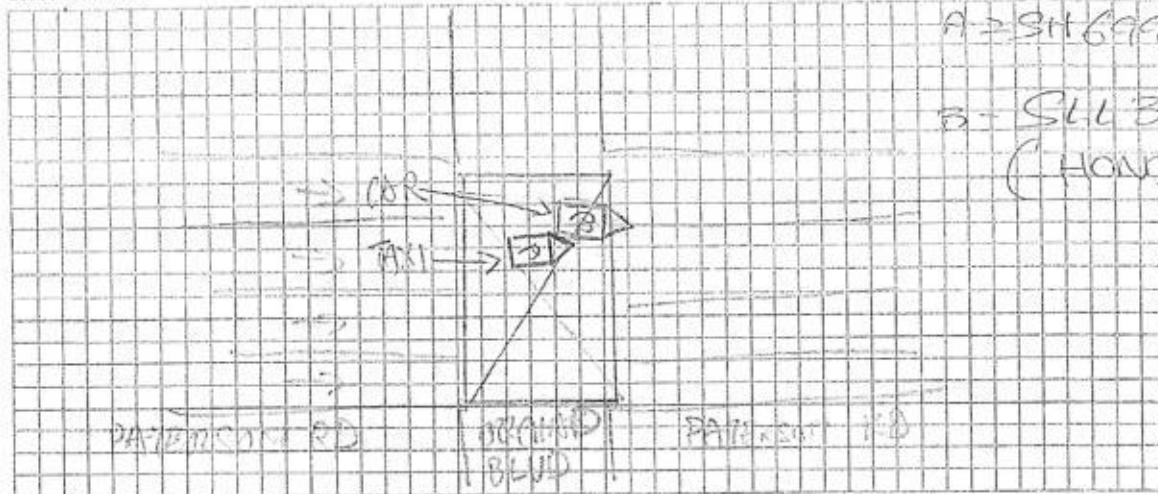
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL3903U
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	NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN



A = SLL 6993C

B = SLL 3903U
(HONDA)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① CARS MOVE OFF AFTER TRAFFIC LIGHTS TURN GREEN. I WAS ON LANE 3 TOWARDS RATTIE RD.
- ② VEHICLE SLL 3903U WAS IN LANE 4 ON MY LEFT.
- ③ Vehicle SLL 3903U encroached onto my lane and grazed onto my left front portion of my taxi and drove off without stopping.
- ④ Female passenger on board my taxi.
- ⑤ No injury or loss caused by accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
JMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 03 JUN 2019
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.

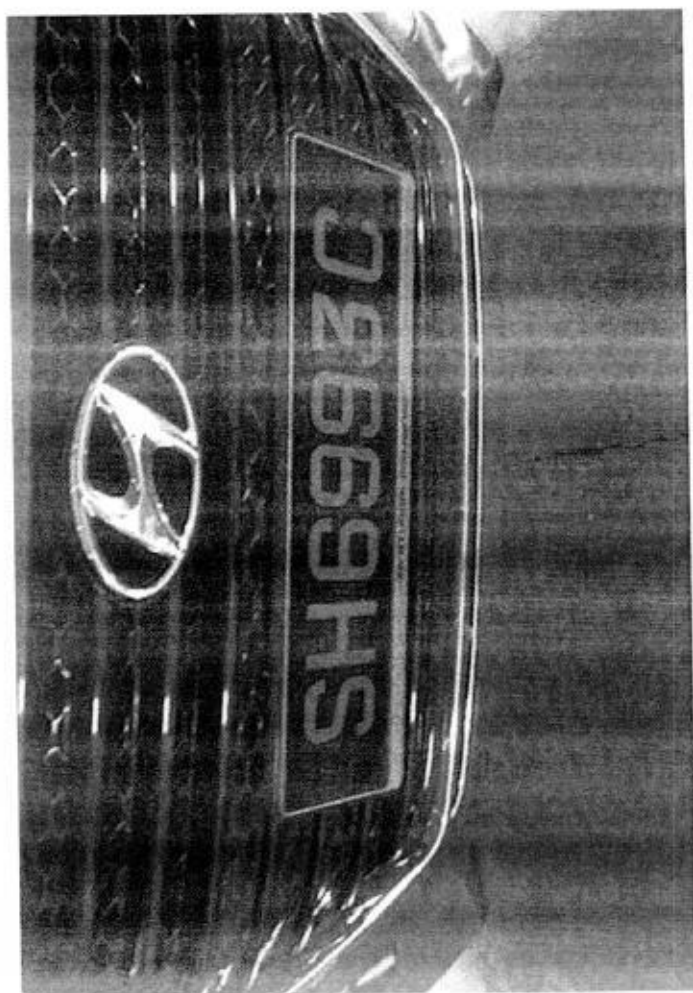
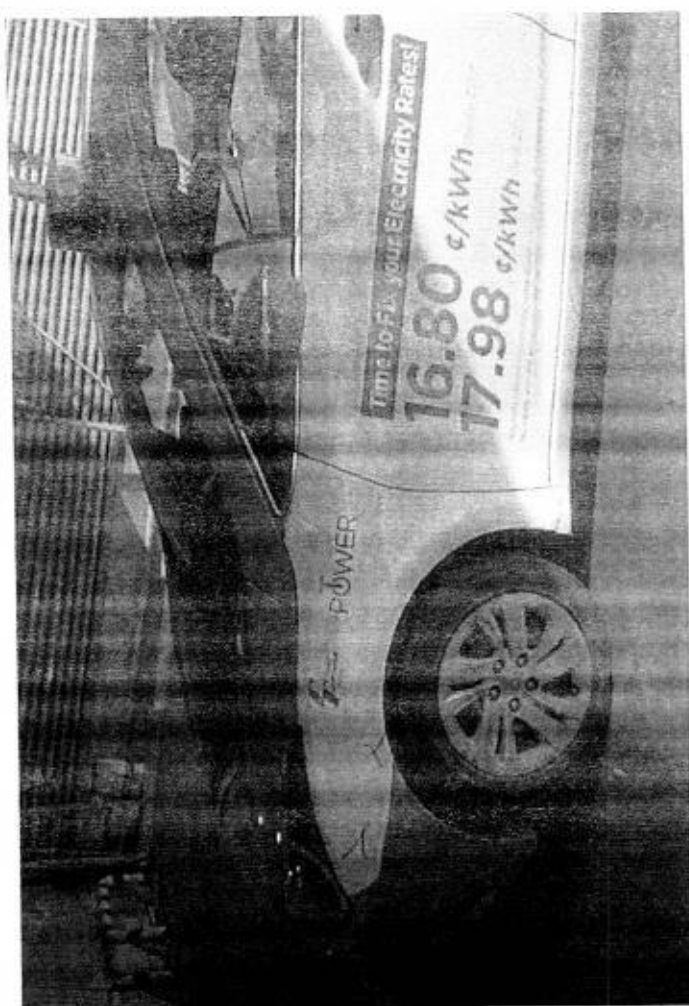
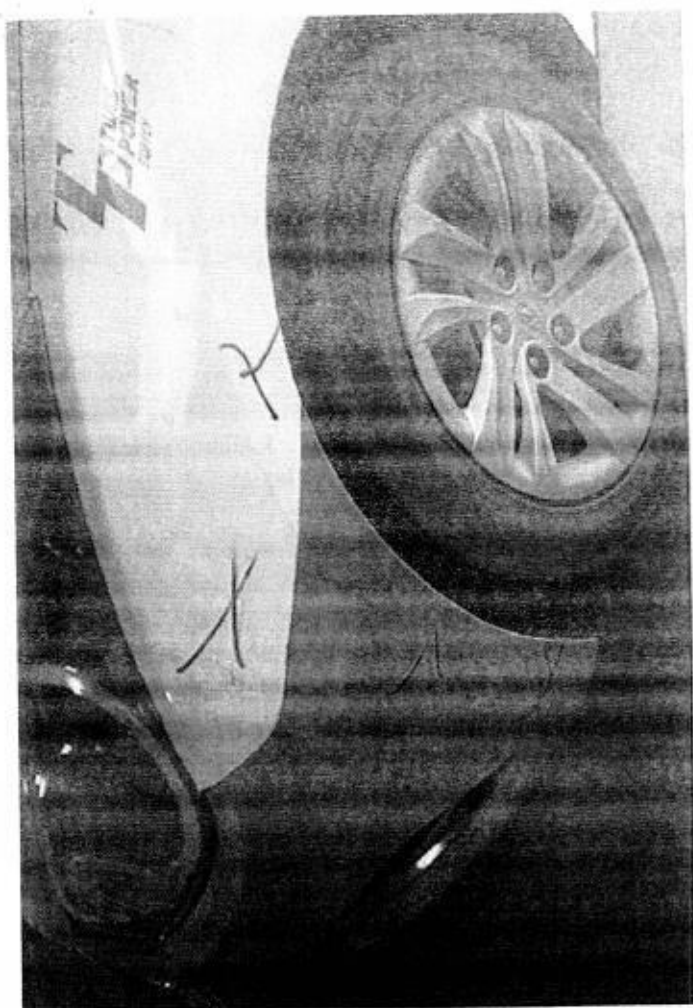
COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199303821R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 03 JUN 2019



COMFORT DELTA

Date/Time: 03.06.2019 11:43

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JG NO.: 305300443

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
7010045
CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755

VAGS

REGN NO.	SH 6993C	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN
YR OF MANUF	29.12.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMHU097332	COMPLETION DATE/TIME

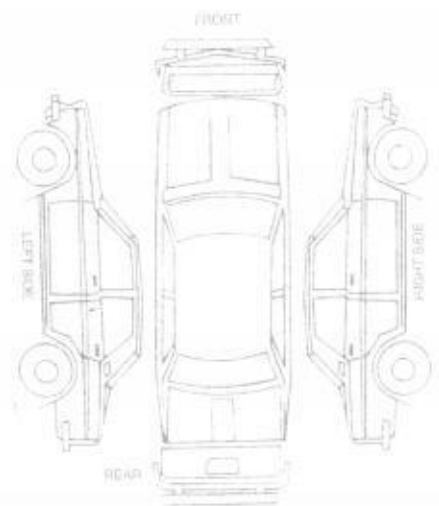
SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.06.2019
NATURE: 3P 02.06.2019

S/NO LABOR CODE DESCRIPTION

MSIG - Left Front



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 6993C
Name of Service Advisor: LARRY

Vehicle No.: SH 6993C

Larry Ng

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*

VEHICLE NO : SH 6993C

DATE: 3. Jun. 2019

MAKE : HYUNDAI

DOA: 2. Jun. 2019

MODEL : i40

MSIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover <i>X repl</i>			\$1,052.20
1	Front Bumper Side Bracket - LH <i>X sc</i>			\$24.60
1	Front Bumper Top Bracket - LH <i>X sc</i>			\$22.40
10	Front Bumper Clips <i>X</i>		\$2.20	\$22.00
1	Front Fender - LH <i>X repl</i>			\$566.30
SUB TOTAL				\$1,687.50
LESS 20%				\$337.50
DISCOUNTED TOTAL				\$1,350.00
1	Advertisement - Front Fender - LH <i>sc</i>			\$100.00
				\$100.00
Labour Charge				
1	Panel Beating			\$500.00 <i>200</i>
1	Spray Painting Charge			\$500.00 <i>400</i>
1	Tuff Kote			\$50.00 <i>X an</i>
1	Wiring Charge			\$50.00 <i>X an</i>
TOTAL LABOUR				\$1,100.00
ESTIMATE TOTAL				\$2,550.00
<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.</p>				

Larry Ng

Kali 11/11/14

4/6/19 11:45h

2 hrs

P/P

After Repair, LH

Signature of Repairer
 Signature of Motor Surveyor
 Date: _____

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.06.2019

REPAIR ESTIMATE

Time: 08:16:48

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 : 305300443
REGN NO : SH 6993C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 29.12.2016
DATE/TIME IN : 03.06.2019 09:00
ACCIDENT DATE : 02.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	ADVERTISEMENT - LHF Fender	100.00
0001 PB	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
		SUB-TOTAL : 700.00

TOTAL : 700.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305300443
Date : 10. Jun. 2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 6993C


Fax :
Date of Accident: 2. Jun. 2019


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

1. The repair job shall bill to: MSIG SLL3903U
2. The finalized amount shall be:

(a) Spare Parts after List discount	/
(b) Labour Charges	\$700.00
Total for Part-By-Part Repair Cost	\$700.00
(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 : Kaku
Date : 10/6/19

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/MSG19009868/K1SD3N2

Date: 12/06/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	28795104MCX
Claimant Vehicle No :	SH6993C	Insured Vehicle No :	SLL3903U
Date of Loss:	02/06/2019	Nature of Claim:	TP
		Claim No:	595610

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH6993C	Engine No:	D4FDGU695430
Make & Model:	HYUNDAI I40, 1.7 D (A)	Chassis No:	KMHLB41UMHU097332
Reg. Date:	29/12/2016 (Man. Year: 2016)	Odometer:	393822 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:	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:	Campeon 7 mm	Rear Left Side:	Campeon 7 mm
Front Right Side:	Campeon 7 mm	Rear Right Side:	Campeon 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,450.00	100.00	1,350.00	93.10
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,100.00	600.00	500.00	45.45
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,550.00	700.00	1,850.00	72.55
+ GST 7.00/7.00% (S\$)	178.50	49.00	129.50	72.55
Nett Amount (S\$)	2,728.50	749.00	1,979.50	72.55

INSPECTION

Date of Assignment: 04/06/2019

Date Inspected: 04/06/2019 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: Hiew May Fung

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: 12 Jun 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 SH6993C)	
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		*FRONT BUMPER COVER	Repair	1,052.20 FL	*- FL
2	1		*FRONT BUMPER SIDE BRACKET-LH	Serviceable	24.60 FL	*- FL
3	1		*FRONT BUMPER TOP BRACKET-LH	Serviceable	22.40 FL	*- FL
4	10		*FRONT BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
5	1		*FRONT FENDER-LH	Repair	566.30 FL	*- FL
6	1		*ADVERTISEMENT-FRONT FENDER-LH	Necessary	100.00 FS	*100.00 FS

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

Sub Total (\$\$)	1,787.50	100.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	337.50	0.00
Total Parts (\$\$)	1,450.00	100.00

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	500.00	200.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	TUFF KOTE	New	50.00	0.00
4	WIRING CHARGE	New	50.00	0.00
Gross Labour Cost (\$\$)			1,100.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >