

108/11/93

REF: CS/SMO/ 9010169 / K1vd3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 66295 Yr Regn: 5 Dec 2013

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

Truck / Trailer or _____

Make: Hyundai 240 C.C. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 691523 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB416M04042964

Gen. Cond: Good / ~~OK~~ / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Han Kook

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 5/6/19 D.O.I. 7/6/19

Survey held at CPHE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
	SHB 66295 - CS/PC216019241/T1H392 DOA - 06/10/2016 Somp FB4 13605 - X 43
13/6/19	Check 45 \$1550 / 20%, (Red 2861.68, 65%)

RECEIVED 14 JUN 2019

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) 14/6 - typist

Report Format: merimen

Lump Sum / I.B.I: (\$ 1550/2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	
Transportation:	250
Photos	11
Others	
TOTAL	261

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: Sampo Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06, Singapore Land Tower Singapore 048623	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn: Hwang Shiang Yi	Date: 10 Jun 2019
<u>Preliminary Advice</u>	

Insured Vehicle No	: FBG1860S	Accident Date	: 05/06/2019
TP Vehicle No	: SHB6629S	Assignment Date	: 07/06/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2
Date of Inspection	: 7/6/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	3,261.38
Revised Amount	:S\$	1,224.16
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,224.16

Lump Sum Repair	:S\$	
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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 repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments :The above survey was conducted on a 'Without Prejudice' basis.

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Jun 2019		07 Jun 2019 14:53 Edit Adj Rpt		Last:IA 10 Jun 2019 16:44		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by Insurer]

Insured:	MOHAMMAD IRFAN BIN MOHAMMAD RAIS , ID: T0008526F		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHB6629S	Date of Loss:	05/06/2019 01:00 - :59
Claim Type:	TP / CMTD1902729	Policy/Cover Note No.:	D19MTMC01000596 (Third Party Only)
Vehicle Reg. No. (Insured):	FBG1860S	Policy No. (Claimant):	
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Hwang Shiang Yi - 6329 5205]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 18/06/2019]		
Adj Asg. Remarks:	WS: LARRY NG 62148316 -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT		

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.									

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 14 June 2019 10:51 AM
To: 'Hwang, Shiang Yi'; SUR
Cc: assignments
Subject: RE: TO CHECK CONSISTENCY OF THE DAMAGES FRO VEHICLE SHB6629S.
(CMTD1902729/SYH)

Dear Shiang Yi,

According to surveyor, damages are consistent to the nature of the accident.

Damaged parts of Exhaust Silencer RH and Exhaust pipe was caused by insured FBG 1860S.

We will submit our survey report in merimen shortly.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>
Sent: Thursday, 13 June 2019 1:39 PM
To: SUR <sur@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>
Subject: TO CHECK CONSISTENCY OF THE DAMAGES FRO VEHICLE SHB6629S. (CMTD1902729/SYH)

Dear Sirs,

The assignment thought merimen to survey the vehicle no SHB6629S.

The vehicle SHB6629S involved with 2 accidents within the 10 minutes and damages at the rear bumper.

Please assist to check the consistency of damages and whether we can determine which damaged part was cause by our Insured FBG1860S.

Best Regards

Hwang Shiang Yi

Claims Division

D: 6329 5205 | T: 6461 6555 | F: 6221 3147



SOMPO
INSURANCE

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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	06/06/2019 16:06
Date Of Accident	05/06/2019 01:35
Exact Location Of Accident	PIE(TUAS) BF PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6629S
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	EU PUAY KNG
NRIC No	S1732684H
Date Of Birth	09/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1985
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93751878
Fax Number	
Contact Number	
Email Address	EPUAYKNG@YAHOO.COM

Address	14 #03-2819 EUNOS CRESCENT
Postcode	400014
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

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

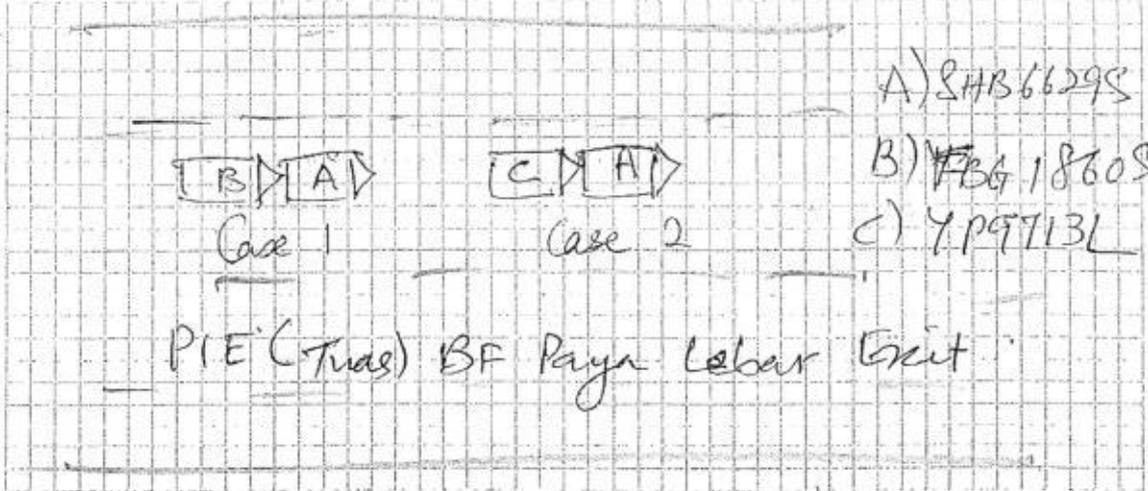
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG1860S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	HAND
Injured person in which vehicle?	FBG1860S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report / 20190605 / 2016.

DECLARATION

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

COMFORT TRANSPORTATION P.T. LTD.

Policyholder's Signature: 199303021R

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

Date & Time:

[Handwritten signature]

[Handwritten signature]
ACSP
6/6/19



**SINGAPORE
POLICE FORCE**



T/20190605/2016

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190605/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2019 05:11	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: EU PUAY KNG		Address: APT BLK 14 EUNOS CRESCENT #03-2819 SINGAPORE 400014	
ID Type / ID No.: NRIC NO / S1732684H		Contact No.:	Mobile: 93751878
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 09/07/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/06/2019 01:35	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY TWDS TUAS BEF PAYA LEBAR EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1860S	Motorcycle					1
SHB6629S	Car				Slightly Damaged	0
YP9713L	Lorry				No Damage	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
100 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190605/2016

2 of 3

Report No. T/20190605/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name		ID No.	S1732684H
EU PUAY KNG		Contact No.	93751878
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS DRIVING MY TAXI ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE LANE 3 OF 4. THE OTHER BIKE RIDER WAS ON THE SAME LANE. VEHICLES WERE MOVING SLOWLY DUE TO THE HEAVY TRAFFIC CONDITION. SUDDENLY I FELT AN IMPACT FROM THE BACK OF MY VEHICLE. I STOPPED MY TAXI AND WENT DOWN TO CHECK.

A MOTORIST COLLIDED ON MY TAXI. THE RIDER WAS CONSCIOUS AND HIS BIKE WAS LANDED ON THE GROUND. HE SUSTAINED INJURY AND THE AMBULANCE WAS CALLED DOWN TO THE ACCIDENT SPOT. MY TAXI HAS SLIGHT DAMAGES MEANWHILE WAITING FOR THE POLICE AND THE AMBULANCE, I WAS STANDING AT THE ROAD SIDE. MY TAXI WAS STATIONERY PARKED ON LANE 3 WITH THE BREAK DOWN SIGNAL LIGHT ON.

SUDDENLY, I HEARD ANOTHER BANG SOUND AGAIN. THIS COLLISION WAS MADE BY ANOTHER LORRY DRIVER. HE HIT THE BACK SIDE OF MY TAXI. I APPROACHED THE LORRY DRIVER AND HE CAME DOWN FROM HIS VEHICLE. I ASKED THE DRIVER TO REVERSE BACK HIS LORRY BECAUSE I COULDN'T SEE THE DAMAGES AS THE LORRY WAS TOO NEAR TO MY TAXI.

HE WENT BACK TO HIS VEHICLE, HE REVERSED AND DROVE AWAY WITHOUT STOPPING.

I CHECKED MY TAXI, AND THERE IS SLIGHT DAMAGES CAUSED BY THE LORRY.

THATS ALL



SINGAPORE
POLICE FORCE



T/20190605/2016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190605/2016

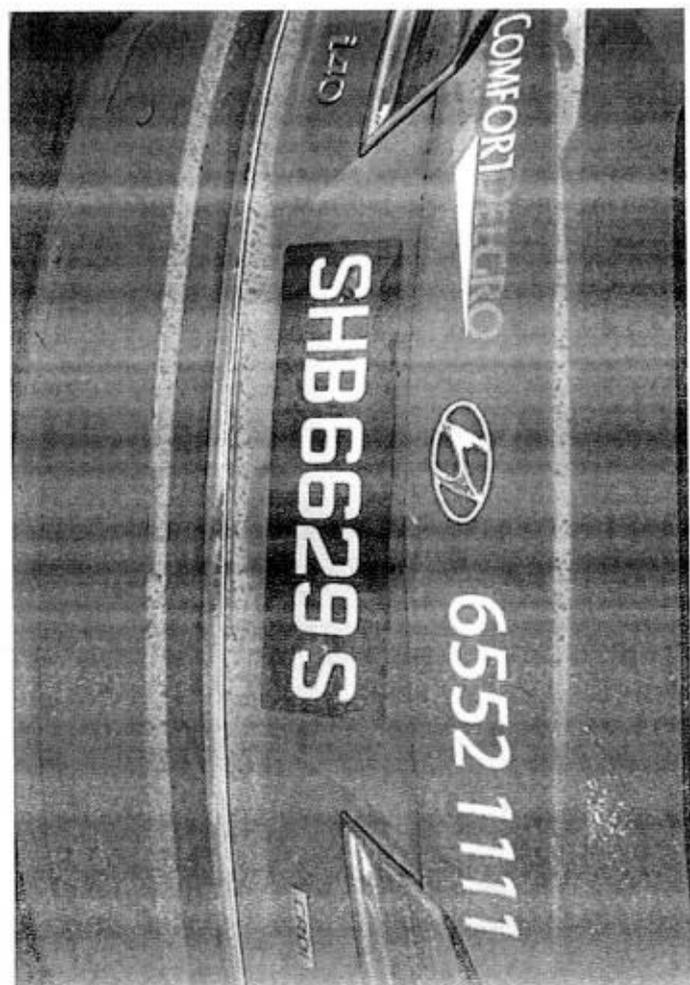
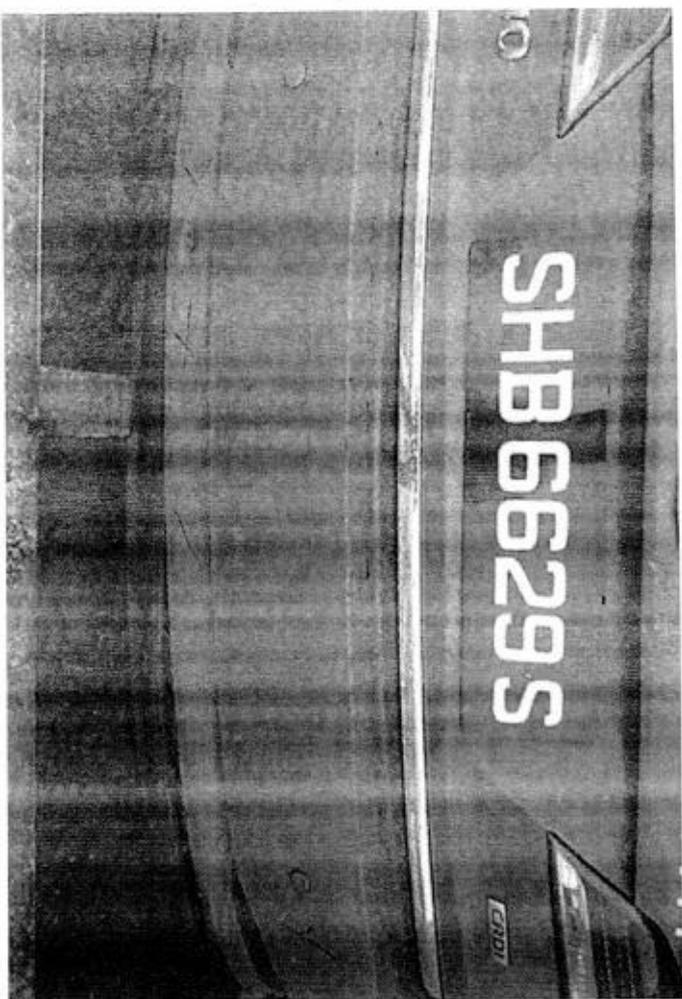
CONTINUATION OF REPORT

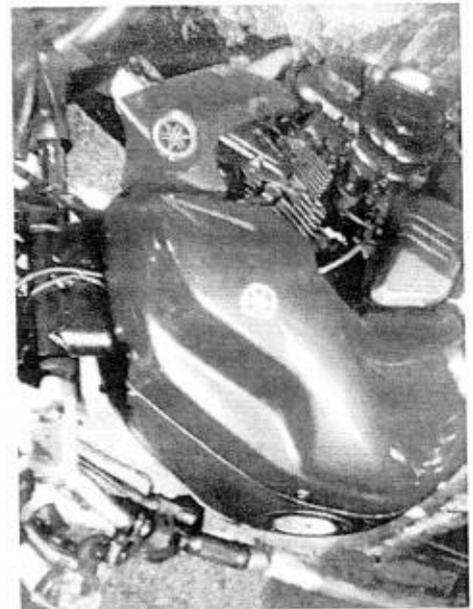
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / YOGENDRAN S/O RAJASAKARAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2019 05:11
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN	Classification Of Case: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305301552

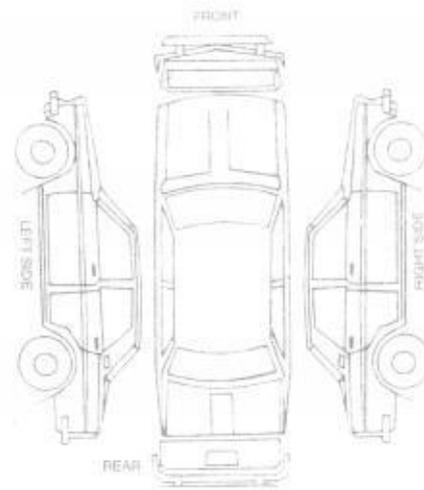
CUSTOMER RMS CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (P) ACCOUNT CARD NO.	REGN NO.: SHB6629S	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 05.06.2019 07:00
	YR OF MANU 05.12.2013	TARGET DATE
	CHASSIS CODE KMHLB41UMDU042964	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 05.06.2019
 NATURE: 3P 05.06.2019

SLIP NO LABOR CODE DESCRIPTION

SOMPO - Rear



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB6629S LARRY

Vehicle No.: SHB6629S

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 : SHB 6629S

DATE 7/6/2019 9:39

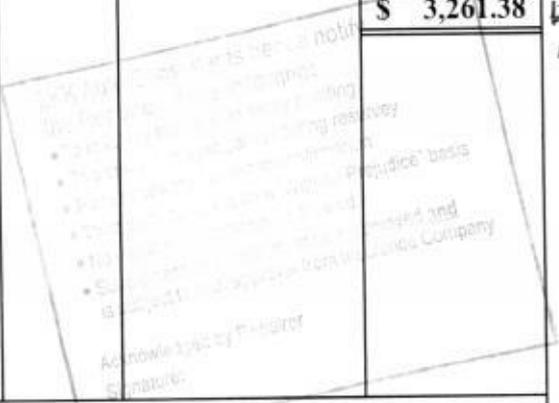
MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X R</i>			\$ 553.00
	Rear Bumper Reinforcement <i>X su</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>X 4</i>			\$ 22.00
	Rear Bumper Bracket <i>X su</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>X su</i>			\$ 103.50
	Rear Bumper Under Cover <i>X su</i>			\$ 228.00
	Rear Bumper Reflector Lamp,RH <i>X su</i>			\$ 30.60
	Exhaust Pipe Insulator,RH <i>X su</i>			\$ 58.55
	Exhaust Silencer,RH <i>Buy</i>			\$ 967.70
	Exhaust Pipe Hanger,RH <i>X su</i>			\$ 58.55
SUB TOTAL				\$ 2,682.10
LESS 20% DISCOUNTED TOTAL				\$ 2,145.68
	Rear Bumper Reverse Sensor <i>X su</i>			\$ 135.70
				Nett
				\$ 135.70
Labour Charge				
	Panel Beating			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 300.00 ^{X 3}
	Wiring Charge			\$ 50.00 ^{X 3}
	Remove/Refix Reverse Sensor			\$ 80.00 ^{X 3}
	Remove/Refix Exhaust Pipe			\$ 150.00 ⁵⁰
TOTAL LABOUR				\$ 980.00
ESTIMATE TOTAL				\$ 3,261.38

Kalok 10/11/19
7/6/19 1815 hr.
2 by,
45
After Repair photo

Larry Ng



~~4111.68~~
 4181.62

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305301552
Date : 13. Jun. 2019

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHB6629S Date of Accident: 5. Jun. 2019

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

1. The repair job shall bill to: SOMPO FBG1860S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
 - Final Lumpsum Repair cost** \$1,550.00

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 : [Signature]
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : [Signature]
Name : Kahn
Date : 13/6/19

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/SMO19010169/K1VD3N2
Date: 17/06/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D19MTMC01000596
Claimant Vehicle No :	SHB6629S	Insured Vehicle No :	FBG1860S
Date of Loss:	05/06/2019	Nature of Claim:	TP
		Claim No:	CMTD1902729

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB6629S	Engine No:	D4FDEU475245
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMDU042964
Reg. Date:	05/12/2013 (Man. Year: 2013)	Odometer:	691523 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:	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	3,201.62	1,694.40	1,507.22	47.08
Miscellaneous Items	0.00	0.00	0.00	
Labour	980.00	250.00	730.00	74.49
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,181.62	1,944.40	2,237.22	53.50
Approved Total (Overridden) (S\$)		1,550.00		
(S\$)	4,181.62	1,550.00	2,631.62	62.93
+ GST 7.00/7.00% (S\$)	292.71	108.50	184.21	62.93
Nett Amount (S\$)	4,474.33	1,658.50	2,815.83	62.93

INSPECTION

Date of Assignment:	07/06/2019	
Date Inspected:	07/06/2019 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: VERON CHEN

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: 17 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 SHB6629S)
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 REINFORCEMENT	Serviceable	428.40 FL	*- FL	
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	160.60 FL	*- FL	
4	10		*REAR BUMPER CLIP	Not Necessary	22.00 FL	*- FL	
5	2		*REAR BUMPER BRACKET	Serviceable	71.20 FL	*- FL	
6	1		*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL	
7	1		*REAR BUMPER UNDER COVER	Serviceable	228.00 FL	*- FL	
8	1		*REAR BUMPER REFLECTOR LAMP RH	Serviceable	30.60 FL	*- FL	
9	1		*EXHAUST PIPE INSULATOR,RH	Serviceable	58.55 FL	*- FL	
10	1		*EXHAUST SILENCER,RH	Bent	967.70 FL	*967.70 FL	
11	1		*EXHAUST PIPE HANGER,RH	Serviceable	58.55 FL	*- FL	
12	1		*EXHAUST CENTRE PIPE	Bent	1,150.30 FL	*1,150.30 FL	
13	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS	
					Sub Total (\$\$)	3,968.10	2,118.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	766.48	423.60
					Total Parts (\$\$)	3,201.62	1,694.40

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

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	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	0.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	0.00
5	REMOVE/REFIX EXHAUST PIPE	New	150.00	50.00
Gross Labour Cost (S\$)			980.00	250.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >