

ASS. REC. BY:

REF: CS/TMI 19010515/K1vd3n2

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person):

Telma Gomez

of

TMIDate/Time: 13.6.19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 54285

Insured:

SLQ F3202

at Workshop m/s

Comfortdelgro

Tel:

62148300of 59 Ioyang Drive

Policy No:

MX 000195

Claim No:

M1904393

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 12.6.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

14.6.19

Person Contacted:

Vehicle (IN) OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 54285 - CS/RI16006849/b

DOA - 05/04/2016

SLQ F3202 - X

Surveyor: Kevin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / 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: SHA 54285 Yr Regn: 14 Aug 2014

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

Truck / Trailer or

Make: Hyundai Ix0 C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 63235 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHLB416ME4056148Gen. Cond: Good / Fair / Poor / BurntSteering: In order / OK / Jammed / Leaked / Burnt orBrake: In order / OK / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / OK / Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or CampFront 7 mm Rear 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 12/6/19 D.O.I. 13/6/19Survey held at CHE (Loyang)

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

Rear

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

Date / Time Action / Instruction

18/6/19 Insured 45 \$ 750 / 2 hrs. (Reel 1247.02, 620) To Kio 45

RECEIVED 18 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 18/6 - typistDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Technician (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Signs

250

11

261

Report Format

merimen

45 \$ 750/2

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Jun 2019 Sendback Est	12 Jun 2019 16:58 S\$1,997.02	13 Jun 2019 16:52 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	LCRF PTE LTD, Co. Reg. No.: 201624597K								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHA5428S	Date of Loss:	12/06/2019 08:00 - :59 [57 Months and 29 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1904393	Policy/Cover Note No.:	MK000195 (Third Party Only) Coverage: 25/02/2019 - 24/02/2020						
Vehicle Reg. No. (Insured):	SLQ7320Z	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 Telma Gomez - 65926402]								
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 24/06/2019]								
Adj Asg. Remarks:	OI HAVE NOT FILED SAS								
ASSOCIATED MAIL RECEIVED									
View All Compose Case Mail									
There are no mail for this case.									
<input type="checkbox"/> 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	12/06/2019 12:34
Date Of Accident	12/06/2019 08:55
Exact Location Of Accident	T JUNCTION OF BALESTIER RD AND THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5428S
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	NG CHOHE KHENG
NRIC No	S1139491D
Date Of Birth	05/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96197042
Fax Number	
Contact Number	
Email Address	NGCK55@GMAIL.COM

Address	BLK 107C EDGEFIELD PLAINS #13-134
Postcode	823107
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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

REFER ATTACHED

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	SLQ7320Z
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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. 190303021R

Policyholder's Signature
Date & Time:

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

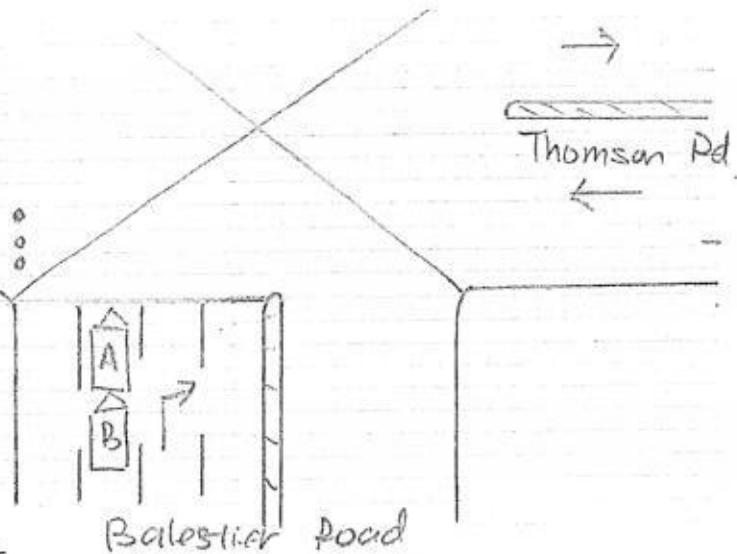
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Wei Yeng

12/6/19

SKETCH PLAN

A = SHA 5428 S
B = SLQ 7320 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/6/19 at about 08:55 hrs, my taxi
Veh A stopped at above said location waiting
traffic light change. Suddenly I felt an impact
followed by a jerk.
from behind, I stepped out and found Veh B
it front portion collided onto the rear portion
of my stationary taxi. 02 female passengers
onboard my taxi. No injury reported at the
point of accident

DECLARATION

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

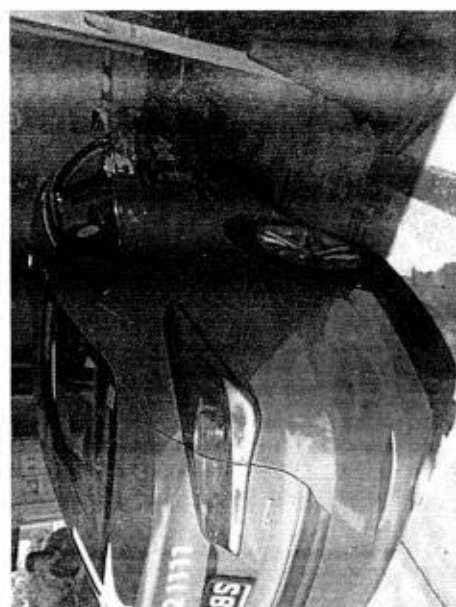
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

Loke Wei Yeng
12-6-19



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:	12/06/2019
Vehicle Reg. No.:	SHA5428S	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	NG CHOHE KHENG		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	14/08/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU430418	Chassis No:	KMHLB41UMEU056148
Odometer:	632335 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Description of Accident/Loss	REFER ATTACHED		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,236.02
Miscellaneous Items	11.00
Labour	750.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,997.02
+ GST 7.00% (S\$)	139.79
Nett Amount (S\$)	2,136.81

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: 12 Jun 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/SHA5428S/12/06/2019 16:58**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>Subst</i>	20.00	0.00	*553.00 FL
2	1		*REAR BUMPER REINFORCEMENT <i>x sm</i>	20.00	0.00	*428.40 FL
3	1		*REAR BUMPER SPONGE <i>x sm</i>	20.00	0.00	*103.50 FL
4	1		*REAR BUMPER UNDERCOVER <i>x sm</i>	20.00	0.00	*228.00 FL
5	1		*REAR BUMPER RUBBER MAT <i>me</i>	0	0.00	*50.00 FS
6	1		*REVERSE SENSOR <i>x sm</i>	0	0.00	*135.70 FS

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

Sub Total (S\$) **1,498.60**- List Item Discount on L Items (S\$) **262.58**Total Parts (S\$) **1,236.02**

ComfortDelGro Engineering Pte Ltd/SHA5428S/12/06/2019 16:58. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Larry Ng

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	300.00 200
2	SPRAY PAINTING	New	250.00 200
3	WIRING CHARGE	New	80.00 30
4	REMOVE/REFIX REVERSE SENSOR	New	120.00
Gross Labour Cost (S\$)			750.00

ComfortDelGro Engineering Pte Ltd/SHA5428S/12/06/2019 16:58. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Kahirick
13/6/19 10x5h
2 days
4/5
After Repair photo

• To receive repair estimate and survey
 • To display damaged parts and to resurvey
 • Parts prices are subject to insurance company
 • Third party survey is subject to insurance company
 • No litigation/mediation is allowed
 • Supplementary items must be notified and
 is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORT DELCRO
ENGINEERING

COMFORT DELCRO

Date/Time: 12.06.2019 16:33

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305302868

CUSTOMER

VMS

CUSTOMER NO.

ADDRESS

L (R)

(P)

SCOUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD VAP
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.: SHA5428S

MILEAGE

MAKE: HYUNDAI

FUEL

MODEL: I-40

DATE/TIME IN: 12.06.2019 11:15

YR OF MANU: 14.08.2014

TARGET DATE

CHASSIS CODE: KMHLB41UMEU056148

COMPLETION DATE/TIME

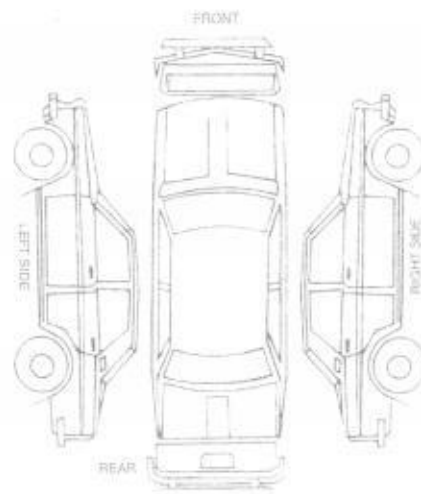
JOB DESCRIPTION

Accident Date: 12.06.2019
NATURE: 3P 12.06.2019

S/NO

LABOR CODE

DESCRIPTION

TOKIO - Rear
Ltc/Kahin

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e:

lo:

le No.:

SHA5428S

LARRY

Vehicle No.:

SHA5428S

Larry Ng

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

is returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305302868

Date : 14. Jun. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA5428S

Date of Accident: 12. Jun. 2019

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

1. The repair job shall bill to: TOKIO SLQ7320Z

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: \$750.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 18/6/19

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/TMI19010515/K1VD3N2

Date: 25/06/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000195
Claimant Vehicle No :	SHA5428S	Insured Vehicle No :	SLQ7320Z
Date of Loss:	12/06/2019	Nature of Claim:	TP
		Claim No:	M1904393

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA5428S	Engine No:	D4FDFU561673
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU056148
Reg. Date:	14/08/2014 (Man. Year: 2014)	Odometer:	632335 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:	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	1,236.02	492.40	743.62	60.16
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	750.00	430.00	320.00	42.67
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,997.02	933.40	1,063.62	53.26
Approved Total (Overridden) (S\$)		750.00		
(S\$)	1,997.02	750.00	1,247.02	62.44
+ GST 7.00/7.00% (S\$)	139.79	52.50	87.29	62.44
Nett Amount (S\$)	2,136.81	802.50	1,334.31	62.44

INSPECTION

Date of Assignment:	13/06/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	13/06/2019	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: 25 Jun 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 SHA5428S)
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	Serviceable	428.40 FL	*- FL
3	1		*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
4	1		*REAR BUMPER UNDERCOVER	Serviceable	228.00 FL	*- FL
5	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
6	1		*REVERSE SENSOR	Serviceable	135.70 FS	*- FS

F=Franchise part. S=SpcNett. L=List/ItemDisc.

Sub Total (\$\$)	1,498.60	603.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	262.58	110.60
Total Parts (\$\$)	1,236.02	492.40

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)	11.00	11.00
Sub Total (S\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	300.00	200.00
2	SPRAY PAINTING	New	250.00	200.00
3	WIRING CHARGE	New	80.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (S\$)			750.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >