

(08/11/13)

Surveillance: Kolvin

REF: CC3/TH2190110951 k1vd3n2

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: SLU 3871EPolicy No. M3001723Claims No. M1904691

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: SHC 8744Z Yr Regn: 21 Jan / 21 6

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1600Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 414634 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB41444408722

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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 Harley

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 21/6/19 D.O.I. 24/6/19Survey held at CPGE (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
	SHC 8744Z - CC3/ LCR17018150 / KIP9392 R.O.A. - 19/04/2017 To Ks
	SLU 3871E - X 45
24/6/19	Email GIA to TMI
26/6/19	CH 45 \$1000 / 26/6. (Recd 4000.86, 80%)
	RECEIVED 26 JUN 2019

Date/Time, File Pass to? ☐ : Preli. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 26/6 - typistReport Format: MerimenLump Sum / I.B. / \$ 1000/-Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Wheel align (\$

Survey Fee:

Transportation: 250S + RS: 11

Photos

Others

TOTAL

261

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 Jun 2019 18:24 Sendback Est	21 Jun 2019 18:43 \$55,002.86	25 Jun 2019 13:52 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS

Insured: CTPL , Co. Reg. No.: 199303821R	
Main Claimant: CTPL	
Vehicle Reg. No.: SHC8744Z	Date of Loss: 21/06/2019 12:00 - :59 [41 Months From LTA Reg Date (Man Yr)]
Claim Type: TP / M1904691	Policy/Cover Note No.: MJ001723 (Comprehensive) Coverage: 30/11/2018 - 29/11/2019
Vehicle Reg. No. (Insured): SLU3871E	Policy No. (Claimant):
	Excess: \$2,000.00
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 Ng Kwai Kay Francis]	
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 04/07/2019]	

[View All](#) [Compose Case Mail](#)

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

ALL ASSOCIATED TASKS

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

[View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 24 June 2019 5:21 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE LTD, DOA: 21/6/2019, SHC 8744Z (TP VEHICLE), SLU 3871E (OI VEHICLE)
Attachments: GIA.pdf; MARKING.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 8744Z at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 24/6/2019

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Kindly create claim in merimen for our necessary action.

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)

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	21/06/2019 15:16
Date Of Accident	21/06/2019 13:00
Exact Location Of Accident	EAST COAST PARKWAY(THE COFFEE BEAM PICK UP POINT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8744Z
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	ONG HOCK SOON
NRIC No	S1384504B
Date Of Birth	18/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93392026
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 502 BEDOK NORTH STREET 3 #13-62
Postcode	460502
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SLU3871E
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM PEH MUEH
NRIC/Passport Number	S1439820A
Contact Number	97576880
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

ONG HOCK SOON

Approximate Age

Injuries Sustain

HEAD

Injured person in which vehicle?

SHC8744Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 RAMP REPORTING PTE LTD
CO. REG. NO. 199303821R

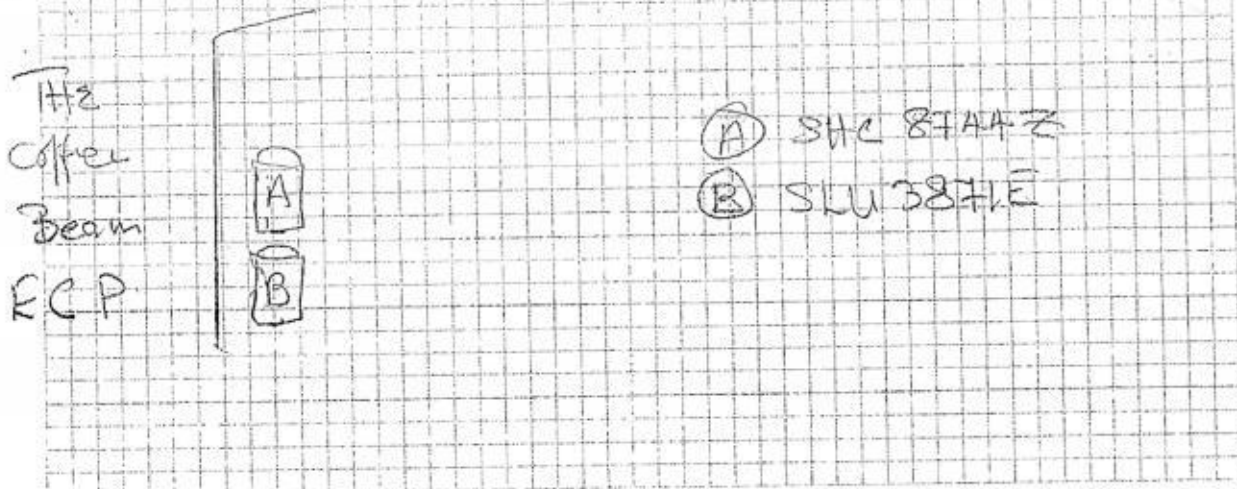
21/6/19
Jackson Hong
CSO

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/6/2019 at about 1300 hrs, I vehicle A receive a call from Comfortdepro to pick up a passenger at east Coast Parkway (The Coffee Beam) pick up point. While I was waiting for my passenger at the pick up point, vehicle B came from my back bump onto vehicle A rear portion.

DECLARATION

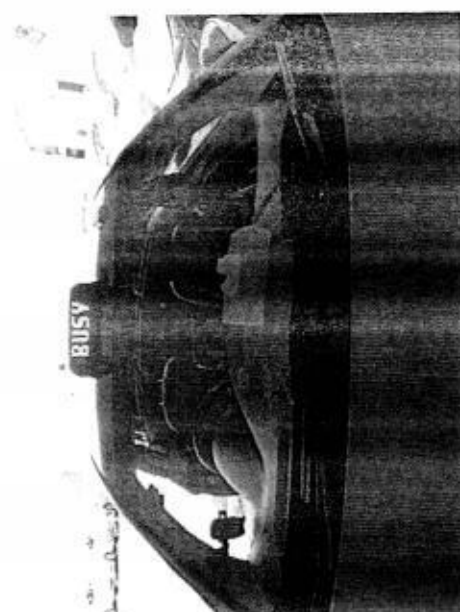
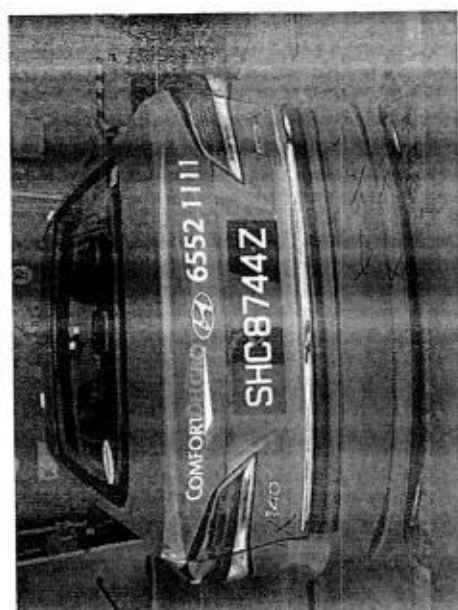
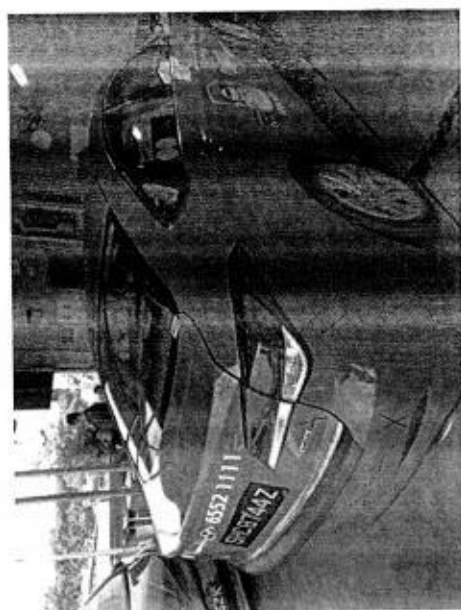
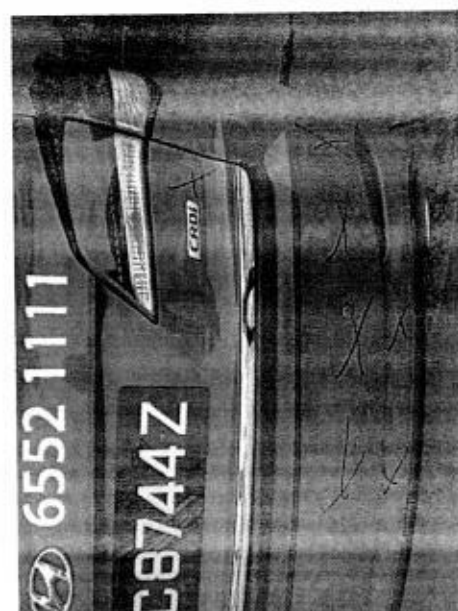
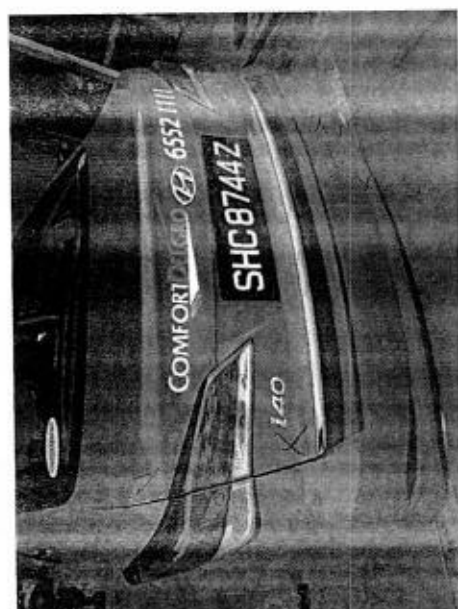
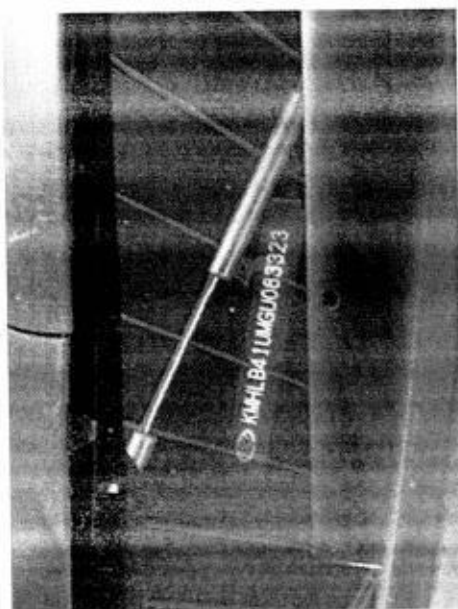
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

21/6/19
Jackson Heng
CSO



COMFORT DEL GRO

Date/Time: 21.06.2019 16:46 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305305334

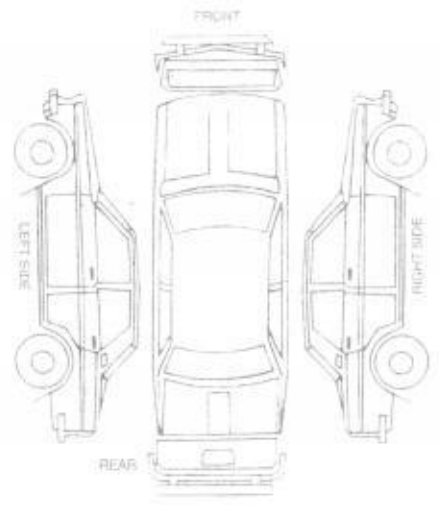
OMER	COMFORT TRANSPORTATION PTE LTD	REGN NO:	SHC8744Z	MILEAGE
IS	7010045	MAKE:	HYUNDAI	FUEL
OMER NO.	383 SIN MING DRIVE	MODEL	I-40	E 1/2 F
LESS:	Singapore SINGAPORE 575717	YR OF MANU.	21.01.2016	DATE/TIME IN
(P)	65508755	CHASSIS CODE	KMHLB41UMGU083323	21.06.2019 14:00
(P)				TARGET DATE
				COMPLETION DATE/TIME:
JUNT CARD NO.				

Tokio Marine

JOB DESCRIPTION

Accident Date: 21.06.2019
NATURE: 3P 21.06.2019

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Check-out Slip

No.: SHC8744Z LKE Vehicle No.: SHC8744Z

Signature/Date Name of Service Advisor Date

Returned to Service Reception upon collection To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

WPK/Kalwin

Like 4/Sum

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	21/06/2019
Vehicle Reg. No.:	SHC8744Z	Driveable?	YES
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	21/01/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU579591	Chassis No:	KMHLB41UMGU083323
Odometer:	0 KM		

Paint Type:	
List Item Discount:	20.00 %
Total Loss?	NO
Est. Duration of Repair (day)	5

Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)
--------------------------	--

COST OF CLAIMS

	Amount
Parts	3,461.86
Miscellaneous Items	11.00
Labour	1,530.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,002.86
+ GST 7.00% (S\$)	350.20
Nett Amount (S\$)	5,353.06

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 21 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/SHC8744Z/21/06/2019 18:43

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		*BOOTLID X sue	20.00	0.00	*2,174.90 FL
2	1		*BOOTLID RUBBER X sue	20.00	0.00	*96.50 FL
3	1		*BOOTLID LOCK UPPER X sue	20.00	0.00	*102.60 FL
4	1		*BOOTLID LOCK LOWER X sue	20.00	0.00	*31.70 FL
5	1		*BOOTLID H EMBLEM X sue	20.00	0.00	*27.90 FL
6	1		*BOOTLID CRDI PLATE X sue	20.00	0.00	*28.70 FL
7	1		*BOOTLID i40 EMBLEM X sue	20.00	0.00	*28.70 FL
8	1		*REAR BUMPER - Rehd	20.00	0.00	*553.00 FL
9	1		*REAR BUMPER REINFORCEMENT X sue	20.00	0.00	*428.40 FL
10	1		*REAR BUMPER REINFORCEMENT BRACKET STAY RH X sue	20.00	0.00	*80.30 FL
11	1		*REAR BUMPER REINFORCEMENT BRACKET STAY LH X sue	20.00	0.00	*80.30 FL
12	10		*REAR BUMPER CLIPS - sue	20.00	0.00	*22.00 FL
13	1		*REAR BUMPER BRACKET SIDE RH X sue	20.00	0.00	*35.60 FL
14	1		*REAR BUMPER BRACKET SIDE LH X sue	20.00	0.00	*35.60 FL
15	1		*REAR BUMPER SPONGE X sue	20.00	0.00	*103.50 FL
16	1		*REAR BUMPER UNDER COVER - cut	20.00	0.00	*228.00 FL
17	1		*REAR BUMPER REVERSE SENSOR - sue	0.00	0.00	*135.70 F
18	1		*REAR BUMPER RUBBER MAT - sue	0.00	0.00	*50.00 F
19	1		*BOOTLID COMFORT LOGO X sue	0.00	0.00	*20.00 F
20	1		*BOOTLID TEL NO. STICKER X sue	0.00	0.00	*10.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	4,273.40
- List Item Discount on L Items (\$\$)	811.54
Total Parts (\$\$)	3,461.86

ComfortDelGro Engineering Pte Ltd/SHC8744Z/21/06/2019 18:43. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

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	200 850.00
2	SPRAY PAINTING CHARGE	New	200 500.00
3	WIRING CHARGE	New	43 X 80.00
4	TUFF KOTE	New	44 X 50.00
5	REMOVE/REFIX REVERSE SENSOR	New	20 80.00
Gross Labour Cost (S\$)			1,530.00

ComfortDelGro Engineering Pte Ltd/SHC8744Z/21/06/2019 18:43. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalir 1/11/14

//

24/6/19 1110L

2/17/19

4/5

After Repair pLto

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplemental items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

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

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: CC3/TM19011095/K1VD3N2

Date: 01/07/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ001723
Claimant Vehicle No :	SHC8744Z	Insured Vehicle No :	SLU3871E
Date of Loss:	21/06/2019	Nature of Claim:	TP
		Claim No:	M1904691

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8744Z	Engine No:	D4FDFU579591
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU083323
Reg. Date:	21/01/2016 (Man. Year: 2015)	Odometer:	414634 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

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

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,461.86	828.10	2,633.76	76.08
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,530.00	430.00	1,100.00	71.90
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,002.86	1,269.10	3,733.76	74.63
Approved Total (Overridden) (S\$)		1,000.00		
(S\$)	5,002.86	1,000.00	4,002.86	80.01
+ GST 7.00/7.00% (S\$)	350.20	70.00	280.20	80.01
Nett Amount (S\$)	5,353.06	1,070.00	4,283.06	80.01

INSPECTION

Date of Assignment:	25/06/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	24/06/2019	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: 01 Jul 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 SHC8744Z)	
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		*BOOTLID	Serviceable	2,174.90 FL	*- FL
2	1		*BOOTLID RUBBER	Serviceable	96.50 FL	*- FL
3	1		*BOOTLID LOCK UPPER	Serviceable	102.60 FL	*- FL
4	1		*BOOTLID LOCK LOWER	Serviceable	31.70 FL	*- FL
5	1		*BOOTLID H EMBLEM	Not Necessary	27.90 FL	*- FL
6	1		*BOOTLID CRDI PLATE	Not Necessary	28.70 FL	*- FL
7	1		*BOOTLID i40 EMBLEM	Not Necessary	28.70 FL	*- FL
8	1		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
9	1		*REAR BUMPER REINFORCEMENT	Serviceable	428.40 FL	*- FL
10	1		*REAR BUMPER REINFORCEMENT BRACKET STAY RH	Serviceable	80.30 FL	*- FL
11	1		*REAR BUMPER REINFORCEMENT BRACKET STAY LH	Serviceable	80.30 FL	*- FL
12	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
13	1		*REAR BUMPER BRACKET SIDE RH	Serviceable	35.60 FL	*- FL
14	1		*REAR BUMPER BRACKET SIDE LH	Serviceable	35.60 FL	*- FL
15	1		*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
16	1		*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL
17	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 F	*135.70 FS
18	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 F	*50.00 FS
19	1		*BOOTLID COMFORT LOGO	Not Necessary	20.00 F	*- FS
20	1		*BOOTLID TEL NO. STICKER	Not Necessary	10.00 F	*- FS

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

Sub Total (S\$)	4,273.40	988.70
- List Item Discount on L Items 20.00/20.00% (S\$)	811.54	160.60
Total Parts (S\$)	3,461.86	828.10

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	850.00	200.00
2	SPRAY PAINTING CHARGE	New	500.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	50.00	0.00
5	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			1,530.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >