

ASS. REC. BY:

REF: CS/MSG19011489/K1vd302 Special Instruction:

Surveyor: KalvinASSIGNMENT (Office)From (Person): _____ of MSG Date/Time: 28.6.19 13 30p m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SH 9934DInsured: SLH 8906Aat Workshop m/s ComfortdelgroTel: 62148300of 59 Bayview DrivePolicy No: 2914756Claim No: 598035

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 27.6.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 28.6.19 2.01p.mPerson Contacted: JumadiVehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLH 8906A: X
	SH 9934D: CC3/AIG15017549/H1yq3q2 D.O.A. 13/10/2015
1/7/19	Send preli revised via merimen

(08/11/13)

Surrey: Kalnn

REF:

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 Report: _____ 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: _____

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

Truck / Trailer or

Make: _____

Colour: _____

Sp. Reading: _____

Eng/No.: _____

C/No: _____

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 / Rim or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 27/6/11

Survey held at _____

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

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

Rear

R/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 28/6/11

CPGE (Loyang)

Per n/s.

Date / Time

Action / Instruction

10/7/11

Check P/P \$1311.82/311, (Red 1098-24, 4590)

MSA

P/P

RECEIVED 10 JUL 2011

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

10/7 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Photograph (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Notes

Report Format:

merimen

P/P \$1311.82

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: Pauline Tham	Date: 01 Jul 2019

Preliminary Advice

Insured Vehicle No	: SLH8906A	Accident Date	: 27/06/2019
TP Vehicle No	: SH9934D	Assignment Date	: 28/06/2019
Make	: HYUNDAI IONIQ HYBRID	Est. Duration of Repair	: 3.00
Date of Inspection	: 28/06/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,410.06
Revised Amount	:S\$	1,311.82
Check Items (Estimated)	:S\$	620.24
Total	:S\$	1,932.06

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 TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Jun 2019		28 Jun 2019 13:30 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS				[Created by insurer]	
Insured:	GRAB RENTALS PTE LTD, Co. Reg. No.: 201617200G				
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R				
Vehicle Reg. No.:	SH9934D	Date of Loss:	27/06/2019 08:00 - :59 [11 Months and 15 Days From LTA Reg Date (Man Yr)]		
Claim Type:	TP / 598035	Policy/Cover Note No.:	29114756 (Comprehensive) Coverage: 01/02/2019 - 31/01/2020		
Vehicle Reg. No. (Insured):	SLH8906A	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 Pauline Tham - 6594 2545]				
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 29/06/2019]				
Driver/Custodian (Insured):	TAN CHONG KWEE (), NRIC: S2568168A, Tel: +6598150930 Email: on WP. (manual assigned to LKK) Liab: 100%. Contact: Lim Kwok Eng @ 6214 8355 / 9824 0811. Manual assigned to LKK via email on 27/06/19.				
Adj Asg. Remarks:					

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.													

Catherine Chong (LKK Auto)

From: Crystal Lee <crystal_lee@sg.msig-asia.com>
Sent: Thursday, 27 June, 2019 4:12 PM
To: assignments@lkkauto.com; admin-d@lkkauto.com
Cc: Ong Zi Hui
Subject: Survey Request - Manual Assigned
Attachments: 27062019160644.pdf

TP survey for vehicle no: SH9934D DOA: 27/06/19 SLH8906A (MSIG)

Manual Assigned

Dear LKK,

Refer to the email below and attachment, please survey the vehicle.

We'll assign via Merimen once we receive the assignment from Motor Team.

Please contact us ASAP if you cannot attend this assignment.

Thank you & Best regards,
Crystal Lee
Admin Officer, Claims Services (In-House Survey)
D: +65 6594 2535 | F: +65 6643 1349 | crystal_lee@sg.msig-asia.com



MSIG

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220

9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

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REG/CS/PAY/FA
27 JUN 2019

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mobline +65 6363 6200
Facsimile +65 6280 9755

www.edge.com.sg

Company Registration No: 19925601001

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508000

Sin Ming
383 Sin Ming Drive
Singapore 578117

Pandan
45 Pandan Road
Singapore 609289

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 750156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Defu
6 Defu Avenue 1
Singapore 530557

Date : 27.06.2019 Via Fax : 62257402
Time of Fax: 14:45 Insurance Co: MSIG
Our Ref : _____ Date of Acc : 27.06.2019

Attn: Motor Claims Department

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH 9934D

This is to inform you that our client has engaged us to repair the above vehicle and submit claims against your insured vehicle SLH8906A involved in this accident.

Our MVA (MR: Lim Kwok Eng) will contact you soonest.

Thank you.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery

Grab

PT/ NCH

- ①
- ② Pass to Yi Qian
- ③ pass to Nobilah
- ④ Outsource as IHS is full due to full day training (close if veh is in 3)

A member of

COMFORTDELGRO



JS

27/6/19

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	27/06/2019 14:31
Date Of Accident	27/06/2019 08:30
Exact Location Of Accident	LANE 1 ALONG PIE TWDS CHANGI BEFORE BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9934D
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	IONIQ HYBRID

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	CHEW HOW CHIN
NRIC No	S2198122B
Date Of Birth	03/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	24/06/1976
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98532828
Fax Number	
Contact Number	
Email Address	CHEWHOWCHIN@YAHOO.COM

Address	BLK 541 BUKIT PANJANG RING ROAD 670541
Postcode	670541
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : 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

PLS REFER TO 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	SLH8906A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. TAN
NRIC/Passport Number	
Contact Number	98150930
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	FRT

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.
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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:

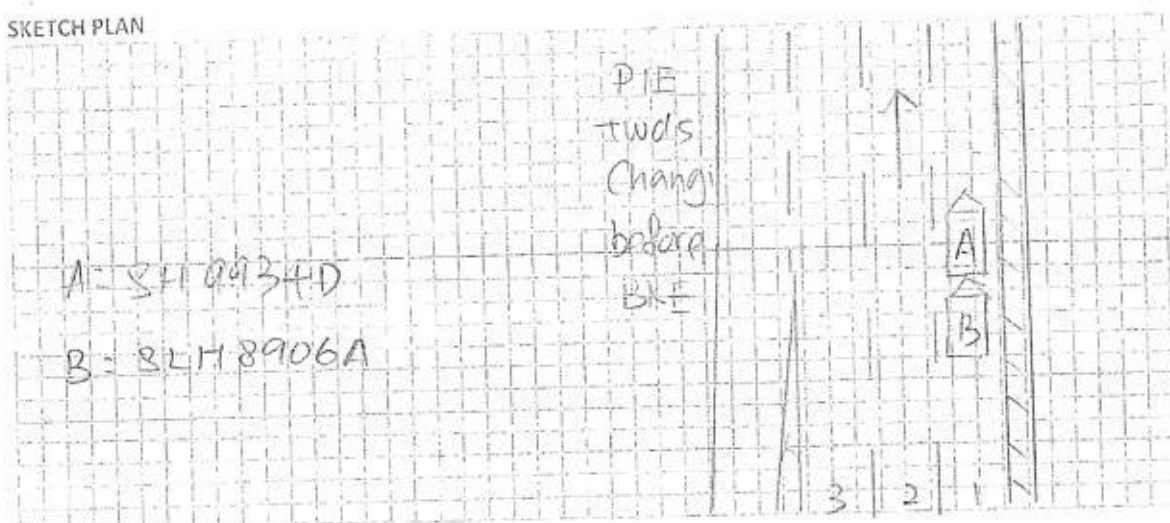
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: **Loke Wei Yieng**
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

4-1
4-2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/19 at about 08:30 hrs, I was driving at above said location with a female pax onboard. Shortly veh in front brake to stop and I follow suit. A split second later, I felt an impact from behind followed by a jerk. Veh B it front portion collided onto the rear portion of my taxi. No injury reported in this accident.

DECLARATION

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

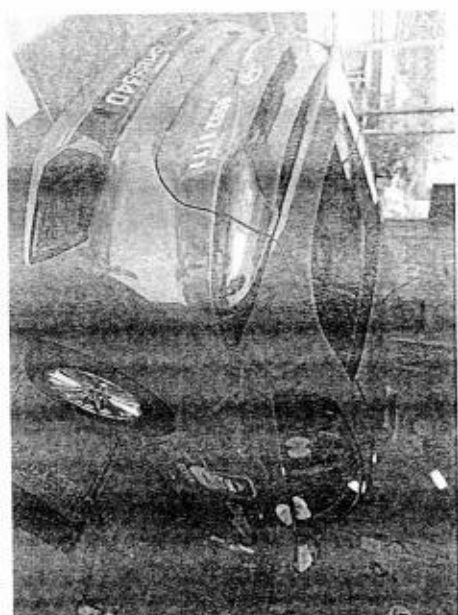
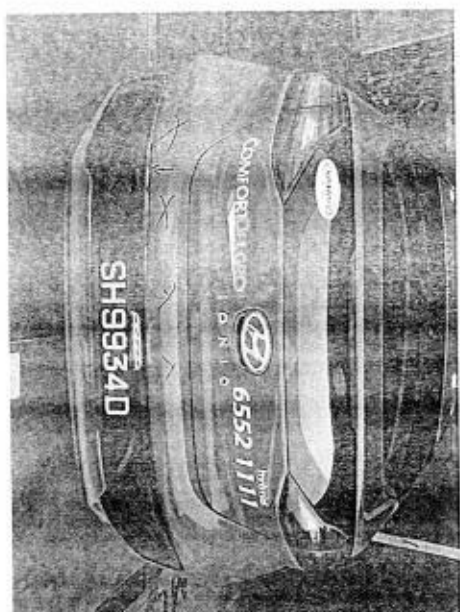
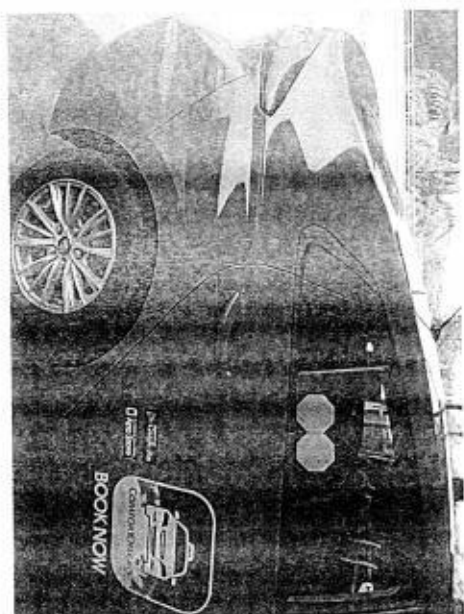
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

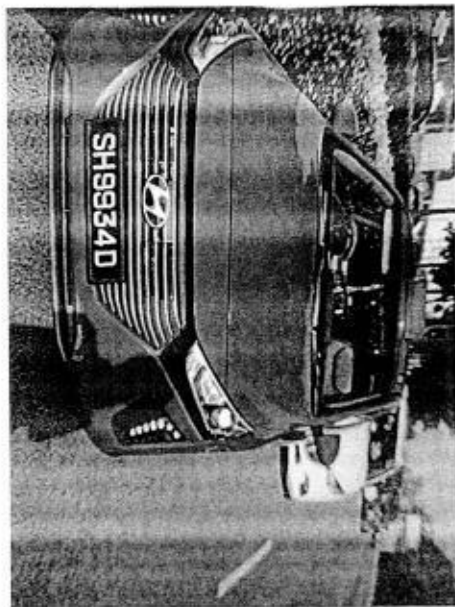
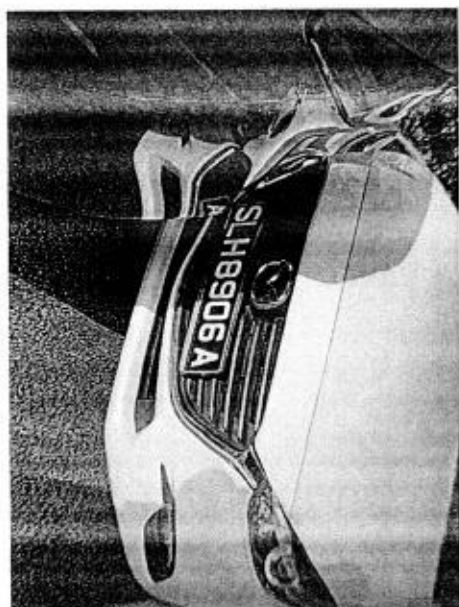
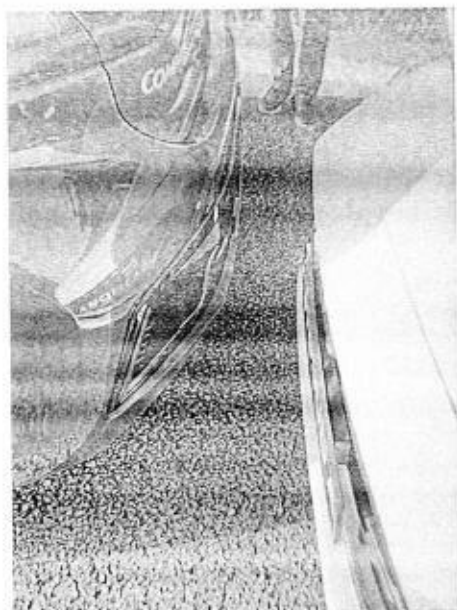
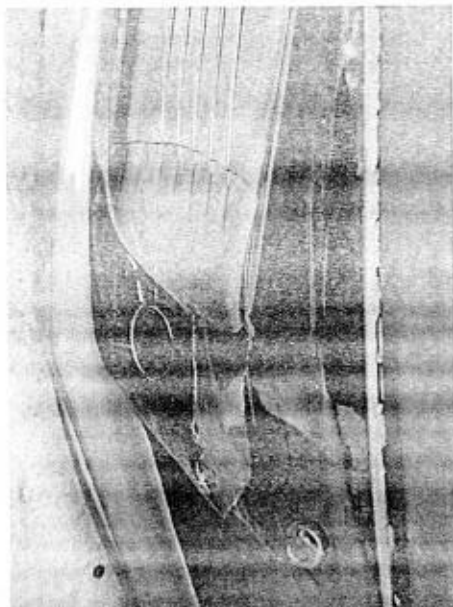
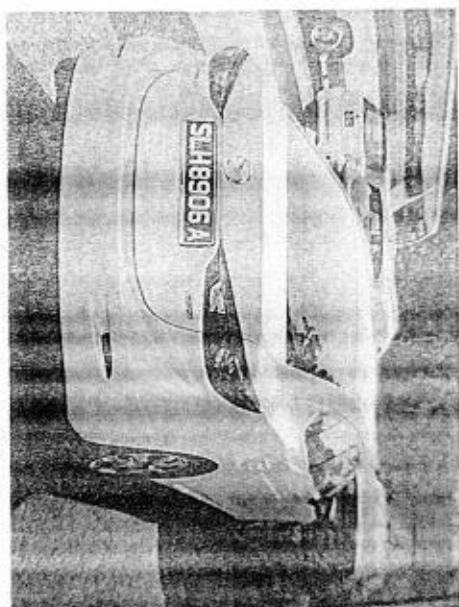
Policyholder's Signature
Date & Time:

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

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

27/6/19
Loke Wei Yieng





COMFORTDELGRO

Date/Time: 27.06.2019 16:35

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305307033

TOMER

VS

TOMER NO.

RESS

(R)

(P)

OUNT CARD NO.

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

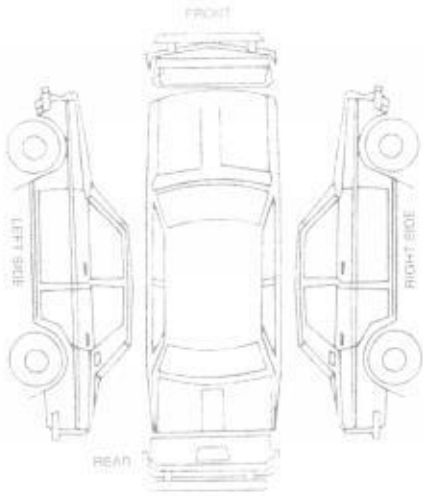
MSIG

REGN NO:	SH 9934D	MILEAGE
MAKE:	HYUNDAI	FUEL: E.....1/2.....F
MODEL	IONIQ(G2)	DATE/TIME IN 27.06.2019 13:50
YR OF MANU	12.07.2018	TARGET DATE
CHASSIS CODE	KMHC851CVJU103481	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 27.06.2019
NATURE: 3P 27.06.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

Vehicle No: SH 9934D LKE

Vehicle No: SH 9934D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 27/6/2019 15:52

MODEL : HYUNDAI IONIQ

R
 Reg: 1000
 L
 Supreme
 Subject: 1000
 Acknowledged by: _____
 Signature: _____
 Date: _____

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 09.07.2019
Time: 18:48:03
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 : 305307033
REGN NO : SH 9934D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 12.07.2018
DATE/TIME IN : 27.06.2019 13:50
ACCIDENT DATE : 27.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00
0002 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	20.00	367.52
0003 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	2.00-	135.70
0004 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60

SUB-TOTAL : 881.82

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 430.00

TOTAL : 1,311.82

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No 305307033
Date : 09.07.19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SH9934D CTPL

Fax :


27.06.19


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

1. The repair job shall bill to: MSIG SLH8906A
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$881.82
 - (b) Labour Charges \$430.00
 - Total for Part-By-Part Repair Cost** \$1,311.82
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 10/7/19

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
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/MSG19011489/K1VD3N2

Date: 15/07/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29114756
Claimant Vehicle No :	SH9934D	Insured Vehicle No :	SLH8906A
Date of Loss:	27/06/2019	Nature of Claim:	TP
		Claim No:	598035

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH9934D	Engine No:	G4LEJU046178
Make & Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Chassis No:	KMHC851CVJU103481
Reg. Date:	12/07/2018 (Man. Year: 2018)	Odometer:	118510 km
Colour:	Blue		
Engine Capacity:	1580 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:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,540.06	881.82	658.24	42.74
Miscellaneous Items	0.00	0.00	0.00	
Labour	870.00	430.00	440.00	50.57
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,410.06	1,311.82	1,098.24	45.57
+ GST 7.00/7.00% (S\$)	168.70	91.83	76.87	45.57
Nett Amount (S\$)	2,578.76	1,403.65	1,175.11	45.57

INSPECTION

Date of Assignment:	28/06/2019	
Date Inspected:	28/06/2019	Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969

Estimated Period of Repair: 3.0 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: 12 Jul 2019)
Parts:	192	HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SH9934D)	
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	459.40 FL	*459.40 FL
2	1	*REAR BUMPER REINFORCEMENT	Serviceable	294.80 FL	*- FL
3	2	*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	276.20 FL	*- FL
4	1	*REAR BUMPER CENTRE MOULDING ASSY	Deformed	451.25 FL	*451.25 FL
5	1	*REAR BUMPER LOWER CENTRE MOULDING ASSY	Repair	47.50 FL	*- FL
6	1	*REAR BUMPER ASSY	Serviceable	138.10 FL	*- FL
7	2	*REAR BUMPER SIDE BRACKET (LH/RH)	Serviceable	66.20 FL	*- FL
8	10	*REAR BUMPER COVER CLIPS	Necessary	22.00 FL	*22.00 FL
9	1	*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS

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

Sub Total (\$\$)	1,891.15	1,068.35
- List Item Discount on L Items 20.00/20.00% (\$\$)	351.09	186.53
Total Parts (\$\$)	1,540.06	881.82

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	200.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (\$\$)			870.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >