ASS. REC. BY:	REF: CS MSG19012174 DVF	> 02 Special Instruction:
Surveyor Bryan	ASSIGNMENT (Office)	
From (Person): Christing V	long of MSIG	Date/Time: 09/07/2019 16:53
Estimated Cost:	Bill to:	
OD TTP WS TTP RES / OD I	RES / EVA / INV / MV / CS	*
To Inspect Vehicle No: SHC	89087	Insured: SLP 771G
at Workshop m/s Chundi Chundi	Notor Work Pte Ltd	Tel: 6483 6016
of BIK10 #01-05/06	Ang Mo Kio Autopoint	
Policy No: 29114756	2	599090
Sum Insured:	Excess:	
Make of Veh; (Client's Record)		D.O.A. 06 6712019
CA / REV / REP. / REV 24 Date/Time, 10 . J. 19 11. 34	HRS OAM Person Contacted: Lynn	H.O.D. Endorsement:
Date/Time Action/Instruction	on (V) Estimate	
SLP 7716	: X	
SHC 8908-	1:CC4 AIGO9105852 KJ D.	0.A (6(03) 2009
15/7/19 Send pre	ili revised via merimen	^

Report Format: Merimen

Lump Sum / I.B.I: (\$ 9000 | 2

Weekend (\$

S + RS, SI IN

TOTAL

211

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

From: LKK Auto Consultants Pte Ltd MSIG Insurance (Singapore) Pte. Ltd. To: 51 Ubi Ave 1 #01-25 4 Shenton Way Paya Ubi Industrial Park #21-01 SGX Centre 2 Singapore 408933 Singapore 068807 15 Jul 2019 Date: Attn: Christina Wong **Preliminary Advice** Insured Vehicle No : SLP771G : 06/07/2019 Accident Date TP Vehicle No : SHC8908T Assignment Date : 09/07/2019 Make : HYUNDAI 140 Est. Duration of Repair : 8.00 : 10/07/2019 Date of Inspection : CHUNNI MOTOR WORK PTE LTD - AMK (HQ) Inspection At BLK 10 #01-05/06, AMK AUTOPOINT SINGAPORE 568047 Point of Impact / General Description of Damages The vehicle sustained impact / damages o/s body and o/s rear portion and parts claimed are consistent to the accident. :S\$ 16.099.96 Repairer's Estimate (Gross) :S\$ 11,455.56 Revised Amount :\$\$ 0.00 Check Items (Estimated) 11,455.56 :S\$ Total :S\$ Lump Sum Repair **Total Loss Consideration** New for Old Value :S\$:S\$ Pre-Accident Value :SS COE / PARF Rebate :S\$ Salvage Value :S\$ Margin for Repair Remarks (X) The vehicle is economical for repair.

The above survey was conducted on a 'without prejudice' basis.

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Sub	mitted	Ins Auth'ed	Status	
Main	09 Jul 2019 10:43		09 Jul 2019 16:53 Assign					1	New Assign Cancel Case	
N. Commence	fain	Re	ference		Claim D	etails		Docume	nts	Show All
CLAIM SU	SFOLDER DE	TAILS		Contract of the		100	re.			SHOW All
Insured:	GRAB REN	NTALS PTE LTD,	Co. Reg. No.: 21	01617200G	8		Create	d by insurer]		
Main Claimant:	COMFORT	TRANSPORTATI				3821R				
Vehicle Reg. No.:	SHC8908					f Loss:	06/07/20	019 01:00 - :59		
Claim Type:	TP / 5990	090			Policy/		2911475	6 (Comprehensive)	From LTA Reg Da e)	te (Man Yr)]
Vehicle Reg. No. (Insured):	SLP771G				Policy (Claim	No.	Coverage	: 01/02/2019 - 3	31/01/2020	
Repairer:	Chunni Mo	tor Work Bto Lte			Excess	:				
Handling Insurer:	MSIG Insu	tor Work Pte Ltd	e) Pte. Ltd. (HC	k 10 #01-0)) - Tel: +6	5/06, AM 5 6827 7	K Autop	oint, 5680	047 Ang Mo Kio -	Tel: 64836016	
djuster:	LKK Auto C	Onsultante Dec I	***********	ez ren 10	3 0027 7	000 [[Handled t	y Christina Wo	ng - 6643 1311]	
Oriver/Custo lian Insured):	PALVINDAR	SINGH S/O KARA	M SINGH (/ Male	256-3561 .	[Imm 5149064	Advid	ce due 1 ail:	0/07/2019]		
Adj Asg. Remarks:		Grab, Liab: dispute						25119 or 6542 7	162	
SSOCIATE	D MAIL REC						1000000		. V.	
	mail for this c								View All Comp	ose Case Mai
ALL ASSOC	ATED TASK	s⊟						·		
Due Date	Priority	Type Task G	roup Subjec		1200		View All	Search Tasks	Create New Task	Complete
lo results.	0.000.00000	1000000	ample:	t Hand	er A	ssigne	d By	Completed On	Created O	n Done

MC061908/982 / Com/artDalGro Engineering Pte Ltd - Leyang ENTRY DATE & TIME: 06/07/2019 11:36 SUBMITTED BY: Janet Lim Slang Gek

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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 Singapora (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the ledgement 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 aforosald.

alorusaiu.	
	ACCIDENT STATEMENT
Date Of Report	06/07/2019 11:36
Date Of Accident	06/07/2019 01:45
Exact Location Of Accident	EBER ROAD X JUNCTION KILLINEY ROAD.
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8908T
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	140
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
D.E. M. whee	D-18088936MESH

D-18088936MFSH Policy Number

Cover Note Number

Name of Driver CHAN LUP KWOK

S1707420B NRIC No 04/09/1965 Date Of Birth OUTDOOR Occupation 24/04/1989 Date Of Driving Pass

30 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96931021 Mobile Number

Fax Number

Contact Number

SAMSON, CHAN@HOTMAIL.SG **EMail Address**

Address

BLK 364 TAMPINES STREET 34

#10-139

Postcode

520364

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

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

TEL NO: 1800-5852999 - FAX NO: 65855261

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190706/2064 * TYPE OF ACCIDENT :- HEAD TO SIDE

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

SLP771G

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PALVINDAR SINGH

NRIC/Passport Number

Contact Number

92708289

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAIL	S OF INJ	URED	PERSON 1
--------	----------	------	----------

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

CHAN LUP KWOK

SHOULDER, RIB AND LWRD WAI

SHC8908T

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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:

- 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)
 - (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

Driver's Signature

(If driver is not the policyholder)

Date & Time: 06.07.2019@1030hrs

w.

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: June

Policyholder's Signature Date & Time:

On 06.07.2019 @ 0145HRS I was travelling along Eber Road x Junction Killiney Road with one female passenger onboard. As I was travelling straight suddenly veh(B) SLP 771G hit onto my vehicle rear right portion. As it took place too fast I could not take evasive action to prevent the accident. Afre the accident, I feld poin on my Phoulder . Q'S RN and Lower waist. 3 days me given by closer. Veh(B) SLP 771G MR Palvindar Singh HP:9270 8289 Refer to the police Report: 1 2019 0706 1 20 64

DECLARATION

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

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

Driver's Signature

Reporting Centre Personnel's Signature

Policyholder's Signature Date & Time:

(If driver is not the policyholder) Date & Time: 06.07.2019@1030hrsvRic/FIN No.: June





1 of 3

Report No. T/20190706/2064

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

REPORT OF	A TRAFFIC	ACCIDENT
REPURIUE	W I LOUILLIE	MCCIDEIL.

REPORT OF A TRAFFIC ACCIDENT		
Date/Time Report Made: 06/07/2019 13:47	Vide Report No.: E/20190706/0014	Station Diary No.: 45

00/01/2010 10:11							
Informan	t's Partici	กลาร <u>ระบา</u> น		は大きななのでは、または、	保证		
Name of	Informant: JP KWOK		Address:	REET 34 #10-139 SINGAPORE			
ID Type / ID No.: NRIC NO / S1707420B		20B	Contact No.: Home/Office:	Mobile: 96931021			
Nationality: SINGAPORE CITIZEN		X	Email:				
Sex: Age: Date of Birth: Male 53 04/09/1965		Date of Birth:	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/07/2019 00:00	Type of Location: X-Junction
KILLINEY RO		ber Road		
Weather: Clear	· ·	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume:
Type of Collis	sion: ving Vehicles - Head	To Side		Anyone conveyed by ambulance: No

Vehicle No	Type	Make The	Model 10 Color Charles	Condition	No of Passenge
SHC8908T	Taxi ,			Slightly Damaged	1
SLP771G	Taxi			Slightly Damaged	0

Details of Person involved	识的。但 是 是所有的。这个是一个人的。
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Report No. T/20190706/2064

Tel No: 1800-5852999

Driver	《新文字》。	THE RESIDENCE		-	CATOTA COR
Name	CHAN LUP KWOK		D No.		S1707420B
Related Vehicle	SHC8908T (Taxi)		Contact No.		96931021
Hospital/Clinic	RAFFLESMEDICAL			of e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/07/2019	Date Discha			//2019
No. of Days gran	ted Medical Leave 03	Degree of I	njury	.NIL	
Driver	CHARLES BEEN STATE OF THE STATE	是兴趣的影響	是特別	2.00	20. 化基础中央基础的产品的第三人称
Name	PALVINDER SINGH		ID No.	2	S1490644D
Related Vehicle	SLP771G (Taxi)		Contact No.		92708289
Hospital/Clinic	NIL .	1	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
	ited Medical Leave NIL	Degree of I	njury	NIL	

CONTINUATION OF REPORT

Brief Details.

On the 06/07/2019 at about 1350hrs, I am the driver of vehicle bearing registration number, SHC8908T.

While I was driving along Eber Road towards Exeter Road, I stopped at the junction of Killiney Road x Eber Road, when the traffic light turned green, I move off and suddenly a taxi bearing registration number SLP771G hit onto the right side of the passenger door. The vehicle came from Killiney Road.

I then alighted from the vehicle to make a check on the situation. At the point of time, no one was injured. I wish to state that I have the footage capture on In-car camera and handed over to Comfort Reporting Centre.

After the incident, I went for a medical check up at Raffles Medical and was discharged with 3 days of Medical Cert.





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 3 Report No. T/20190706/2064

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.

· · · · · · · · · · · · · · · · · · ·	Jany
Signature Of Interpreter:	Date/Time:
Not applicable	06/07/2019 13:47
345 V	
2 0	
Officer In Charge Of Case:	Classification Of Case:
TP/GIA/	0
Staff Sgt WONG SIEU LUI	16.5 ************************************
Contact No.: 65476151	ng l
Authentication Stamp	ORCE :
NP168	
100	11
*	\ 1
· · · · · · · · · · · · · · · · · · ·	SIGNATURE

REPAIR ESTIMATE*

MAKE

VEHICLE NO: SHC 8908T

DATE: 6.07.2019

TEL : 6542 5119

FAX : 6542 6035

MSICE

ODEL	: HYUNDAI i40	FAX	: 6542 6035	20	Will	9
Qty	Parts Description/ Labour	Type	Unit Price	70	Amount]
888	Rear Fender With Housing (RH) Bno			\$	4,736.80	1
	Rear Fender Inner Lining (RH) defended			S	169.30	
	Rear Windscreen Moulding			S	28.30	-
	Rear Door (RH) 3nc			S	2,201.10	
	Rear Door Rubber (RH) of June			\$	280.50	1
	Rear Door Gear/Regulator (RH)			s	242.80	×
	Rear Door Power Motor (RH)			s	158.60	X
	Rear Door Trim Board (RH)			S	808.70	×
	Rocker Panel Outer Garnish (RH) Dented books			s	341.40	/_
	Rocker Panel Outer			S	1,310.60	watth
	1 The state of the			S	325.30	Contract of the Contract of th
	Rear Tyre Rim (RH) Mother W			30		
	Rear Wheel Hup-Cap (RH)			\$	107.10	2
	Rear Wheelbearing ING & Hub			\$	362.00	2
	Rear Trailing Arm (RH)			S	192.00	4.0
	Rear Assist (RH) & dustable			S	145.70	36
	Rear Shock Absorber (RH) and Anstructual			5	276.30	2
	Rear Shock Absorber Mounting (RH)			S	81.30	X
	Rear Crossmember distant			S	1,021.50	4
	Stabilizer Bar MAI			S	199.60	X
	Stabilizer Link			S	85.90	X
	Rear Upper Arm (RH) & dystuful			S	335.75	RL
	Rear Lower Arm (RH) Aushitu		02 115	s	353.80	- 2
	Rear Knuckle Arm (RH)		9137.96	S	545.60	2
	Lega Milande Lam (191) - EMPHUN		0107.01		2 .0.00	100
	SUB TOTAL		19134.76	9	14,309.95	1
	LESS 20%			s	2,861.99	
	DISCOUNTED TOTAL			-	11,447.96	1
	DISCOUNTED TOTAL			-	11,447.70	
	Description (BID to				100.00	N
	Rear Fender Advertisement Logo (RH)			\$	100.00	
	Rear Windscreen Sealant			S	46.00	100000000000000000000000000000000000000
	Rear Door Advertisement Logo (RH)			\$	100.00	
	Rear Door Comfordelgro & Apps Sticker (RH)	_	326.00	S	80.00	15/35 15/21
	Rear Tyre_(RH) S/C			S	216.00	Nett
						1
			/	S	542.00	
				1		

CHC OODOT

	Parts Description/ Labour	Type	Unit Price	Amount
y		2360	1	
	Labour Charge			\$ 1,200.00
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			
	Wiring Charge			
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ -150.00
	Remove/Refix Rear Windscreen Glass			S 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Transfer of Door			\$ 120.00
	Remove/Refix Undercarriage (RR)			\$,200.00
	Rear Wheel Alignment		2020.00	\$ 120.00
	Re-set Rear ABS System		0 00	\$ 200.00
	Re-set Rear Power Window System			\$ 200.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	**			
	TOTAL LABOUR			\$ 4,110.00
	STIMATE TOTAL			\$ 16,099.96
	10 07 219 0 1145har		11492.91	
	10 07 209 @ 1145mm NA Autur		11483.96	
	The result		ila ganala	
	7 Sml		1000 L	
	· Mer			
	JEK Anto			
	8 des			
	() S 1. P.			
	XXX Auto Consultante homos politic	}		
	the Repairer of the following:			
	To resurvey before/after spray painting			
	To display damaged part(s) during resurvey			
	Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis			
	No illegal modification(s) is allowed	1		
	 Supplementary item(s) must be resurveyed and 			
	is subject to final approval from Insurance Company			
	Acknowledged by Repairer			
	Signature:			1
	Date:			
	This is an initial estimate based on a visual inspection of the	io above i	vehicle. The final repair	r quantum will

NAME ADDRESS

Home Tel.:

VIN:

Registration: SHC 8908 T

Technician:

Mileage:

542629

Time Printed 10.7.19 9:42 AM

HYUNDAI 140

Front: Left

Actual	BEFORE	Specified Range
-1°05'		-3°00' 3°00'
4°15'		-0°19' 5°41'
-0°40'	1855	-1°30' 1°30'
23°35'	Control of the Contro	
22°31'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Actual	BEFORE	Specified Range
-0°32'		-3°00' 3°00'
4°13'		-0°19' 5°41'
0°22'		-1°30' 1°30'
17°03'		
16°31'		

Front: Right

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	BEFORE	Specified Range
-0°33'	-	-3°00' 3°00'
0°02'		-3°00' 3°00'
6°32'		-3°00' 3°00'
-0°18'		-3°00' 3°00'

Rear: Left

Actual	BEFORE	Specified Range
-0°28'		-3°30' 2°30'
-0°04'		-1°30' 1°30'

Camber

Actual	BEFORE	Specified Range		
-0°18'		-3°30' 2°30'		
2°39'		-1°30' 1°30'		

Rear : Right

Rear

Cross Camber Total Toe Thrust Angle

Actual	BEFORE	Specified Range
-0°10'		-3°00' 3°00'
2°35'		-3°00' 3°00'
-1°22'		-3°00' 3°00'

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/MSG19012174/DVF3N2

Date:

13/08/2019

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

29114756

Claimant Vehicle No :

SHC8908T

Insured Vehicle No:

SLP771G

Date of Loss:

06/07/2019

Nature of Claim:

TP

Claim No: 599090

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC8908T

Make & Model:

HYUNDAI 140, 1.7 D CRDI F/L ABS AIRBAG 4DR

Engine No:

D4FDDU395878

Reg. Date:

21/04/2016 (Man. Year: 2016)

Chassis No: Odometer: KMHLB41UMGU087810 542630 km

Colour:

Blue

1685 cc

Engine Capacity: Market Value/New Car

N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition: Yes

Handbrake (Serviceable):

CONDITION OF TYRES
Front Tyre Size:

205/60R16

Rear Tyre Size:

205/60R16

Front Left Side:

Hankook 5 mm

Rear Left Side:

Hankook 5 mm

Front Right Side:

Hankook 5 mm

Rear Right Side:

Hankook 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	11,989.96	9,463.96	2,526.00	21.07
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,110.00	2,020.00	2,090.00	50.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	16,099.96	11,483.96	4,616.00	28.67
Approved Total (Overridden) (S\$)		9,000.00		
(S\$)	16,099.96	9,000.00	7,099.96	44.10
+ GST 7.00/7.00% (S\$)	1,127.00	630.00	497.00	44.10
Nett Amount (S\$)	17,226.96	9,630.00	7,596.96	44.10

INSPECTION

Date of Assignment:

09/07/2019

Date Inspected:

10/07/2019 Inspected At:

Chunni Motor Work Pte Ltd - Amk (HQ)

Blk 10 #01-05/06, AMK Autopoint

Singapore 568047

Estimated Period of Repair:

8.0 days

Adjuster: BRYAN TANI 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

Adjuster Report Page 2 of 4

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Referen	ce						
Part Source	: MRM-SG	Version: 1.0 (Last Synchronised: 13 Aug 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	d, no print-code for SHC8908T)					
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 FENDER WITH HOUSING (RH)	Buckled	4,736.80 FL	*4,736.80 FL
2	1		*REAR FENDER INNER LINING (RH)	Deformed	169.30 FL	*169.30 FL
3	1		*REAR WINDSCREEN MOULDING	Necessary	28.30 FL	*28.30 FL
4	1		*REAR DOOR (RH)	Buckled	2,201.10 FL	*2,201.10 FL
5	1		*REAR DOOR RUBBER (RH)	Deformed	280.50 FL	*280.50 FL
6	1		*REAR DOOR GEAR/REGULATOR (RH)	Not Necessary	242.80 FL	*-FL
7 8	1		*REAR DOOR POWER MOTOR (RH) *REAR DOOR TRIM BOARD (RH)	Not Necessary Not Necessary	158.60 FL 808.70 FL	
9	1		*ROCKER PANEL OUTER GARNISH (RH)	Dented/Broken		*341.40 FL
10	1		*ROCKER PANEL OUTER GARNISH (RH)	Not Necessary	1,310.60 FL	
11	1		*REAR TYRE RIM (RH)	Distorted/Bent	325.30 FL	*325.30 FL
12	1		*REAR WHEEL HUP-CAP (RH)	Cut	107.10 FL	*107.10 FL
13	1		*REAR WHEELBEARING ING & HUB	Damaged	362.00 FL	*362.00 FL
14	1		*REAR TRAILING ARM (RH)	Distorted	192.00 FL	*192.00 FL
15	1		*REAR ASSIST (RH)	Distorted	145.70 FL	*145.70 FL
16	1		*REAR SHOCK ABSORBER (RH)	Distorted	276.30 FL	*276.30 FL
17 18	1		*REAR SHOCK ABSORBER MOUNTING (RH) *REAR CROSSMEMBER	Not Necessary Distorted	81.30 FL 1,021.50 FL	*-FL *1,021.50 FL
19	1		*STABILIZER BAR	Not Necessary	199.60 FL	
20	1		*STABILIZER LINK	Not Necessary	85.90 FL	
21	1		*REAR UPPER ARM (RH)	Distorted	335.75 FL	사는 경기를 가지 않았다. 이 회에
22	1		*REAR LOWER ARM (RH)	Distorted	353.80 FL	
23	1		*REAR KNUCKLE ARM (RH)	Distorted	545.60 FL	
24	1		*REAR FENDER ADVERTISEMENT LOGO (RH)	Necessary	100.00 FS	
25	1		*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	
26	1		*REAR DOOR ADVERTISEMENT LOGO (RH)	Necessary	100.00 FS	
27	1		*REAR DOOR COMFORTDELGRO & APPS STICKER (RH)	Necessary	80.00 FS	*80.00 FS
28	1		*REAR TYRE (RH)	Serviceable	216.00 FS	*- FS
F=Fra	nchise	part. S=S	pcNett. L=ListItemDisc.			
				Sub Total (S\$)	14,851.95	11,748.45
			- List Item Discount on L Items 20			2,284.49
				Total Parts (S\$)	11 989 96	9,463.96

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recom	men	hah	Labour
RECOIL	11161	ueu	Laboui

No	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			
1	PANEL BEATING	New	1,200.00	700.00
2	SPRAY PAINTING CHARGE	New	1,000.00	700.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	100.00	40.00
5	TOWING CHARGE	New	50.00	0.00
6	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	80.00
7	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	80.00
8	REMOVE/REFIX REVERSE SENSOR	New	120.00	0.00
9	TRANSFER OF DOOR	New	120.00	60.00
10	REMOVE/REFIX UNDERCARRIAGE (RR)	New	200.00	150.00
11	REAR WHEEL ALIGNMENT	New	120.00	60.00
12	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE }	New	480.00	150.00
13	RE-SET REAR ABS SYSTEM }	New	200.00	0.00
14	RE-SET REAR POWER WINDOW SYSTEM }	New	200.00	0.00
	Gross Labo	4,110.00	2,020.00	
	Report was unsubmitted dur	ing this print-out.		

< END OF ESTIMATES >