

22801267

ABS. REC. BY:

REF: CS/GA219012216/K1v4302 Special Instruction:

Surveyor: KalvinASSIGNMENT (Office)

From (Person):

Kelvin Ngian

of

GA2

Date/Time:

10/7/19 @ 3:16pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 9334C

Insured:

GW 4195R

at Workshop m/s

Comfort Delgro

Tel:

62148156

of

Saizyng Drive

Policy No:

Claim No:

CLMD MVC 000003690

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10/7/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

340pm @ 10/7/19

Person Contacted:

Mr LimVehicle IN/OUT

Date/Time	Action/Instruction
	<u>Initials</u> ✓
	<u>GW 4195R - NS/INC12000763/R15n D.O.A: 10/11/2012</u>
	<u>SHA 9334C: CS/FC214006918/Brvm3d1 D.O.A: 31/03/2014</u>

(08/11/13)

Surveyor: Kevin

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 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: SHA9334C Yr Regn: 13 04, 2016

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

Truck / Trailer or

Make: Hyundai I40 C.C. 1682Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 467379 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB81UMH4095350

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD AP Rim orTyre Size: F: 205/60R16R: 7

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

TOYO / YOKO or

Front

Rear

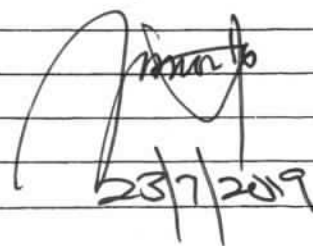
R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 10/7/19 D.O.I. 10/7/19Survey held at CPH (Logan)

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

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

Date / Time	Action / Instruction
23/7/19	Conducted PIP \$400 / 2 hrs. (Red 326.12, 8910) (No IS) GAZ

RECEIVED 23 JUL 2019



23/7/2019

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 23/7 - typistDays Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

Photos

Others

TOTAL

Report Format:

TP

Lump Sum / I.B.I. (\$

400/2)250250

Veron Chen (LKKAuto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Thursday, 11 July 2019 11:04 AM
To: Veron Chen (LKKAuto); SUR
Subject: RE: TP survey : SHA9334C with your insured GW4195R

CLMOMVC000003690

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Thursday, July 11, 2019 10:28 AM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; SUR <sur@lkkauto.com>
Subject: [External] RE: TP survey : SHA9334C with your insured GW4195R

Dear Kelvyna,

Please provides us claim number.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, 11 July 2019 10:26 AM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: FW: TP survey : SHA9334C with your insured GW4195R

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Ngian, Kelvyna [<mailto:Kelvyna.Ngian@sg.gaig.com>]
Sent: Wednesday, 10 July 2019 3:16 PM
To: Admin A <admin-a@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>
Subject: TP survey : SHA9334C with your insured GW4195R

Hi team

Please conduct TP survey. Our insured has not report.

Thanks
Kelvyna

From: Lim Kwok Eng <limke@cdge.com.sg>
Sent: Wednesday, July 10, 2019 3:06 PM
To: General Claims <GeneralClaims@sg.gaig.com>; Ng, Sharon <Sharon.Ng@sg.gaig.com>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Cc: Ng Nyuk Phin <ngnp@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>
Subject: [External] Re: SHA9334C with your insured GW4195R

Resend,

To Officer In Charge,

Pls arrange surveyor, refer attachments

Best Regards
Lim Kwok Eng
Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd
Tel. 6214-8355 / 6214-8156

From: Lim Kwok Eng
Sent: Wednesday, 10 July 2019 3:02 PM
To: General Claims; Ng, Sharon; Ngian, Kelvyna
Cc: Ng Nyuk Phin; Roger How Keen Meng
Subject: SHA9334C with your insured GW4195R

To Officer In Charge,

Pls arrange surveyor, refer attachments

Best Regards

Lim Kwok Eng

Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8355 / 6214-8156

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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This email has been checked for viruses by AVG antivirus software.

www.avg.com

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Nivitha (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Wednesday, 10 July 2019 3:16 PM
To: Admin A; Admin-D (LKKAuto)
Subject: TP survey : SHA9334C with your insured GW4195R
Attachments: img-710144357-0001.pdf

Hi team

Please conduct TP survey. Our insured has not report.

Thanks
Kelvyna

From: Lim Kwok Eng <limke@cdge.com.sg>
Sent: Wednesday, July 10, 2019 3:06 PM
To: General Claims <GeneralClaims@sg.gaig.com>; Ng, Sharon <Sharon.Ng@sg.gaig.com>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Cc: Ng Nyuk Phin <ngnp@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>
Subject: [External] Re: SHA9334C with your insured GW4195R

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To Officer In Charge,

Pls arrange surveyor, refer attachments

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Cc: Ng Nyuk Phin; Roger How Keen Meng
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To Officer In Charge,

Pls arrange surveyor, refer attachments

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Our Ref. 305310232

Date : 10/7/19

Time of Fax : _____

Via Fax : Email

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280

Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

→ Great American

Attn : Motor Claims Dept.

Dear Sirs

Your Insured : GW4195R

Date of Acc : 10/7/19

* 7 pages

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA9334C

Loyang
59 Loyang Drive
Singapore 508969

- 1 The client has engaged us to repair the vehicle and submit claims against the other party/parties involved in the accident.
- 2 In accordance to the motor claims framework, we hereby request your presence At 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.
- 3 Enclosed, please find :
 - I) Our initial estimate of repairs of the damaged vehicle.
 - II) Accident report made by our client.
- 4 I would appreciate it if you could call us to arrange for the survey of the vehicle

→ Lim Kwok Eng, Tel no. 62148355 or Hp no. 98240811
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176
Larry Ng Tel: 6214 8316

- 5 If we do not hear from you within the next 48 hours, we shall deem it that you have waived your rights to survey our client's vehicle and we shall proceed to engage Independent surveyor without further reference to you. We henceforth reserve our rights to claim for loss of use and loss of rental during any delayed period of this survey arrangement.
- 6 This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a Motor Surveyor appointed by the Insurance company.
- 7 Thank you.

Yours faithfully



for Vice President
Crash Repairs & Claims Recovery

A member of

COMFORTDELGRO



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	10/07/2019 13:35
Date Of Accident	10/07/2019 09:55
Exact Location Of Accident	ALONG HAVELOCK RD OUTSIDE SPC PETROL STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9334C
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAN WEE GIAP
NRIC No	S1235241G
Date Of Birth	02/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97954791
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 228 TAMPINES STREET 23 #03-287
Postcode	521228
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	SIDE SWIPE
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	GW4195R
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD RIDZUAN BIN RAMAN
NRIC/Passport Number	S7626767G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN WEE GIAP
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHA9334C
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.

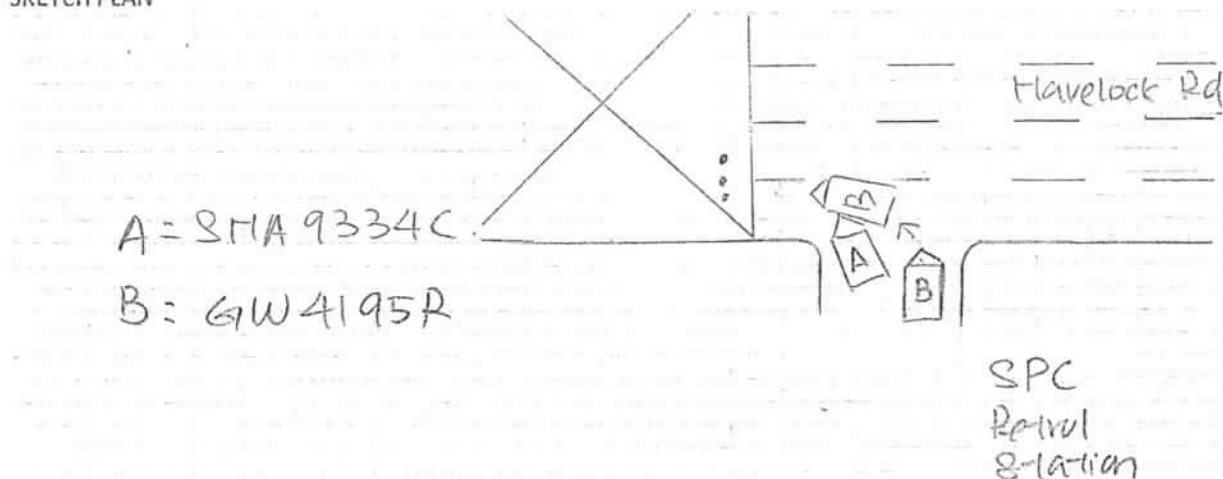
CITYCAB PTE LTD
CO. REG. NO. 190602339G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loke vwei Yeng**
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/7/19 at about 09:55 hrs, my taxi was stop at above said location wanted to turn left. Shortly traffic light turned to green, Veh B cut into my lane and it left portion hit & grazed onto the front right portion of my taxi. No passenger in my taxi. I suffered neck pain, will consult doctor later on.

DECLARATION

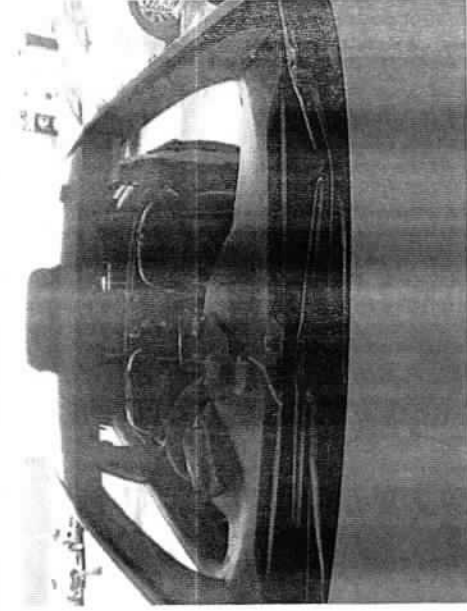
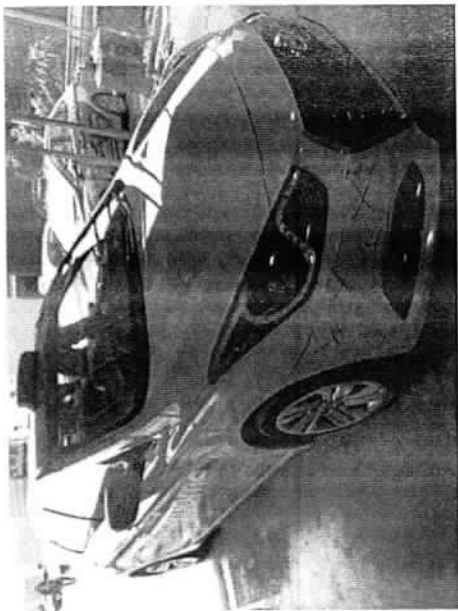
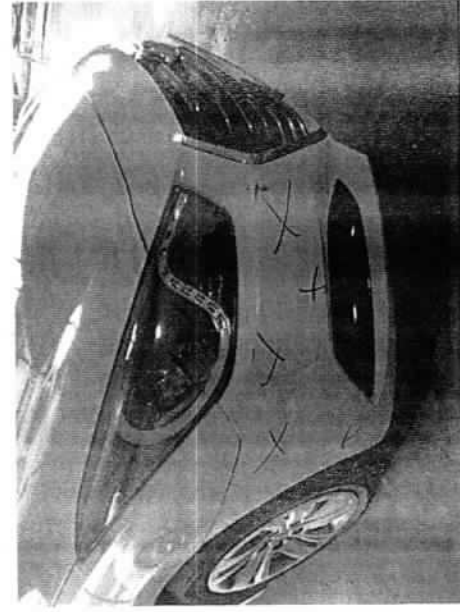
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 10/7/19
NRIC/FIN No.: Leila Wei Yiong



COMFORTDELGRO

Date/Time: 10.07.2019 14:37

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305310232

OMER

S CITYCAB PTE LTD

OMER NO. 7010070

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R) (O)
(P)

DUNT CARD NO.

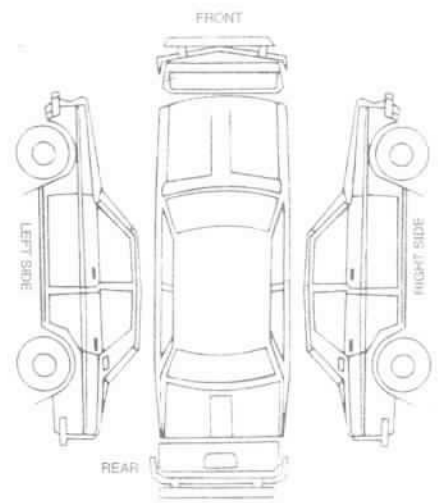
Great American

REGN NO.: SHA9334C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 10.07.2019 11:25
YR OF MANU 13.10.2016	TARGET DATE
CHASSIS CODE RMHLB41UMHU095350	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 10.07.2019
NATURE: 3P 10.07.2019/C

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHA9334C LKE

Vehicle No.: SHA9334C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9334C

DATE 10/7/2019 14:24

MAKE :

MODEL : HYUNDAI i40

Like - Great America

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille <i>X 14.0</i>			\$ 1,110.10
	Front Bumper Cover <i>X repair</i>			\$ 1,052.20
	Front Bumper Grille (RH) <i>X 5.0</i>			\$ 41.60
	Front Bumper Bracket Top (RH) <i>X 5.0</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>X 5.0</i>			\$ 24.60
	Headlamp (RH) <i>X 5.0</i>			\$ 1,388.00
	SUB TOTAL			\$ 3,638.90
	LESS 20%			\$ 727.78
	DISCOUNTED TOTAL			\$ 2,911.12
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring			\$ 50.00 <i>X 20</i>
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 3,661.12
<p><i>Ka hui 10/06/19</i></p> <p><i>10/7/19 1705L</i></p> <p><i>2 bps</i></p> <p><i>PIP</i></p> <p><i>After Repair pth</i></p> <div data-bbox="863 1473 1370 1892" data-label="Text"> <p>LES Auto Corporation is hereby notify the R. P. (Repairer) the following:</p> <ul style="list-style-type: none"> • To resurvey the car after spray painting • To deliver 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 • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

COMFORTDELGRO ENGINEERING

Our Job Ref No 305310232
Date : 20.07.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA9334C CCPL

Fax :

10.07.19

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

1. The repair job shall bill to: GREAT AMERICAN GW4195R
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$400.00
 - Total for Part-By-Part Repair Cost** \$400.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
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.

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

We confirm the estimates and finalized amount

Signature : 
Name : Kabin
Date : 23/7/19

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:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305310232
REGN NO : SHA9334C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 13.10.2016
DATE/TIME IN : 10.07.2019 11:25
ACCIDENT DATE : 10.07.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 400.00

CITY NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
GREAT AMERICAN INSURANCE COMPANY			Ref : CS/GAI19012216/K1vf3e2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190			Date : 23-07-2019	
			Code : GAI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GW 4195R	Veh. Inspected	SHA 9334C	
Policy No.		Coverage (\$)	0.00	
Claim No.	CLMOMVC000003690	Excess (\$)	0.00	
Assign From	KELVYNA NGIAN	Assign Date	10/07/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	KMHLB41UMHU095350	Colour	YELLOW	
Odometer	467379	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	7 mm	
L/H Front Tyre	205/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/07/2019	Inspection Date	10/07/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		

**LKK Auto Consultants Pte Ltd**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9334C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	RADIATOR GRILLE	TO REPAIR SEE LABOUR	1,110.10	-
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	HEADLAMP (RH)	SERVICEABLE	1,388.00	-
	LESS 20% DISCOUNT		-727.78	-
			2,911.12	-
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF RADIATOR GRILLE AND FRONT BUMPER COVER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING.	NOT NECESSARY	50.00	-
			750.00	400.00
	GRAND TOTAL		3,661.12	400.00
RECOMMENDED COST OF REPAIRS				400.00

Report Ref No. CS/GAI19012216/K1vf3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING**B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI**

Licensed Appraiser

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