

(08/11/13)

Surveyor: KalvinREF: CS/TMI 19010451/KLS 322

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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: SHB 35454 Yr Regn: 1724, 214

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

Truck / Trailer or

Make: Hyundai 2.0 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 814174 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB416ME4058002Gen. 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: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 30/8/19 D.O.I. 2/9/19Survey held at C/DHE (Loyang)

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

O/S Front

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

Date / Time	Action / Instruction
	SHB 3545 V - NA/TMI 19010451/KLS 322 D.O.A - 30/08/2019 To/K/S
	SKM 567K - NA/TMI 19010451/KLS 322 D.O.A - 30/08/2019 U/S
10/9/19	Contract L/S \$1850/2019.
	(\$ 1,838.28 Red - 50%)

RECEIVED 13 SEP 2019

Date/Time, File Pass to?

13/09/191) Typist

Date/Time, File Return to?

2) _____

☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Survey Fee: 290

Transportation: _____

S + RS, SI

Photos

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

11

261

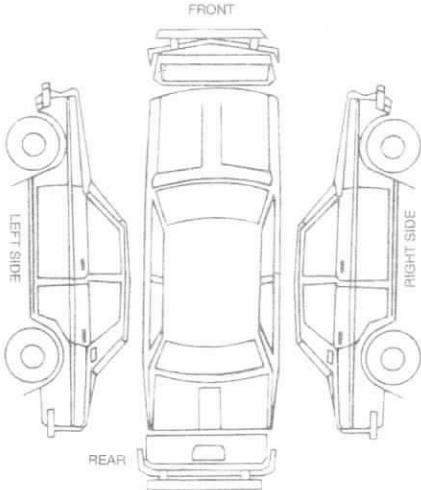
U/S \$1,850/-

Team: ARC Repair TP(CFSO)1		JOB CARD		Sales Order:		JC NO.: 305329146	
TOMER				REGN NO.: SHB3545U		MILEAGE	
MS CITYCAB PTE LTD				MAKE : HYUNDAI		FUEL	
TOMER NO. 7010070				MODEL I-40		E.....1/2.....F	
RESS 383 SIN MING DRIVE				YR OF MANU. 17.07.2014		DATE/TIME IN 30.08.2019 13:40	
Singapore SINGAPORE 575717				CHASSIS CODE KMHLB41UMEU058002		COMPLETION DATE/TIME:	
(R) 65551188 (O)							
(P)							
COUNT CARD NO.							

JOB DESCRIPTION

Accident Date: 30.08.2019
NATURE: 3P 30.08.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.: SHB3545U	CHIANG	Vehicle No.: SHB3545U	
Signature/Date		Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

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	30/08/2019 15:26
Date Of Accident	30/08/2019 12:00
Exact Location Of Accident	MIDDLE RD JUST AFETR BENCOOLEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3545U
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	YANG THYE CHONG
NRIC No	S0137986J
Date Of Birth	15/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1971
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97340882
Fax Number	
Contact Number	
EEmail Address	DAVIDYANG326@GMAIL.COM

Address	BLK 130 TAMPINES STREET 11 #08-326
Postcode	521130
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?	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)	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

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	SKM5627K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG HAIXIA
NRIC/Passport Number	
Contact Number	98372796
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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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. 199502F39G

Policyholder's Signature
Date & Time:


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

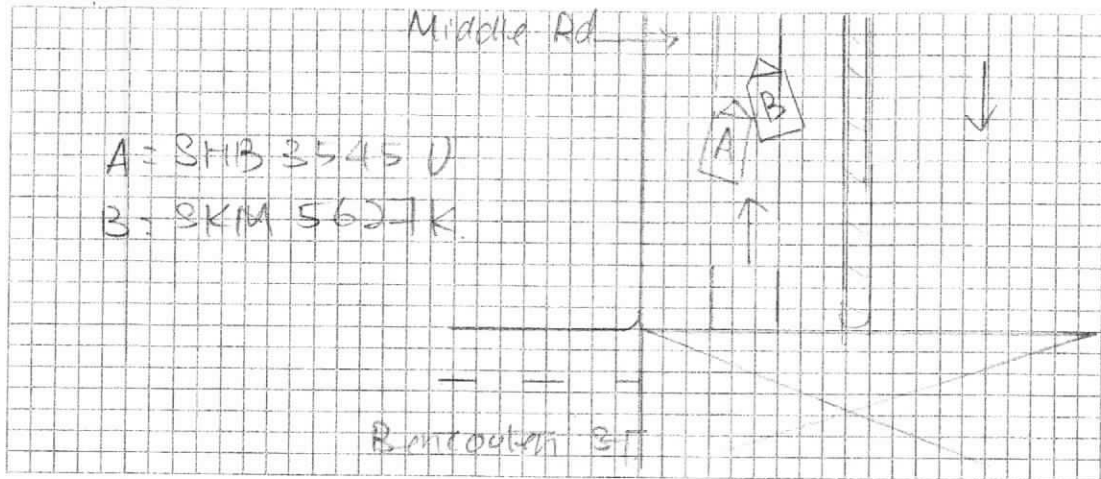
 30/8/19
Reporting Centre Personnel's Signature
Name: **Loke Wei Yiong**
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/8/19 at about 12:00 hrs, I was driving at above said location without pax. I switched on signal light to alert other road users of my intention then filtering to right hand side after checked traffic is clear. In the process, Ven B come out from extreme right lane and encroached into my lane. Ven B left rear portion hit & grazed onto the front right portion of my taxi. No injury at the point of accident.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502F39G

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.:

30/8/19
Loke Wei Yiang

GLA/MC SketchPlanForm_V3

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	30/08/2019
Vehicle Reg. No.:	SHB3545U	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	17/07/2014
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4DFU566466	Chassis No:	KMHLB41UMEU058002
Odometer:	814174 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	2,437.28
Miscellaneous Items	11.00
Labour	1,240.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,688.28
+ GST 7.00% (S\$)	258.18
Nett Amount (S\$)	3,946.46

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 30 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: ComfortDelGro Engineering Pte Ltd/SHB3545U/30/08/2019 18:02

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		*FRONT BUMPER COVER / <i>Cond</i>	20.00	0.00	*544.50 FL
2	1		*FRONT BUMPER GRILLE RH / <i>X cut</i>	20.00	0.00	*14.60 FL
3	1		*FRONT BUMPER CENTRE GRILLE / <i>X su</i>	20.00	0.00	*178.60 FL
4	1		*FRONT BUMPER BRAVKT TOP RH / <i>X su</i>	20.00	0.00	*22.40 FL
5	1		*FRONT BUMPER BRAVKT RH / <i>X su</i>	20.00	0.00	*24.60 FL
6	1		*HEADLAMP RH / <i>X su</i>	20.00	0.00	*1,388.00 FL
7	1		*FRONT FENDER RH / <i>X su</i>	20.00	0.00	*566.30 FL
8	1		*FRONT FENDER SHIELD RH / <i>X su</i>	20.00	0.00	*175.90 FL
9	1		*FRONT FENDER RETAINER RH / <i>X su</i>	20.00	0.00	*24.60 FL
10	1		*FRONT WHEEL HUB CAP RH / <i>hanged</i>	20.00	0.00	*107.10 FL
Sub Total (\$\$)						3,046.60
- List Item Discount on L Items (\$\$)						609.32
Total Parts (\$\$)						2,437.28

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHB3545U/30/08/2019 18:02. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 300
2	SPRAY PAINTING	New	600.00 400
3	WIRING	New	60.00 X 1
4	TUFF KOTE	New	90.00 X 1
5	FRT WHEEL ALIGNMENT	New	90.00 X 2
Gross Labour Cost (S\$)			1,240.00

ComfortDelGro Engineering Pte Ltd/SHB3545U/30/08/2019 18:02. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvin 1045
2/9/19 1045h.
2871
45
After Repair p Loh

LK's Auto Consultants hence notify 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
- Supplementary item(s) must be resurveyed
- is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Our Job Ref No : 305329146

Date : 05/09/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB3545U

30/08/2019

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

Z The repair job shall bill to: TOKIO SKM5627K

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

\$1,850.00

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Kalvin

Date : 10/9/19

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Aug 2019 Sendback Est	30 Aug 2019 18:02 S\$3,688.28	02 Sep 2019 09:56 Edit Adj Rpt	S\$1,850.00 Edit Estimates	S\$1,850.00 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS

Insured:	WANG HAIXIA , ID: S7960508E		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHB3545U	Date of Loss:	30/08/2019 12:00 - :59 [61 Months and 13 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1906719	Policy/Cover Note No.:	MT108301 Coverage: 08/10/2018 - 07/10/2019
Vehicle Reg. No. (Insured):	SKM5627K	Policy No. (Claimant):	
		Excess:	S\$0.00
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 Fiona Gan Bee Song - 65926378]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 11/09/2019]		
Adj Asg. Remarks:	OI HAS NOT RPT THE ACCDT		

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.									

Claim Documents

SHB3545U (M1906719)
[SKM5627K]
TP
CCPL
Aug 30 2019 12:00PM
[WANG HAIXIA]
ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View [View in Browser](#)

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	30/08/19 18:02	Repairer Estimates	1	Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
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18	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
19	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
20	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
21	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
22	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
23	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
24	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
25	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
26	03/09/19 08:53	General View	1	Load JPG	<input checked="" type="checkbox"/>
27	10/09/19 08:12	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
28	10/09/19 08:12	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
29	10/09/19 08:12	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
30	10/09/19 08:12	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
31	10/09/19 08:12	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
32	13/09/19 08:45	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
33	13/09/19 08:45	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
34	13/09/19 08:45	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	30/08/19 18:03	E-filed GIA report	1	Load PDF	

No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	03/09/19 15:05	03.09.19 - SHB3545U - Singapore Accident Statement	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/TMI19015451/K1SF3E2

Date: 01/10/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MT108301

Claimant SHB3545U

Insured Vehicle No: SKM5627K

Vehicle No: SHB3545U

Nature of Claim: TP

Claim No: M1906719

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB3545U

Make & Model: HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)

Engine No: D4FDFU566466

Reg. Date: 17/07/2014 (Man. Year: 2014)

Chassis No: KMHLB41UMEU058002

Colour: Yellow

Odometer: 814174 km

Engine Capacity: 1685 cc

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: Good

Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No

Pre-accident Condition:

Good

CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60 R16

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	2,437.28	1,643.36	793.92	32.57
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,240.00	700.00	540.00	43.55
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,688.28	2,354.36	1,333.92	36.17
Approved Total (Overridden) (S\$)		1,850.00		
(S\$)	3,688.28	1,850.00	1,838.28	49.84
+ GST 7.00/7.00% (S\$)	258.18	129.50	128.68	49.84
Nett Amount (S\$)	3,946.46	1,979.50	1,966.96	49.84

INSPECTION

Date of Assignment: 02/09/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 02/09/2019 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: Hiew May Fung

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 Oct 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, no print-code for SHB3545U)	
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		*FRONT BUMPER COVER	Cut	544.50 FL	*544.50 FL
2	1		*FRONT BUMPER GRILLE RH	Cut	14.60 FL	*14.60 FL
3	1		*FRONT BUMPER CENTRE GRILLE	Serviceable	178.60 FL	*- FL
4	1		*FRONT BUMPER BRAVKET TOP RH	Serviceable	22.40 FL	*- FL
5	1		*FRONT BUMPER BRAVKET RH	Serviceable	24.60 FL	*- FL
6	1		*HEADLAMP RH	Cracked	1,388.00 FL	*1,388.00 FL
7	1		*FRONT FENDER RH	Repair	566.30 FL	*- FL
8	1		*FRONT FENDER SHIELD RH	Serviceable	175.90 FL	*- FL
9	1		*FRONT FENDER RETAINER RH	Serviceable	24.60 FL	*- FL
10	1		*FRONT WHEEL HUB CAP RH	Grazed	107.10 FL	*107.10 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	3,046.60	2,054.20
- List Item Discount on L Items 20.00/20.00% (\$\$)	609.32	410.84
Total Parts (\$\$)	2,437.28	1,643.36

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	400.00	300.00
2	SPRAY PAINTING	New	600.00	400.00
3	WIRING	New	60.00	0.00
4	TUFF KOTE	New	90.00	0.00
5	FRT WHEEL ALIGNMENT	New	90.00	0.00
Gross Labour Cost (\$\$)			1,240.00	700.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >