

ASS. REC. BY:

REF: CS/TM1 19015709/KVf3

n2

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Rona Gun Pu Song of TM1 Date/Time: 5.9.19 10:15 a.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHD 3719A Insured: SJF 4114at Workshop m/s Comfordulgro Tel: 62148300of 59 Ioyang DrivePolicy No: MT 109634 Claim No: M1906879

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 3.9.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 5.9.19 10:33 a.m Person Contacted: Jumadi H.O.D. Endorsement: _____Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 3719A - CS / FCI 17005715 / Svke 2 DOA - 20/03/2017
	SJF 4114 - NA / DOI 14019619 / 11 DOA - 17/10/2017

(08/11/13)

Surveyor: KalvinREF: **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 NoGIA / PR Seen: Consistent? : Yes or NoEst. Repairs: days Res.: Yes or NoLum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHD 3719A Yr Regn: 8 Oct, 2018

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

Truck / Trailer or Make: Hyundai Zong c.c. 1500Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 160266 T/Radio: Insured / Std / NI / NAEng/No: C/No: KMHCB51CCKM114845

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: 195/65 R15R:

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

TOYO / YOKO or ParantiFront Rear R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 3/9/19 D.O.I. 5/1/19Survey held at C/DHE (Loyang)

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

Rear n/s

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

Date / Time	Action / Instruction
9/9/19	Check P/P \$955.20 / 2 Pgs. (Red 1204.44, 5690) To Kio P/P

RECEIVED 09 SEP 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 9/9 - typist

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: SI

Photos

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)

250

11

261

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Sep 2019 Sendback Est	04 Sep 2019 17:34 S\$2,159.74	05 Sep 2019 10:15 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	NGAI SOO CHIN, ID: S2568264E								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHD3719A	Date of Loss:	03/09/2019 21:00 - :59 [10 Months and 26 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1906879	Policy/Cover Note No.:	MT109634 (Comprehensive) Coverage: 15/11/2018 - 14/05/2020						
Vehicle Reg. No. (Insured):	SJF411Y	Policy No. (Claimant):	D-18088936MFSH						
		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]								
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 16/09/2019]								
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.									

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	04/09/2019 15:30
Date Of Accident	03/09/2019 21:20
Exact Location Of Accident	BUYONG RD TWDS CTE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3719A
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
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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LIM KIM BOON
NRIC No	S7033815G
Date Of Birth	25/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90605466
Fax Number	
Contact Number	
Email Address	REYLIM888@GMAIL.COM

Address	BLK 552 CHOA CHU KANG STREET 52 #05-41
Postcode	680552
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	SJF411Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE YONG ZHUANG
NRIC/Passport Number	
Contact Number	98262318
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE 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.
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.
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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.

COMPACT TRANSFORMATION PROJECT
DOI REG. NO. 19030382113

Policyholder's Signature
Date & Time:

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

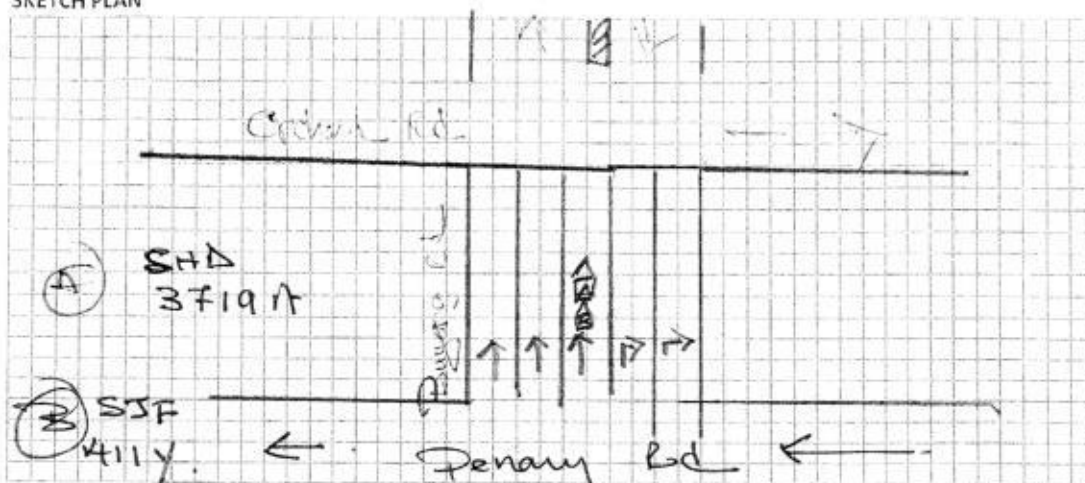
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA-AC Sketch Plan Form V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 3 SEP 2019 @ 2120 I VEH A

move out stop. Due to infract vehicle

stop. I VEH A also stop. Suddenly.

VEH B from the Beer lot VEH A Recv.

at the point of accident VEH A

Peny a female pax was injured.

DECLARATION

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

COMFORT TRANSPORTATION LTD
CO. REG. NO. 110303021R

Policyholder's Signature

Date & Time:

6/2/2019 10:00:00 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

J. N. Tan 4/9/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant
Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	03/09/2019
Vehicle Reg. No.:	SHD3719A	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	LIM KIM BOON		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	08/10/2018
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEJU111393	Chassis No:	KMHC851CVKU114845
Odometer:	160266 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Description of Accident/Loss	PLS REFER TO ATTACHED		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,298.74
Miscellaneous Items	11.00
Labour	850.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,159.74

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 04 Sep 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:** ComfortDelGro Engineering Pte Ltd/SHD3719A/04/09/2019 17:34**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	*REAR BUMPER <i>X rep</i>	20.00	0.00	*459.40 FL
2	1	*REAR BUMPER CENTRE MOLDING ASSY <i>— Pat</i>	20.00	0.00	*451.25 FL
3	1	*REAR BUMPER LOWER CENTRE MOLDING ASSY <i>X</i>	20.00	0.00	*47.50 FL
4	2	*REAR BUMPER STAY - RH/LH <i>X</i>	20.00	0.00	*276.20 FL
5	2	*REAR BUMPER SIDE BRACKET - RH/LH <i>X</i>	20.00	0.00	*66.20 FL
6	10	*REAR BUMPER CLIPS <i>— S</i>	20.00	0.00	*22.00 FL
7	1	*REAR LICENCE PLATE <i>X</i>	0	0.00	*25.00 FS
8	1	*REAR LICENCE PLATE CASING <i>X</i>	0	0.00	*30.00 FS
9	1	*REAR BUMPER REVERSE SENSOR <i>X</i>	0	0.00	*135.70 FS
10	1	*REAR BUMPER RUBBER MAT <i>X</i>	0	0.00	*50.00 FS

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

Sub Total (S\$)

1,563.25

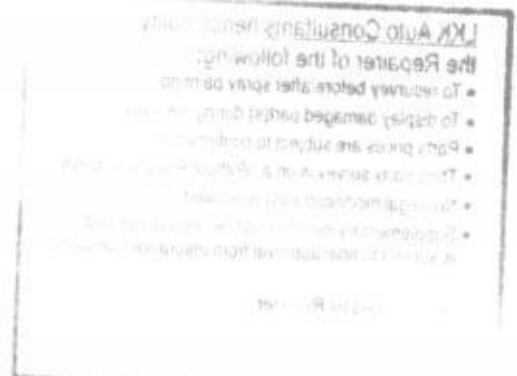
- List Item Discount on L Items (S\$)

264.51

Total Parts (S\$)

1,298.74

ComfortDelGro Engineering Pte Ltd/SHD3719A/04/09/2019 17:34. Not valid without Reference section.
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COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.09.2019

REPAIR ESTIMATE

Time: 10:05:12

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 : 305330283
REGN NO : SHD3719A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 08.10.2018
DATE/TIME IN : 04.09.2019 14:35
ACCIDENT DATE : 03.09.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

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

SUB-TOTAL : 514.30

JOB NATURE

0000 L	MERIMEN FEE	11.00
0001 PB	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0003 L	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 441.00

TOTAL : 955.30

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Our Job Ref No : 305330283

Date : 7. Sep. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3719A

Date of Accident: 3. Sep. 2019

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

1. The repair job shall bill to: TOKIO SJF411Y
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$514.30
 - (b) Labour Charges \$441.00
 - Total for Part-By-Part Repair Cost** \$955.30
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
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. We confirm the estimates and finalized amount

Signature : Name : Larry NgTel : 6214 8316Fax : 6546 8156Signature : Name : KelvinDate : 9/9/19

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

Remarks:

COMFORTDELGRO
ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Luyang Drive Singapore 508869
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
200 Ubi Road 3 Singapore 408720

24 Senoko Loop Singapore 758158
7 Sungai Kadul Way Singapore 728791
501 Yehun Industrial Park A Singapore 768731

Date/Time: 04.09.2019 17:04

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305330283

STOMER

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

VARs

REGN NO.: SHD3719A

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL: IONIQ(G2)

DATE/TIME IN
04.09.2019 14:35

YR OF MANU
08.10.2018

TARGET DATE

CHASSIS CODE
KMHC851CVKU114845

COMPLETION DATE/TIME:

SCOUNT CARD NO.

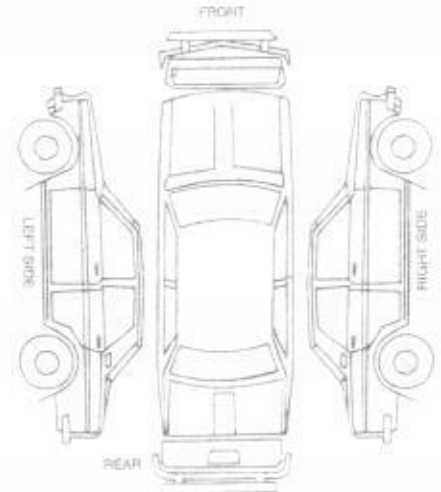
JOB DESCRIPTION

Accident Date: 03.09.2019
NATURE: 3P 03.09.2019

S/NO LABOR CODE

DESCRIPTION

TOKIO - Rear
LRR



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD3719A

LARRY

Vehicle No.:

SHD3719A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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/TMI19015709/K1VF3N2

Date: 13/09/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT109634
Claimant Vehicle No :	SHD3719A	Insured Vehicle No :	SJF411Y
Date of Loss:	03/09/2019	Nature of Claim:	TP
		Claim No:	M1906879

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD3719A	Engine No:	G4LEJU111393
Make & Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Chassis No:	KMHC851CVKU114845
Reg. Date:	08/10/2018 (Man. Year: 2018)	Odometer:	160266 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Davanti 9 mm	Rear Left Side:	Davanti 9 mm
Front Right Side:	Davanti 9 mm	Rear Right Side:	Davanti 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,298.74	514.30	784.44	60.40
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	850.00	430.00	420.00	49.41
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,159.74	955.30	1,204.44	55.77
+ GST 7.00/7.00% (S\$)	151.18	66.87	84.31	55.77
Nett Amount (S\$)	2,310.92	1,022.17	1,288.75	55.77

INSPECTION

Date of Assignment:	05/09/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	05/09/2019	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: 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 Sep 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 SHD3719A)	
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	Repair	459.40 FL	*- FL
2	1	*REAR BUMPER CENTRE MOLDING ASSY	Deformed	451.25 FL	*451.25 FL
3	1	*REAR BUMPER LOWER CENTRE MOLDING ASSY	Serviceable	47.50 FL	*- FL
4	2	*REAR BUMPER STAY - RH/LH	Serviceable	276.20 FL	*- FL
5	2	*REAR BUMPER SIDE BRACKET - RH/LH	Serviceable	66.20 FL	*- FL
6	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
7	1	*REAR LICENCE PLATE	Serviceable	25.00 FS	*- FS
8	1	*REAR LICENCE PLATE CASING	Serviceable	30.00 FS	*- FS
9	1	*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
10	1	*REAR BUMPER RUBBER MAT	Not Necessary	50.00 FS	*- FS

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

Sub Total (\$\$)	1,563.25	608.95
- List Item Discount on L Items 20.00/20.00% (\$\$)	264.51	94.65
Total Parts (\$\$)	1,298.74	514.30

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING	New	300.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	100.00	30.00
Gross Labour Cost (\$\$)			850.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >