

ASS. REC. BY:

REF: CS/SMD19016618/K19f3

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Irene Bonus Hum of SMD Date/Time: 20.9.19 10.40a.m

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SHB 3676 A Insured: PBG 1737 Mat Workshop m/s Comfortdelgro Tel: 6148300of 5910yang DrivePolicy No: D19mtmc 01006619 Claim No: (msb) 1904410

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 18.9.19  
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 20.9.19 10.51a.m Person Contacted: Jumadi H.O.D. Endorsement: \_\_\_\_\_Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 3676A - CS3 / FC1 18013576 / Gcd1352 D.O.A - 04/10/2018
	PBG 1737M-X
	23/9/19 @ 2pm revised to Irene via Messenger.

(08/11/13)

Surveyor: Kelvin

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: 3 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 3676A Yr Regn: 10 July, 2019

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

Truck / Trailer or

Make: Yamaha Zing C.C. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 28462 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HC851 CKK 164766

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: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Front Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 18/9/19 D.O.I. 20/9/19Survey held at C/DHE (Loyang)

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

Rear.

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

Date / Time	Action / Instruction
30/9/19	Check PIP \$4982.26 / 3 Reps. (Red 03080.72, 381.) Somp P/P

RECEIVED 16 OCT 2019

Date/Time, File Pass to?

☐ : Prel. Report1) 08/10 14:14☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS: SI

Photos

250

11

261

Note: This document has not been finalised.

**LKK Auto Consultants Pte Ltd** (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: Somp Insurance Singapore Pte. Ltd.  
50 Raffles Place  
#05-01/06, Singapore Land Tower  
Singapore 048623

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: IRENE JAMES HENRY

Date: 23 Sep 2019

**Preliminary Advice**

Insured Vehicle No	: FBQ1737M	Accident Date	: 18/09/2019
TP Vehicle No	: SHB3676A	Assignment Date	: 20/09/2019
Make	: HYUNDAI IONIQ HYBRID	Est. Duration of Repair	: 3.00
Date of Inspection	: 20/09/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

**Point of Impact / General Description of Damages**

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

Repairer's Estimate (Gross)	:S\$	7,910.66
Revised Amount	:S\$	4,925.14
Check Items (Estimated)	:S\$	636.00
Total	:S\$	5,561.14

Lump Sum Repair	:S\$	
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**Total Loss Consideration**

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

**Remarks**

- ( ) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- ( ) The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- ( ) Other comments :

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Sep 2019		20 Sep 2019 10:40 Assign				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	MUHAMMAD HAFIZ BIN ROSLI, ID: S9633919D, Tel: +6596520425, Email: md.hafiz1996@gmail.com								
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G								
Vehicle Reg. No.:	SHB3676A	Date of Loss:	18/09/2019 21:00 - :59						
Claim Type:	TP / CMTD1904410	Policy/Cover Note No.:	D19MTMC01006619 (TP, Fire & Theft)						
Vehicle Reg. No. (Insured):	FBQ1737M	Policy No. (Claimant):							
		Excess:							
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by IRENE JAMES HENRY - 6322 4618]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 01/10/2019]								
Driver/Custodian (Insured):	MUHAMMAD HAFIZ BIN ROSLI (22 / Male), NRIC: S9633919D, Tel: +6596520425 Email: md.hafiz1996@gmail.com								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;">View All Compose Case Mail</span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;">View All Search Tasks Create New Task Complete</span>									
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	19/09/2019 10:55
Date Of Accident	18/09/2019 20:55
Exact Location Of Accident	SLE TWDS BKE BEFORE WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3676A
<b>Insured/Policyholder</b>	
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	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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	TAN HOON KANG
NRIC No	S1689463Z
Date Of Birth	30/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97926476
Fax Number	
Contact Number	
Email Address	HKTANLIM@GMAIL.COM

Address	BLK 707 YISHUN AVENUE 5 #04-30
Postcode	760707
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
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: : MALE

#### 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	FBQ1737M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD HAFIZ BIN ROSLI
NRIC/Passport Number	
Contact Number	96520425
Address	
Postcode	
Insurance Company Name	SOMPO INSURANCE SINGAPORE PTE. LTD.
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN HOON KANG
Approximate Age	54
Injuries Sustain	NECK SPRAIN
Injured person in which vehicle?	SHB3676A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### 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.

CITYCAR PTE LTD.  
CO. REG. NO. 199402839G

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: **Loke Wai Yiong**  
NRIC/FIN No.:

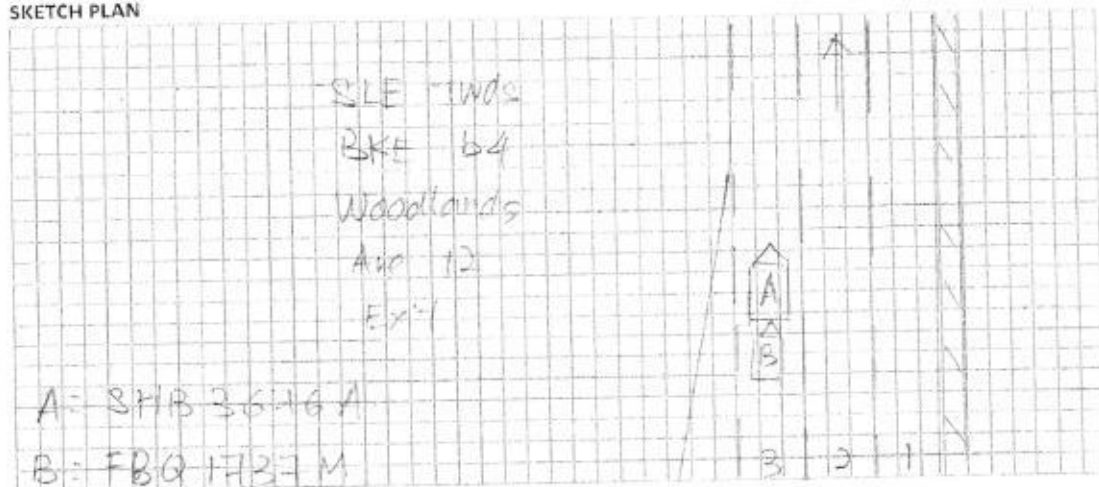
GIA/MAC SketchPlanForm\_V3





# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/9/19 at about 20:55 hrs, I Vch A was driving at above said location with a male passenger onboard. Shortly vehicle in front brake to stop and I follow suit. A few second later, I felt an impact from behind followed by a jerk. I went down to have a check and found Vch B front portion collided. I suffered neck sprain, will consult doctor later. Scene photo taken to support claim. My taxi sustained badly damage including rear windscreen.

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502E39G

Policyholder's Signature  
Date & Time:

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

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

NRIC/FIN No. (If not the policyholder)

Team: ARC Repair TP(CFSO)1  
TOMER  
AS CITYCAB PTE LTD  
TOMER NO. 7010070  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

### JOB CARD

Sales Order: 3954987 JC NO.: 305334479

OUNT CARD NO.

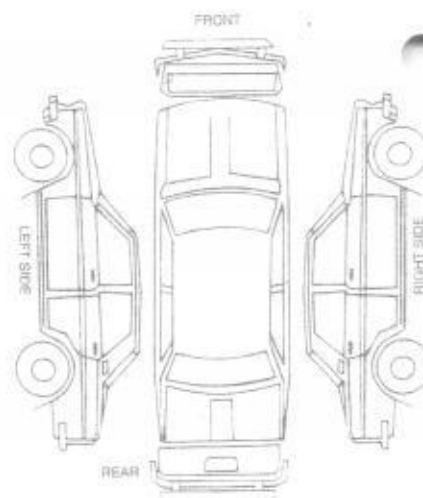
REGN NO.: <b>SHB3676A</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>IONIQ(G2)</b>	DATE/TIME IN <b>18.09.2019 20:55</b>
YR OF MANU. <b>10.07.2019</b>	TARGET DATE
CHASSIS CODE <b>KMHC851CVKU164766</b>	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 18.09.2019  
NATURE: 3P 18.09.19

S/NO LABOR CODE  
000010 23-01

DESCRIPTION  
TOWING FEE



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: SHB3676A JU SOMPO

Vehicle No.: SHB3676A

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 3676A

DATE 19/9/2019 11:10

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 2,480.40
	Boot Lid Rubber			\$ 127.40
	Boot Lid Lock Upper			\$ 224.00
	Boot Lid 'H' Emblem			\$ 28.00
	Emblem -Hybrid			\$ 24.30
	Emblem -Ioniq			\$ 31.30
	Boot Lid Glass, Lower			\$ 384.90
	Boot Lid Lamp (LH/RH)		\$ 794.40	\$ 1,588.80
	Rear Bumper			\$ 459.40
	Rear Bumper Reinforcement			\$ 294.80
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 138.10	\$ 276.20
	Rear Bumper Centre Moulding Assy			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy			\$ 47.50
	Rear Bumper Stay			\$ 138.10
	Rear Bumper Side Bracket (LH/RH)		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips			\$ 22.00
	Rear Windscreen Glass			\$ 607.20
	Rear Windscreen Moulding			\$ 28.20
	Rear Bootlid Top Spoiler			\$ 665.40
	<b>SUB TOTAL</b>			<b>\$ 7,279.95</b>
	<b>LESS 20%</b>			<b>\$ 1,455.99</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 5,823.96</b>
	Boot Lid City Cab Logo & Tel No. Sticker			\$ 30.00 <b>Nett</b>
	Rear No. Plate			\$ 25.00 <b>Nett</b>
	Rear No. Plate Trim Cover			\$ 30.00 <b>Nett</b>
	Rear Bumper Reverse Sensor			\$ 135.70 <b>Nett</b>
	Rear Windscreen Sealant			\$ 46.00 <b>Nett</b>
	<b>Labour Charge</b>			<b>\$ 266.70</b>
	Panel Beating			\$ 480
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 500.00
	Tuff Kote			\$ 50.00
	Remove/Refix Rear Windscreen Glass			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	<b>TOWING</b>			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,440.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 7,530.66</b>

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.

812298



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>18/09/19</u> Time Received: <u>1000</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>MR TAN</u> Contact No.: <u>9792 6476</u> Vehicle No.: <u>SHB 3676A</u> Make / Model / Colour: <u>HYUNDAI IONIQ</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

7. Location: <u>WOODLANDS HEIGHTS</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 #: Cracked X: Dented /: Scratched O: Missing <u>[Signature]</u> Signature of Customer
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Job Attended	
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> SAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>Nagel</u> Vehicle No.: <u>YV 6230T</u> Time Dispatch: <u>8:15 AM</u> Time of Arrival: <u>00:20 AM</u> Time Completed: _____	

Cash Invoice Details (if applicable)
13. Cash Invoice No.: _____

Customer Acknowledgement		
1. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. 2. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. 3. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
<u>18/09/19</u> Date	<u>00:20 AM</u> Time	<u>[Signature]</u> Signature of Customer

14. WORKSHOP		
Name of Attending Staff/Guard: _____	Date & Time of Arrival: _____	Signature of Attending Staff/Guard: _____

TYPE OF CASE : SOMPO

SURVEY BY : LKK – KALVIN

DATE : \_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 28.09.2019  
Time: 09:19:00  
Page: 1

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

JOB NO : 305334479  
REGN NO : SHB3676A  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 10.07.2019  
DATE/TIME IN : 18.09.2019 20:55  
ACCIDENT DATE : 18.09.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2256-G	IONIQVC PANEL ASSY-TAIL G	1	2,480.40	25.00	1,860.30
0002	04-01-0104-2257-G	IONIQ GLASS ASSY-TAIL GAT	1	384.90	25.00	288.67
0003	04-01-0104-2258-G	IONIQ GLASS ASSY-TAIL GAT	1	607.20	25.00	455.40
0004	04-01-0104-2270-G	IONIQ EMBLEM-HYBRID	1	24.30	25.00	18.22
0005	04-01-0104-2271-G	IONIQ EMBLEM-IONIQ	1	31.30	25.00	23.47
0006	28-01-0103-0009-A	(140)REAR BOOT LOGO CCTPL	1 N	15.00	2.50-	15.00
0007	28-01-0103-0010-A	(140)REAR BOOT TEL NUMBER	1 N	15.00	0.25	15.00
0008	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	25.00	338.44
0009	04-01-0104-2403-G	IONIQVC SPOILER-RR	1	665.40	25.00	499.05
0010	FNPS	NO PLATE(S)with casing	1 N	55.00	2.50-	55.00
0011	04-01-0104-2380-G	IONIQ LATCH ASSY-TAIL GAT	1	224.00	25.00	168.00
0012	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	2.50-	135.70

SUB-TOTAL : 3,872.25

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 28.09.2019  
Time: 09:19:00  
Page: 2

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

JOB NO : 305334479  
REGN NO : SHB3676A  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 10.07.2019  
DATE/TIME IN : 18.09.2019 20:55  
ACCIDENT DATE : 18.09.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 23-01	TOWING FEE			60.00		
0001 PB	PANEL BEATING			480.00		
0002 SP	SPRAYPAINT CHARGE			400.00		
0003 17-01	CHECK ALL LIGHTING			20.00		
0004 20-00	TUFF COAT ON AFFECTED PARTS.			20.00		
0005 L	REMOVE/REFIX REVERSE SENSOR			30.00		
0006 L	REMOVE/REFIX REAR WINDSCREEN			100.00		
SUB-TOTAL :						1,110.00
TOTAL :						4,982.25

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No 30534479  
Date 28/09/2019

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHB3676A

Fax :  
305333809 18/09/2019

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

1. The repair job shall bill to: SOMPO --- FBQ1737M  
###
2. The finalized amount shall be:
 

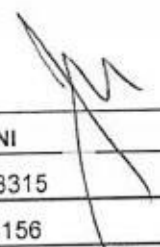
(a) Spare Parts after List discount		\$3,872.26 <sup>6</sup>
(b) Labour Charges	###	\$1,110.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$4,982.26<sup>6</sup></b>
	###	
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		
<b>Final Lumpsum Repair cost</b>		


3. Estimated normal period for repairs: 3 working days

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :   
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : K9/n2  
Date : 30/9/19

### 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:

\_\_\_\_\_  
\_\_\_\_\_



## 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/SMO19016618/K1QF3N2  
Date: 08/10/2019

## REFERENCE

Handling Insurer: Sompo Insurance Singapore Pte. Ltd.  
Claimant Vehicle No: SHB3676A  
Date of Loss: 18/09/2019  
Policy No: D19MTMC01006619  
Insured Vehicle No: FBQ1737M  
Nature of Claim: TP  
Claim No: CMTD1904410

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHB3676A  
Make & Model: HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)  
Reg. Date: 10/07/2019 (Man. Year: 2019)  
Colour: Yellow  
Engine Capacity: 1580 cc  
Market Value/New Car Price: N/A  
Sum Insured (S\$): Market Value/New Car Price  
Engine No: G4LEKU298145  
Chassis No: KMHC851CVKU164766  
Odometer: 28462 km

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes  
Handbrake (Serviceable): Yes Engine Modification: No  
Footbrake (Serviceable): Yes  
Pre-accident Condition:

## CONDITION OF TYRES

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

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,622.98	3,872.26	2,750.72	41.53
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,500.00	1,110.00	390.00	26.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>8,122.98</b>	<b>4,982.26</b>	<b>3,140.72</b>	<b>38.66</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>568.61</b>	<b>348.76</b>	<b>219.85</b>	<b>38.66</b>
<b>Nett Amount (S\$)</b>	<b>8,691.59</b>	<b>5,331.02</b>	<b>3,360.57</b>	<b>38.66</b>

## INSPECTION

Date of Assignment: 20/09/2019  
Date Inspected: 20/09/2019 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)  
59 Loyang Drive  
Singapore 508969

Estimated Period of Repair: 3.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: SHIAU CHAN

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 04 Oct 2019)	
<b>Parts:</b> 192	HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)	
<b>Labour:</b> Repairer's	(Price-denominated Standard List)	
<b>Print Code:</b>	(Unsubmitted, no print-code for SHB3676A)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BOOT LID	Buckled	2,480.40 FL	*2,480.40 FL
2	1		*BOOT LID RUBBER	Serviceable	127.40 FL	*- FL
3	1		*BOOT LID LOCK UPPER	Cracked	224.00 FL	*224.00 FL
4	1		*BOOT LID H EMBLEM	Not Necessary	28.00 FL	*- FL
5	1		*EMBLEM-HYBRID	Necessary	24.30 FL	*24.30 FL
6	1		*EMBLEM-IONIQ	Necessary	31.30 FL	*31.30 FL
7	1		*BOOT LID GLASS, LOWER	Shattered	384.90 FL	*384.90 FL
8	2		*BOOT LID LAMP (LH/RH)	Serviceable	1,588.80 FL	*- FL
9	1		*REAR BUMPER	Repair	459.40 FL	*- FL
10	1		*REAR BUMPER REINFORCEMENT	Serviceable	294.80 FL	*- FL
11	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	276.20 FL	*- FL
12	1		*REAR BUMPER CENTRE MOULDING ASSY	Cracked	451.25 FL	*451.25 FL
13	1		*REAR BUMPER LOWER CENTRE MOULDING ASSY	Repair	47.50 FL	*- FL
14	1		*REAR BUMPER STAY	Serviceable	138.10 FL	*- FL
15	2		*REAR BUMPER SIDE BRACKET (LH/RH)	Serviceable	66.20 FL	*- FL
16	10		*REAR BUMPER COVER CLIPS	Not Necessary	22.00 FL	*- FL
17	1		*REAR WINDSCREEN GLASS	Cut	607.20 FL	*607.20 FL
18	1		*REAR WINDSCREEN MOULDING	Not Necessary	28.20 FL	*- FL
19	1		*REAR BOOTLID TOP SPOILER	Cracked	665.40 FL	*665.40 FL
20	1		*BOOT LID CITY CAB LOGO & TEL NO STICKER	Necessary	30.00 FS	*30.00 FS
21	1		*REAR NO PLATE	Missing	25.00 FS	*25.00 FS
22	1		*REAR NO PLATE TRIM COVER	Cracked	30.00 FS	*30.00 FS
23	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
24	1		*REAR WINDSCREEN SEALANT	Not Necessary	46.00 FS	*- FS

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

<b>Sub Total (\$\$)</b>	<b>8,212.05</b>	<b>5,089.45</b>
<b>- List Item Discount on L Items 20.00/25.00% (\$\$)</b>	<b>1,589.07</b>	<b>1,217.19</b>
<b>Total Parts (\$\$)</b>	<b>6,622.98</b>	<b>3,872.26</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	600.00	480.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	WIRING CHARGE	New	50.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	100.00
6	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
7	TOWING	New	60.00	60.00
Gross Labour Cost (\$\$)			1,500.00	1,110.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >