

Surveyor: Kalvin

## ASSIGNMENT (Office)

From (Person): Hwang Shiang Yi of SMO Date/Time: 20/09/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 2840T Insured: PC 7994E

at Workshop n/a Comfort DelGro Engineering Pte Ltd Tel: 6214 8300  
of 59 Loyang Drive

Policy No: D19MTSCBU00165 Claim No: CMTD1909418

Sum Insured: Excess:

Make of Veh: D.O.A. 19/09/2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 05:38pm @ 20/09/2019 Person Contacted: Jumaadi Vehicle IN/OUT

| Date/Time | Action/Instruction (✓) Estimate                    |
|-----------|--|
|           | PC 7994E: X  |
|           | SHC 2840T: CC3/EG219010245/K2gn3 D.O.A. 09/06/2019 |

24/9. Submit preli advise via menmen

Quenyer: 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: \_\_\_\_\_ 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: SHC 2840 T Yr Regn: 24 Apr, 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1600Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 356265 T/Radio: Insured / Std / NI / NA

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

C/No: KMHCB414M64 086672

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 A/Rim or

Tyre Size; F: 205/60R16

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

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

TOYO / YOKO or HaruhFront 7 mm Rear 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 19/9/19 D.O.I. 23/9/19Survey held at C/DHE (Loyang)

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

n/s Front

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

| Date / Time | Action / Instruction                                 |
|-------------|--|
| 26/9/19     | Lat 1/3 & 330 / 2870. (Red: 1568.35; 31%) Soap<br>41 |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |

RECEIVED 2 SEP 2019

Date/Time, File Pass to?

1) 26/9 Typist ☐ : Prel. Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ - RS. \$1

Photos

250

11

33501-

261

# 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: Sompoo 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: Hwang Shiang Yi

Date: 24 Sep 2019

## Preliminary Advice

|                    |   |                         |              |
|--------------------|---|-------------------------|--------------|
| Insured Vehicle No | : PC7994E   | Accident Date           | : 19/09/2019 |
| TP Vehicle No      | : SHC2840T  | Assignment Date         | : 20/09/2019 |
| Make               | : HYUNDAI I40   | Est. Duration of Repair | : 2.00       |
| Date of Inspection | : 23/09/2019  |                         |              |
| Inspection At      | : COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                         |              |

### Point of Impact / General Description of Damages

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

|                             |      |          |
|-----------------------------|------|----------|
| Repairer's Estimate (Gross) | :S\$ | 4,047.84 |
| Revised Amount              | :S\$ | 3,146.18 |
| Check Items (Estimated)     | :S\$ | 0.00     |
| Total                       | :S\$ | 3,146.18 |

Lump Sum Repair :S\$

### 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.
- ( X ) Other comments : Survey on "WP"

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

| CLAIM SUBFOLDER TRACKING |             |               |                                |         |               |            |  |
|--------------------------|-------------|---------------|--------------------------------|---------|---------------|------------|--|
| Case                     | Notified    | Est Submitted | Adj Assigned                   | Adj Rpt | Adj Submitted | Ins Auth'd | Status   |
| Main                     | 20 Sep 2019 |               | 20 Sep 2019<br>16:35<br>Assign |         |               |            | <b>New Assignment</b><br><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:  | DIAMOND COACH SINGAPORE PTE LTD, Co. Reg. No.: 201829503C  |                        |                                    |          |         |             |              |            |       |
| Main Claimant:  | COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R   |                        |                                    |          |         |             |              |            |       |
| Vehicle Reg. No.:   | SHC2840T   | Date of Loss:          | 19/09/2019 19:00 - :59             |          |         |             |              |            |       |
| Claim Type:   | TP / CMTD1904418   | Policy/Cover Note No.: | D19MTSCBU000165<br>(Comprehensive) |          |         |             |              |            |       |
| Vehicle Reg. No. (Insured):   | PC7994E  | 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 Hwang Shiang Yi - 6329 5205] |                        |                                    |          |         |             |              |            |       |
| Adjuster:   | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 01/10/2019]                      |                        |                                    |          |         |             |              |            |       |
| Driver/Custodian (Insured):   | PANG KIA SENG (), NRIC: S1113956F, Tel: +6581387801 Email: -   |                        |                                    |          |         |             |              |            |       |
| <b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>   |  |                        |                                    |          |         |             |              |            |       |
| There are no mail for this case.  |  |                        |                                    |          |         |             |              |            |       |
| <b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span> |  |                        |                                    |          |         |             |              |            |       |
| Due Date  | Priority   | Type                   | Task Group                         | Subject  | Handler | Assigned By | Completed On | Created On | Done? |
| No results.   |  |                        |                                    |          |         |             |              |            |       |

TP SURVEY - SHC2840T DOA : 19.09.2019 OUR REF : CMTD1904418/SYH

Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>

Fri 20/9/2019 4:34 PM

(fn)

To: Lim Tien Siong <limts@cde.com.sg>

Cc: Henry, Irene James <irene.henry@sompo.com.sg>; Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>

WARNING: This email originated from an external party outside ComfortDelGro. Sender of this email could not be validated and name in the "From" field may be forged.

Our ref : CMTD1904418/SYH

Dear Tien Siong,

We refer to your fax dated 19.09.2019.

We will appoint LKK Auto to conduct the survey.

Thank you.

Best Regards

Melvin Ye

Claims Division

D: 6322 4667 | T: 6461 6555 | F: 6221 3302



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## 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             | 20/09/2019 11:15                               |
| Date Of Accident           | 19/09/2019 19:20                               |
| Exact Location Of Accident | FAIRMOUNT HOTEL SLIP RD TWDS SWISSHOTEL LOBBY. |
| Country/State of Loss      | SINGAPORE                                      |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC2840T                       |
| <b>Insured/Policyholder</b> |                                |
| 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  | 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-18088936MFSH                 |
| Cover Note Number         |                                |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | NG BOON BENG           |
| NRIC No              | S0203581B              |
| Date Of Birth        | 12/09/1954             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 23/09/1974             |
| Driving Experience   | 44 YEARS AND 11 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-91083581   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | NOEMAIL                |

|   |  |
|---|--|
| Address   | BLK 902 JURONG WEST STREET 91<br>#07-113 |
| Postcode  | 640902                                   |
| 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)   | 4                             |
| Passenger 1   | NAME: : -<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : -<br>GENDER: : FEMALE |
| Passenger 3   | NAME: : -<br>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

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 | PC7994E       |
| Vehicle Make/Model/Colour   | PRIVATE BUS   |
| Details Of Properties       |               |
| Vehicle Category            | BUS           |
| Name of Driver              | PANG KIA SENG |

NRIC/Passport Number

S1113956F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RH REAR

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.
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:

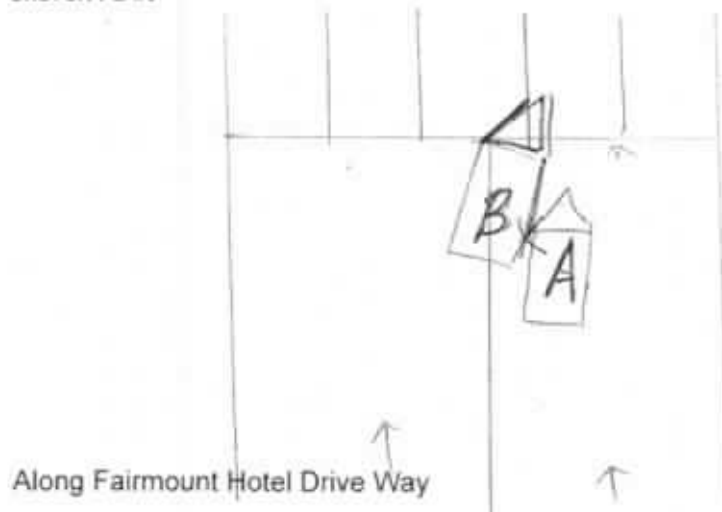
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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.:

## SKETCH PLAN



A- SHC 2840T  
B- PC 7994E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19.09.2019 @ 1920hrs I was travelling along Fairmount Hotel Drive Way with 3 female passengers onboard.

As I was approaching the pedestrian crossing I stopped and gave way to pedestrians.

Suddenly Veh(B) PC 7994E cut into my lane and hit onto my vehicle front left portion.

I have company video and photo at scene to support my claims .

No injury in the accident.

Veh(B) PC 7994E - MR Pang Kia Seng

## DECLARATION

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

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 20.09.2019@1030HRS

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

*[Signature]*  
19/9

## REPAIR ESTIMATE\*

MAKE :

**MODEL : HYUNDAI i40**

**DATE 20/9/2019**

LKK-Kalvin.

CFR 1200

| Qty | Parts Description/ Labour           | Type           | Unit Price | Amount               |
|-----|-------------------------------------|----------------|------------|----------------------|
|     | Front Bumper Cover / ca             |                |            | \$ 1,052.20          |
|     | Front Bumper Bracket (LH) / ca      |                |            | \$ 24.60             |
|     | Headlamp (LH) / ca                  |                |            | \$ 1,388.00          |
|     | Front Fender (LH) / Bubble          |                |            | \$ 663.00            |
|     | Front Fender Shield (LH) x 2 / hood |                |            | \$ 174.90            |
|     | Front Wheel Hub Cap (LH) / hood     |                |            | \$ 107.10            |
|     | Head lamp (RH) / ca                 |                |            | \$ 128               |
|     | SUB TOTAL                           |                | 4799.30    | \$ 3,409.80          |
|     | LESS 20% DISCOUNT                   | 25%            |            | \$ 681.96            |
|     | DISCOUNTED TOTAL                    |                | 3597.35    | \$ 2,727.84          |
|     | Labour Charge                       | K. Linc (CCC)  |            | 280                  |
|     | Panel Beating                       | 23/9/19 11.05h |            | \$ <del>600.00</del> |
|     | Spray Painting Charge               | 2 hrs          |            | \$ <del>500.00</del> |
|     | Wiring Charge                       | 4/5            |            | \$ <del>50.00</del>  |
|     | Tuff Kote                           |                |            | \$ <del>50.00</del>  |
|     | FRT Wheel Alignment                 |                |            | \$ <del>120.00</del> |
|     | #280 / Day After Repair             |                |            |                      |
|     | TOTAL LABOUR                        |                |            | \$ 1,320.00          |
|     | ESTIMATE TOTAL                      |                |            | \$ 4,047.84          |

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.

[illegible]

Date/Time: 20.09.2019 11:44 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305334765

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

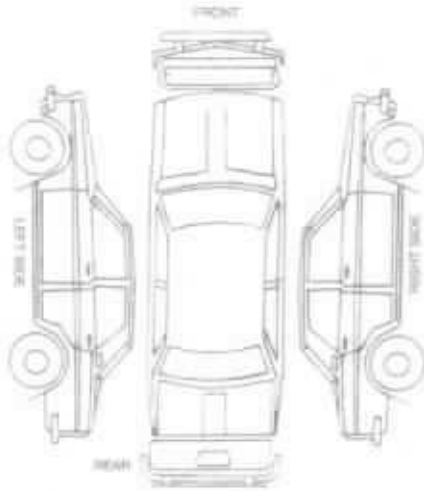
|                                 |                                  |
|---------------------------------|----------------------------------|
| REGN NO.: SHC2840T              | MILEAGE                          |
| MAKE: HYUNDAI                   | FUEL<br>E 1/2 F                  |
| MODEL: I-40                     | DATE/TIME IN<br>19.09.2019 20:20 |
| YR OF MANU: 24.03.2016          | TARGET DATE                      |
| CHASSIS CODE: KMHLB41UMGU086672 | COMPLETION DATE/TIME             |

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 19.09.2019  
NATURE: 3P 19.09.19

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

SHC2840T

LIMITS

Vehicle No.:

SHC2840T

Service Advisor

Signature/Date

Name of Service Advisor

Date

Our Job Ref No : 305334765

Date : 25/09/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC2840T

Date of Accident : 19-Sep-19

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

1. The repair job shall bill to: SOMPO --- PC7994E

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: 20%

Final Lumpsum Repair cost

\$3350.00

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 amountSignature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 26/9/19

## 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                               |        | NO                          |                        |         |
| 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/SMO19016706/K1TF3N2

Date: 30/09/2019

## REFERENCE

|                       |                                     |                      |                 |
|-----------------------|-------------------------------------|----------------------|-----------------|
| Handling Insurer:     | Sompo Insurance Singapore Pte. Ltd. | Policy No:           | D19MTSCBU000165 |
| Claimant Vehicle No : | SHC2840T                            | Insured Vehicle No : | PC7994E         |
| Date of Loss:         | 19/09/2019                          | Nature of Claim:     | TP              |
|                       |                                     | Claim No:            | CMTD1904418     |

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

|                             |                              |             |                   |
|-----------------------------|------------------------------|-------------|-------------------|
| Reg No:                     | SHC2840T                     | Engine No:  | D4FDFU605714      |
| Make & Model:               | HYUNDAI I40, 2.0 GDi (A)     | Chassis No: | KMHLB41UMGU086672 |
| Reg. Date:                  | 24/03/2016 (Man. Year: 2015) | Odometer:   | 356265 km         |
| Colour:                     | Blue                         |             |                   |
| Engine Capacity:            | 1685 cc                      |             |                   |
| Market Value/New Car Price: | N/A                          |             |                   |
| Sum Insured (\$\$):         | Market Value/New Car Price   |             |                   |

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

## CONDITION OF TYRES

|                   |              |                  |              |
|-------------------|--------------|------------------|--------------|
| Front Tyre Size:  | 205/60R16    | Rear Tyre Size:  | 205/60R16    |
| 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                                     | 3,838.24        | 3,467.17        | 371.07          | 9.67         |
| Miscellaneous Items                       | 0.00            | 0.00            | 0.00            |              |
| Labour                                    | 1,320.00        | 720.00          | 600.00          | 45.45        |
| Paintwork Labour                          | 0.00            | 0.00            | 0.00            |              |
| Towing                                    | 0.00            | 0.00            | 0.00            |              |
| <b>Calculated Gross Total (\$\$)</b>      | <b>5,158.24</b> | <b>4,187.17</b> | <b>971.07</b>   | <b>18.83</b> |
| <b>Approved Total (Overridden) (\$\$)</b> |                 | <b>3,350.00</b> |                 |              |
| <b>(\$\$)</b>                             | 5,158.24        | 3,350.00        | 1,808.24        | 35.06        |
| <b>+ GST 7.00/7.00% (\$\$)</b>            | 361.08          | 234.50          | 126.58          | 35.06        |
| <b>Nett Amount (\$\$)</b>                 | <b>5,519.32</b> | <b>3,584.50</b> | <b>1,934.82</b> | <b>35.06</b> |

## INSPECTION

|                     |                          |   |
|---------------------|--------------------------|---|
| Date of Assignment: | 20/09/2019               |   |
| Date Inspected:     | 23/09/2019 Inspected At: | ComfortDelGro Engineering Pte Ltd (Loyang)<br>59 Loyang Drive<br>Singapore 508969 |

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

*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>  | (Last Synchronised: 30 Sep 2019)   |   |
| <b>Parts:</b>        | N/A  | HYUNDAI I40 2.0 GDI (A) (Model not available in database) |
| <b>Labour:</b>       | Repairer's   | (Price-denominated Standard List)                         |
| <b>Print Code:</b>   | (Unsubmitted, no print-code for SHC2840T)  |   |
| <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   |          | *FRONT BUMPER COVER       | Cracked     | 1,052.20 FL   | *1,052.20 FL    |
| 2   | 1   |          | *FRONT BUMPER BRACKET LH  | Cracked     | 24.60 FL  | *24.60 FL       |
| 3   | 1   |          | *HEADLAMP LH              | Cracked     | 1,388.00 FL   | *1,388.00 FL    |
| 4   | 1   |          | *FRONT FENDER LH          | Buckled     | 663.00 FL   | *663.00 FL      |
| 5   | 1   |          | *FRONT FENDER SHIELD LH   | Serviceable | 174.90 FL   | *- FL           |
| 6   | 1   |          | *FRONT WHEEL HUB CAP (LH) | Grazed      | 107.10 FL   | *107.10 FL      |
| 7   | 1   |          | *HEADLAMP (RH)            | Cracked     | 1,388.00 FL   | *1,388.00 FL    |
|     |     |          |                           |             | <b>Sub Total (S\$)</b>                                    | <b>4,797.80</b> |
|     |     |          |                           |             | <b>- List Item Discount on L Items 20.00/25.00% (S\$)</b> | <b>959.56</b>   |
|     |     |          |                           |             | <b>Total Parts (S\$)</b>                                  | <b>3,838.24</b> |
|     |     |          |                           |             |   | <b>3,467.17</b> |

F=Franchise part. L=ListItemDisc.

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          | 280.00        |
| 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                               | FRT WHEEL ALIGNMENT   | New      | 120.00          | 0.00          |
| <b>Gross Labour Cost (\$\$)</b> |                       |          | <b>1,320.00</b> | <b>720.00</b> |

Report was unsubmitted during this print-out.

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