

ASS. REC. BY:

REF: CS/CTI 9016951 / kg f30

Special Instruction:

Surveior: Kenneth

ASSIGNMENT (Office)

From (Person): Elaine Cheong of CTI Date/Time: 21.9.19 11.00.00

Estimated Cost: Bill to:

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

To Inspect Vehicle No: Smm 4972x Insured: SLC 1114R

at Workshop m/s Comfortdelgro Tel:

of 205 Braddell Road

Policy No: DMPCSN 3046221900 Claim No: SMM 19D20441802

Sum Insured: Excess:

Make of Veh: D.O.A. 18.9.19

(Client's Record)

CA / REV / REP. / REV 24 HRS 'up'

Date/Time: 21.9.19 11.02 a.m. Person Contacted: William

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	Smm 4972x - C4/TP 19N14862/ Blub3 DON - 21/03/2019
	SLC 1114R - ^
18/12/19	Submit Preli report - as owner repaired the vehicle cash with recovery.

William

ASS. REC. BY:

REF: CTI

ASSIGNMENT

From: _____ Date: 26/9/19

Estimated Cost: _____

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

To Inspect Vehicle No: SMM 4972 X
at Workshop m/s Comfort Delgro
of 205 Braddell Road

Insured: _____

Policy No: _____

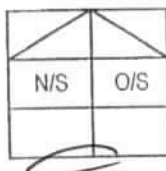
Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: look for william

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS^{up}

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMM 4972X Yr Regn: 07 19

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

Truck / Trailer or

Make: Hyundai A) Avante C.C. 1591

Colour: M Black A/C: Insured / Std / NI / NA

Sp. Reading: 1348 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH.D841CMKU 910305

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: 195/65R15

R: _____

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

TOYO / YOKO or Nexen

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 18/9/19

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 26/9/19

Survey held at ✓

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

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

Date / Time Action / Instruction

RECEIVED 18 DEC 2019

Date/Time, File Pass to?

☒ : Preli. Report

1) 18/12/19

☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: _____

Lump Sum / F.E.C. _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: 270

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

270

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Sep 2019		26 Sep 2019 11:02 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:			
Main Claimant:	COMFORTDELGRO RENT-A-CAR PTE LTD, Co. Reg. No.: 198105775H		
Vehicle Reg. No.:	SMM4972X	Date of Loss:	18/09/2019 08:00 - :59
Claim Type:	TP / SNM19D204418C02	Policy/Cover Note No.:	DMPCSN3046221900
Vehicle Reg. No. (Insured):	SLC1114R	Policy No. (Claimant):	M460802
		Excess:	S\$750.00
Repairer:	Comfortdelgro Engineering Pte Ltd (HQ) 205 BRADDELL ROAD, 579701 Braddell - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]		
Claimant's Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 07/10/2019]		

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.									

Shiau Chan (LKKAuto)

From: CDGE Braddell Private Cars Crash Repair Operation
<braddell_operation@sparkcarcare.com>
Sent: Friday, 13 December 2019 10:20 AM
To: Shiau Chan (LKKAuto)
Cc: Denis Teo Chin Chye; Patrick Chung Chan Kim
Subject: Re: TP VEHICLE SMM 4972X (DOA: 18/09/2019)

Dear Sir/Madam,

No reply on liability from insurance, owner repaired the vehicle cash with recovery.

William Wang

Best Regards
External Business | ComfortDelGro Engineering Pte Ltd
Off: 6383 7656 (Ngo - Supervisor) / Off: 6383 8115 (William) / Off: 6383 7362 (Andrew)
Fax: 6281 5767
www.SPARKcarcare.com

From: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Friday, 13 December 2019 9:22 AM
To: CDGE Braddell Private Cars Crash Repair Operation <braddell_operation@sparkcarcare.com>
Cc: Denis Teo Chin Chye <denisteo@sparkcarcare.com>; Patrick Chung Chan Kim <patrickchung@cdge.com.sg>
Subject: RE: TP VEHICLE SMM 4972X (DOA: 18/09/2019)

Dear William,

Re-send.

Kindly assist to check the status of above vehicle.

If done of repair, kindly send us the before paint and final bill for finalise.

Best Wishes for Merry Christmas & Happy New Year 2020

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Shiau Chan (LKKAuto)
Sent: Tuesday, 5 November 2019 11:36 AM
To: CDGE Braddell Private Cars Crash Repair Operation <braddell_operation@sparkcarcare.com>
Subject: TP VEHICLE SMM 4972X (DOA: 18/09/2019)

Dear William,

Kindly assist to check the status of above vehicle.

If done of repair, kindly send us the before paint and final bill for finalise.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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 12:53
Date Of Accident	18/09/2019 08:45
Exact Location Of Accident	SLIP RD OF UPP SERANGOON RD AND UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4972X
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE LTD
Co Reg No	198105775H
Email Address	DANNYNG@CDGRENTACAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68820888

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 GLS (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M460802
Cover Note Number	

Driver

Name of Driver	MIN KYOUNGHO
Passport No/FIN	M66790178
Date Of Birth	14/06/1992
Occupation	INDOOR
Date Of Driving Pass	02/08/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83635672
Fax Number	
Contact Number	

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	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

My vehicle was stationary at slip road of upper Serangoon road and upper Paya Lebar road waiting for pedestrian to cross suddenly third party vehicle collided onto my vehicle rear. No injuries involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC1114R
Vehicle Make/Model/Colour	HONDA / CIVIC 1.8L A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JACKSON PEH
NRIC/Passport Number	
Contact Number	90261306
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #3

ACCIDENT STATEMENT (2000 characters)

My vehicle was stationary at slip road of upper Serangoon road and upper Paya Lebar road waiting for pedestrian to cross suddenly third party vehicle collided onto my vehicle rear. No injuries involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 September 2019 at 10:04 AM

Date/Time:

19 September 2019 at 10:04 AM

Sketch Plan

SKETCH PLAN

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:

19 Sep 2019

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

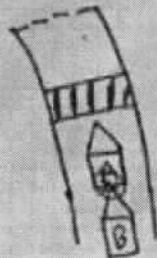
MOHAMED SAIFULLAH S/O SYED MASOOD

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

Sketch Plan #2

SKETCH PLAN

Slip Road of
Upper Seetengpur Road
by
Upper Pura Lohar Road.



Vehicle A: SMM 4972X.

Vehicle B: SL C 1114R.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD
Reporting Centre Personnel's Signature
Name:
AJAX/719 N.S.



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATE

Our Ref:

Type of Claim : **TP**Vehicle No. : **SMM4972X**Make & Model : **HYUNDAI AD AVANTE 1.6 GLS A**Year of Manufacture : **2019**Chassis No. : **KMHD841CMKU910305**Ins Company : **III VS CHINA TAIPING**Engine No. : **G4FGKU146835**Excess : **-**Policy No. : **-**Date of Accident : **18.09.2019**Time of Accident : **08:45**

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair Estimate

Case Owner : _____

Signature : _____

Parts (a) Cost / List Price Items \$ 2,824.90

Contact No

Frt Counter Operation

63837103 - Patrick Tia

63837730 - Brenda Ng

63837466 - Rohani

braddell_cr@sparkcarcare.com

Plus/Less 20% \$ 564.98

Total of Cost / List \$ 2,259.92

(b) Nett Price Items \$ -

Workshop Operation

63837656 - Ngo Toh Wee

63837362 -

63838115 - William Wang

63838115 - Andrew Goh

braddell_operation@sparkcarcare.com

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ 245.00

Total Parts Cost (Appendix A) \$ 2,504.92**Labour (Appendix B) \$ 1,690.00****Total Repair Cost \$ 4,194.92**

The above total will be subjected to 7% G.S.T.

Name of Surveyor : KennerlyCompany : CLCCSurvey conducted on : 26/9/19 at _____**Remarks By Surveyor**(a) The repair of this vehicle is authorized / is not authorized until further notice.(b) Recommended Days of Repair : 4-2 day(s)(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : Le Date: 26/9/19

Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax:62844284,62815767

Spare Parts

Vehicle No : SMM4972X Case Owner : 0

Make & Model : HYUNDAI AD AVANTE 1.6 Year Manufacture : 2019

Chassis No : KMHD841CMKU910305 Engine No : G4FGKU146835

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Rear number plate with casing	1			<i>Net</i>	\$ 45.00	✓
2	Rear number plate garnish	1	<i>Net</i>	\$ 34.00			✓
3	Rear bumper	1		\$ 450.40			?
4	Rear bumper lower	1		\$ 353.30			?
5	Rear bumper lamp LH	1	<i>Net</i>	\$ 202.00			X
6	Rear bumper lamp RH	1	<i>Net</i>	\$ 202.00			X
7	Rear bumper retainer LH	1	<i>Net</i>	\$ 28.00			X
8	Rear bumper retainer RH	1	<i>Net</i>	\$ 28.00			X
9	Rear bumper reinforcement	1		\$ 460.00			?
10	Rear bumper reinforcement bracket LH	1	<i>Net</i>	\$ 78.60			X
11	Rear bumper reinforcement bracket RH	1	<i>Net</i>	\$ 78.60			X
12	Rear bumper lower bracket LH	1	<i>Net</i>	\$ 813.00			X
13	Rear bumper lower bracket RH	1	<i>Net</i>	\$ 13.00			X
14	Rear bumper lower bracket center	1	<i>Net</i>	\$ 13.00			X
15	Rear bumper upper bracket LH	1	<i>Net</i>	\$ 13.00			X
16	Rear bumper upper bracket RH	1	<i>Net</i>	\$ 13.00			X
17	Rear bumper clips	10		\$ 45.00			?
18	Reverse sensor set	1	<i>Net</i>			\$ 200.00	X
19	0	0					
20	0	0					
21	0	0					
22	0	0					
23	0	0					
24	0	0					
25	0	0					
26	0	0					
27	0	0					
28	0	0					
29	0	0					
30	0	0					

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged original during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a limited Prejudice basis
- No illegal modification is allowed
- Supplementary items must be resurveyed and subject to insurance company's approval

Acknowledged by Repairer

Signature

Date

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Tel: 63837168 / 63837466 Fax:62844284,62815767

Vehicle No.	: <u>SMM4972X</u>	Case Owner	: <u>0</u>
Make & Model	: <u>JNDAI AD AVANTE 1.6 GLS A</u>	Year of Manufacture	: <u>2019</u>

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Sep 2019		26 Sep 2019 11:02 Edit Adj Rpt	S\$562.20 Edit Estimates	S\$562.20 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: -, Co. Reg. No.: -									
Main Claimant: COMFORTDELGRO RENT-A-CAR PTE LTD , Co. Reg. No.: 198105775H									
Vehicle Reg. No.: SMM4972X		Date of Loss: 18/09/2019 08:00 - :59 [2 Months and 17 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / SNM19D204418C02		Policy/Cover Note No.: DMPCSN3046221900							
Vehicle Reg. No. (Insured): SLC1114R		Policy No. (Claimant): M460802							
		Excess: S\$750.00							
Repairer: Comfortdelgro Engineering Pte Ltd (HQ) 205 BRADDELL ROAD, 579701 Braddell - Tel:									
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]									
Claimant's Insurer: India International Insurance Pte Ltd (HQ) - Tel: 63476100									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 07/10/2019]									
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

*SMM4972X (SNM19D204418C02)
[SLC1114R]
TP
COMFORTDELGRO RENT-A-CAR PTE LTD
Sep 18 2019 8:00AM
[-]
Comfortdelgro Engineering Pte Ltd

Upload Documents		Upload Photos	Compose New Letter	View View in Browser	
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)		Thumbnail	Print
1	19/09/19 12:57	Accident Photo [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
2	19/09/19 12:57	Accident Photo [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
3	19/09/19 12:58	Accident Photo [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
4	19/09/19 12:58	Accident Photo [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
5	19/09/19 12:58	Accident Photo [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
6	19/09/19 12:58	Accident Photo [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
7	19/09/19 12:58	Accident Photo [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
8	19/09/19 12:58	Accident Photo [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
9	19/09/19 13:01	Identification Card [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
10	19/09/19 13:01	Driving License [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
11	19/09/19 13:01	Driving License [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
12	19/09/19 13:01	Driving License [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
13	19/09/19 13:01	PICSBYINSURED [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
14	19/09/19 13:01	PICSBYINSURED [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
15	19/09/19 13:01	PICSBYINSURED [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
16	19/09/19 13:01	PICSBYINSURED [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
17	19/09/19 13:01	PICSBYINSURED [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	18/12/19 09:20	General View		Load JPG	<input checked="" type="checkbox"/>
2	18/12/19 09:20	General View		Load JPG	<input checked="" type="checkbox"/>
3	18/12/19 09:20	General View		Load JPG	<input checked="" type="checkbox"/>
4	18/12/19 09:20	General View		Load JPG	<input checked="" type="checkbox"/>
5	18/12/19 09:20	General View		Load JPG	<input checked="" type="checkbox"/>
6	18/12/19 09:20	General View		Load JPG	<input checked="" type="checkbox"/>
7	18/12/19 09:20	Odometer Reading		Load JPG	<input checked="" type="checkbox"/>
8	18/12/19 09:20	General View		Load JPG	<input checked="" type="checkbox"/>
9	18/12/19 09:20	Chassis Number		Load JPG	<input checked="" type="checkbox"/>
10	18/12/19 09:20	General View		Load JPG	<input checked="" type="checkbox"/>
11	18/12/19 09:20	General View		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	26/09/19 11:03	PRS - SMM4972X		Load PDF	
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)		Thumbnail	Print
1	19/09/19 12:57	Sketch Plan [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
2	19/09/19 12:57	Sketch Plan #2 [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
3	19/09/19 12:57	Sketch Plan #3 [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>

Linked Accident Report Documents

Assessment Reports				View	View in Browser	
				1 per page		<input checked="" type="checkbox"/>
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)		Thumbnail	Print	
1	06/12/19 18:41	Accident Statement		Load HTM		
2	06/12/19 18:42	Accident Statement		Load HTM		
3	06/12/19 18:43	Accident Statement		Load HTM		
4	06/12/19 18:43	Accident Statement		Load HTM		
Photos/Images				3 per page		<input checked="" type="checkbox"/>
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)		Thumbnail	Print	
1	19/09/19 12:57	Accident Photo		Load JPG	<input checked="" type="checkbox"/>	
2	19/09/19 12:57	Accident Photo		Load JPG	<input checked="" type="checkbox"/>	
3	19/09/19 12:58	Accident Photo		Load JPG	<input checked="" type="checkbox"/>	
4	19/09/19 12:58	Accident Photo		Load JPG	<input checked="" type="checkbox"/>	
5	19/09/19 12:58	Accident Photo		Load JPG	<input checked="" type="checkbox"/>	
6	19/09/19 12:58	Accident Photo		Load JPG	<input checked="" type="checkbox"/>	
7	19/09/19 12:58	Accident Photo		Load JPG	<input checked="" type="checkbox"/>	
8	19/09/19 12:58	Accident Photo		Load JPG	<input checked="" type="checkbox"/>	
9	19/09/19 13:01	Identification Card		Load JPG	<input checked="" type="checkbox"/>	
10	19/09/19 13:01	Driving License		Load JPG	<input checked="" type="checkbox"/>	
11	19/09/19 13:01	Driving License		Load JPG	<input checked="" type="checkbox"/>	
12	19/09/19 13:01	Driving License		Load JPG	<input checked="" type="checkbox"/>	
13	19/09/19 13:01	PICSBYINSURED		Load JPG	<input checked="" type="checkbox"/>	
14	19/09/19 13:01	PICSBYINSURED		Load JPG	<input checked="" type="checkbox"/>	
15	19/09/19 13:01	PICSBYINSURED		Load JPG	<input checked="" type="checkbox"/>	
16	19/09/19 13:01	PICSBYINSURED		Load JPG	<input checked="" type="checkbox"/>	
17	19/09/19 13:01	PICSBYINSURED		Load JPG	<input checked="" type="checkbox"/>	
Documentation				1 per page		<input checked="" type="checkbox"/>
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)		Thumbnail	Print	
1	19/09/19 12:57	Sketch Plan		Load JPG	<input checked="" type="checkbox"/>	
2	19/09/19 12:57	Sketch Plan #2		Load JPG	<input checked="" type="checkbox"/>	
3	19/09/19 12:57	Sketch Plan #3		Load JPG	<input checked="" type="checkbox"/>	

Documents Checklist

DOCUMENTS CHECKLIST Reset Save Print
There are no document checklists configured.
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
Show Remarks To: <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/CT119016951/KQF3E2

Date: 30/12/2019

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMPCSN3046221900

Claimant
Vehicle No : SMM4972XInsured Vehicle
No : SLC1114R

Date of Loss: 18/09/2019

Nature of Claim: TP

Claim
No: SNM19D204418C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SMM4972X

Make & Model: HYUNDAI AVANTE, 1.6 (A)

Engine No: G4FGKU146835

Reg. Date: 01/07/2019 (Man. Year: 2019)

Chassis No: KMHD841CMKU910305

Colour: Metallic Black

Odometer: 1348 km

Engine Capacity: 1591 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: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/65 R15

Rear Tyre Size:

195/65 R15

Front Left Side: Nexen 9 mm

Rear Left Side:

Nexen 9 mm

Front Right Side: Nexen 9 mm

Rear Right Side:

Nexen 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,504.92	72.20	2,432.72	97.12
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,690.00	490.00	1,200.00	71.01
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,194.92	562.20	3,632.72	86.60
+ GST 7.00/7.00% (S\$)	293.64	39.35	254.29	86.60
Nett Amount (S\$)	4,488.56	601.55	3,887.01	86.60

INSPECTION

Date of Assignment: 26/09/2019

Date Inspected: 26/09/2019 Inspected At:

Comfortdelgro Engineering Pte Ltd
(HQ)
205 BRADDELL ROAD
Singapore 579701

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

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 COST NOT CONCLUDE)

(EXCLUDE CHECK ITEMS S\$1,166.96 NETT)

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 30 Dec 2019)
Parts: 143	HYUNDAI AVANTE 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SMM4972X)	
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 NUMBER PLATE GARNISH	Dented	34.00 FL	*34.00 FL
2	1		*REAR BUMPER	* Check	450.40 FL	*- FL
3	1		*REAR BUMPER LOWER	* Check	353.30 FL	*- FL
4	1		*REAR BUMPER LAMP LH	Serviceable	202.00 FL	*- FL
5	1		*REAR BUMPER LAMP RH	Serviceable	202.00 FL	*- FL
6	1		*REAR BUMPER RETAINER LH	Serviceable	28.00 FL	*- FL
7	1		*REAR BUMPER RETAINER RH	Serviceable	28.00 FL	*- FL
8	1		*REAR BUMPER REINFORCEMENT	* Check	460.00 FL	*- FL
9	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Repair	78.60 FL	*- FL
10	1		*REAR BUMPER LOWER BRACKET LH	Repair	813.00 FL	*- FL
11	1		*REAR BUMPER LOWER BRACKET RH	Repair	13.00 FL	*- FL
12	1		*REAR BUMPER LOWER BRACKET CENTER	Serviceable	13.00 FL	*- FL
13	1		*REAR BUMPER UPPER BRACKET LH	Repair	13.00 FL	*- FL
14	1		*REAR BUMPER UPPER BRACKET RH	Repair	13.00 FL	*- FL
15	10		*REAR BUMPER CLIPS	* Check	45.00 FL	*- FL
16	1		*REAR NUMBER PLATE WITH CASING	Dented	45.00 FS	*45.00 FS
17	1		*SET REVERSE SENSOR	Serviceable	200.00 FS	*- FS
18	1		*REAR BUMPER REINFORCEMENT BRACKET LH	Repair	78.60 FL	*- FL

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

Sub Total (\$\$)	3,069.90	79.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	564.98	6.80
Total Parts (\$\$)	2,504.92	72.20

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
Labour Items				
1	LABOUR CHARGES TO REPAIR AND PANEL BEAT THE REAR END PANEL, REAR FLOOR PANEL AND REPLACE DAMAGED PARTS	New	720.00	240.00
2	TO CHECK WIRING FUNCTIONS (NPA)	New	0.00	0.00
3	TO PUTTY, APPLY PRIMER & SPRAY-PAINT THE REAR BUMPER, REAR BUMPER LOWER, REAR END PANEL, REAR FLOOR PANEL AND AFFECTED AREAS	New	750.00	250.00
4	TO REMOVE / REPLACE REVERSE SENSORS (* Check)	New	120.00	0.00
5	TO APPLY RUST-PROOFING ON REPAIRED / REPLACED PANELS	New	100.00	0.00
Gross Labour Cost (S\$)			1,690.00	490.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >