

ASS. REC. BY:

REF: CS/TM1 1907160/KLS f3

n2

Special Instructions:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Eliza Ho Tung Boon

of

TM2Date/Time: 30.9.19 14.46 p.m

Estimated Cost: _____

Bill to: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SH 9983 LInsured: X1D 6753Rat Workshop m/s ComfortAdlygoTel: 6214 8300of 59 Loyang DrivePolicy No: M1 110580Claim No: M1907610

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 28.9.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

"mp"

H.O.D. Endorsement: _____

Date/Time: 30.9.19 2.48 p.mPerson Contacted: JumadiVehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SH 9983 L -
	X1D 6753R -

(08/11/13)

Surveyor: Kalvin

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 Report: _____ 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: SH 99 83 L Yr Regn: 13 Oct, 2016

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1.685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 39 3051 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLBK14M6409381

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 / 60 R16

R: _____

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

TOYO / YOKO or Wet / 16

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 28/9/19 D.O.I. 30/9/19Survey held at C/DHE (Loyang)

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

o/s Rear

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

Date / Time	Action / Instruction
2/10/19	Check P/P \$ 691 / 2 days.
	(\$ 692.40 Red - 50%)

RECEIVED 2 OCT 2019

Date/Time, File Pass to?

02/10/19

☐ : Prel. ReportDays Of Repair: 21) Typist☒ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

Photos

250

11

\$ 691.00 P/P

261

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Sep 2019 Sendback Est	30 Sep 2019 11:13 S\$1,383.40	30 Sep 2019 14:46 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETAILS				
Insured:	SWEE HONG LIMITED, Co. Reg. No.: 198001852R			
Main Claimant:	CTPL			
Vehicle Reg. No.:	SH9983L	Date of Loss:	28/09/2019 00:00 - :59 [35 Months and 15 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1907610	Policy/Cover Note No.:	MT110580 (Third Party Only) Coverage: 28/12/2018 - 27/12/2019	
Vehicle Reg. No. (Insured):	XD6753R	Policy No. (Claimant):		
		Excess:	S\$2,500.00	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300			
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Ho Teng Boon Eliza]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 09/10/2019]			
Adj Asg. Remarks:	OI HAS NOT RPT THE ACCDT			
ASSOCIATED MAIL RECEIVED			View All	Compose Case Mail
There are no mail for this case.				
ALL ASSOCIATED TASKS				
		View All	Search Tasks	Create New Task
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	28/09/2019 12:18
Date Of Accident	28/09/2019 09:30
Exact Location Of Accident	KJE TWDS PIE BEFORE OLD CHOA CHU KANG RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9983L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	OR BING HOAT
NRIC No	S0174374J
Date Of Birth	10/11/1951
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1970
Driving Experience	49 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98507501
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 322 YISHUN CENTRAL #10-255
Postcode	760322
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFEFR 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	XD6753R
Vehicle Make/Model/Colour	TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

LH FRONT

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.

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

Policyholder's Signature
Date & Time:

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

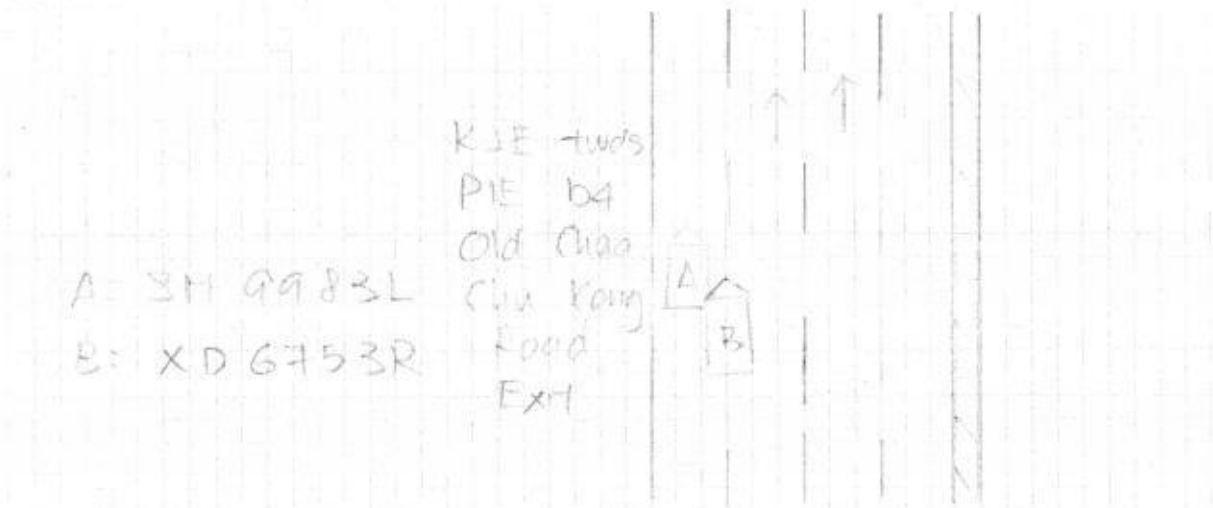
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/SG SketchPlanForm_V3

9 8 9 8
9 8 9 8

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/9/14 at about 09:30 hrs, I was driving on lane 4 at above said location. Suddenly I felt an impact from behind. I saw that Veh B truck cut into my lane and its front left portion hit & grazed onto my taxi right rear portion. I honked at the driver, asked him to stop at road shoulder. Photo taken. A couple passenger in my taxi. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Vee Yeng
NRIC/FIN No:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305337208

OWNER

IS

OWNER NO.

LESS

(R)

(P)

COUNT CARD NO.

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

REGN NO.: SH 9983L

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN: 30.09.2019 10:00

YR OF MANU: 13.10.2016

TARGET DATE

CHASSIS CODE: KMHLB41UMGU093811

COMPLETION DATE/TIME:

JOB DESCRIPTION

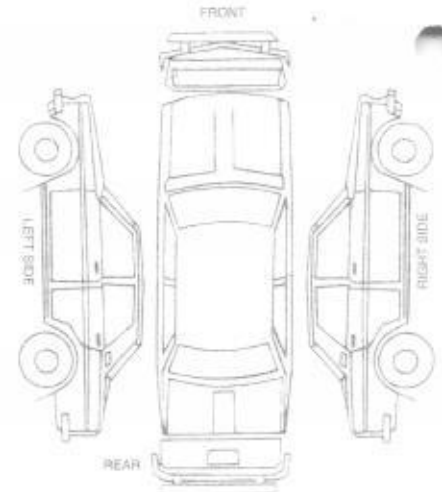
Accident Date: 28.09.2019

NATURE: 3P 28.09.19

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.:

SH 9983L

JU TOKIO LKK

Vehicle No.:

SH 9983L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	28/09/2019
Vehicle Reg. No.:	SH9983L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	13/10/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU674803	Chassis No:	KMHLB41UMGU093811
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	492.40
Miscellaneous Items	11.00
Labour	880.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,383.40
+ GST 7.00% (S\$)	96.84
Nett Amount (S\$)	1,480.24

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 30 Sep 2019)
Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SH9983L/30/09/2019 11:13
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER ASSY <i>X repair</i>	20.00	0.00	*553.00 FL
2	1		*REAR BUMPER MAT <i>X "</i>	0.00	0.00	*50.00 F
F=Franchise part. L=ListItemDisc. <i>Rear Fender (RH) X repair</i>						
Sub Total (S\$)						603.00
- List Item Discount on L Items (S\$)						110.60
Total Parts (S\$)						492.40

ComfortDelGro Engineering Pte Ltd/SH9983L/30/09/2019 11:13. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	300.00 ²⁶⁰
2	SPRAYPAINT	New	500.00 ⁴⁰⁰
3	REMOVE/REFIX REVERSE SENSOR	New	80.00 ^{X 12}
Gross Labour Cost (\$\$)			880.00

ComfortDelGro Engineering Pte Ltd/SH9983L/30/09/2019 11:13. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalin 11/11/19
 30/9/19 1120 L
 2 days
 PIP
 After Repair photo

LKK Auto Consultants hereby notify the Repairer of the following:

- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 01.10.2019

REPAIR ESTIMATE

Time: 12:04:41

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305337208
REGN NO : SH 9983L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 13.10.2016
DATE/TIME IN : 30.09.2019 10:00
ACCIDENT DATE : 28.09.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB	PANEL BEATING	280.00
0001 SP	SPRAYPAINT CHARGE	400.00
0002 L	MERIMEN FEE	11.00

SUB-TOTAL : 691.00

TOTAL : 691.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305337208
Date : 01/10/19

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
: SH 9983L 305333809 28/09/2019

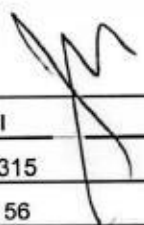
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-


1. The repair job shall bill to: TOKIO --- XD6753R
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$0.00</u>
(b) Labour Charges	###	<u>\$691.00</u>
Total for Part-By-Part Repair Cost		<u>\$691.00</u>
	###	
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		
Final Lumpsum Repair cost		

3. Estimated normal period for repairs: 2 working days
4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
5. Thank you for your assistance.

We confirm the estimates and finalized amount

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

Signature : 
Name : Calvin
Date : 2/10/19

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/TMI19017160/K1SF3N2

Date: 03/10/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT110580
Claimant Vehicle No :	SH9983L	Insured Vehicle No :	XD6753R
Date of Loss:	28/09/2019	Nature of Claim:	TP
		Claim No:	M1907610

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH9983L	Engine No:	D4FDGU674803
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU093811
Reg. Date:	13/10/2016 (Man. Year: 2016)	Odometer:	393051 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	492.40	0.00	492.40	100.00
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	880.00	680.00	200.00	22.73
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,383.40	691.00	692.40	50.05
+ GST 7.00/7.00% (S\$)	96.84	48.37	48.47	50.05
Nett Amount (S\$)	1,480.24	739.37	740.87	50.05

INSPECTION

Date of Assignment:	30/09/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	30/09/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 03 Oct 2019)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** (Unsubmitted, no print-code for SH9983L)**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Recommended Parts**

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER ASSY	Repair	553.00 FL	*- FL
2	1		*REAR BUMPER MAT	Not Necessary	50.00 F	*- FS
3	1		*REAR FENDER (RH)(NPA)	Repair	-	*- FL
					Sub Total (S\$)	603.00 0.00
					- List Item Discount on L Items 20.00/20.00% (S\$)	110.60 0.00
					Total Parts (S\$)	492.40 0.00

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	300.00	280.00
2	SPRAYPAINT	New	500.00	400.00
3	REMOVE/REFIX REVERSE SENSOR	New	80.00	0.00
Gross Labour Cost (S\$)			880.00	680.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >