

(08/11/13)

Surveyor: KalvinREF: CC31TM19017220/K1Vf3n2**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: SSG 6688xPolicy No. MH004427Claims No. M/907629

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: SHB 4088R Yr Regn: 23 Apr 2015

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1600Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 734.88 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMH1B414AF4068114

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: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

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

Rear

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

Date / Time Action / Instruction

SHB 4088R - XSSG 6688x - CC31 AIG 15014776 / R134392D.O.A. - 04/10/2015To Kio411/10/19 Email GIA & preli. revised to TMC2/10/19 Check U/S \$ 1000 / 2 days. (Recd 847.58, 469)

RECEIVED 2 OCT 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 2/10 - typistDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Survey Fee:

Transportation:

S - RS - SI

Photos

25011261



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: PLEASE ADVISED

Our ref: CC3/TMI19017220/K1vf3

Date: 1/10/2019

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Dear Madam,

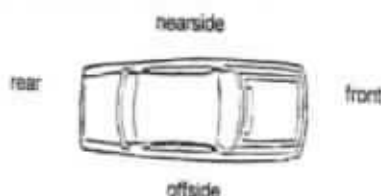
PRELIMINARY ADVICE OF VEHICLE NO. SHB 4088R

Please be informed that we had conducted the inspection of the above mentioned vehicle on 30/9/2019 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$1,847.58
Revised Estimate Amount	: S\$1,281.00
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the rear portion



Comments/Present Status:

Damages Consistent

Yours faithfully,

Kalvin Ang

Technical Investigator

Technical Investigation & Reconstructionist (SAE-A)

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Sep 2019 14:29 Sendback Est	30 Sep 2019 14:34 S\$1,847.58	01 Oct 2019 16:52 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	LIN DONGCHENG, ALVIN, ID: S8241625J			
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R			
Vehicle Reg. No.:	SHB4088R	Date of Loss:	28/09/2019 18:00 - :59 [53 Months and 5 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1907629	Policy/Cover Note No.:	MU004427 (Comprehensive) Coverage: 06/04/2019 - 05/04/2020	
Vehicle Reg. No. (Insured):	SJG6688X	Policy No. (Claimant):	D-18088936MFSH	
		Excess:	S\$0.00	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300			
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Fiona Gan Bee Song - 65926378]			
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 10/10/2019]			

[View All](#) [Compose Case Mail](#)

ASSOCIATED MAIL RECEIVED

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.									

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 1 October 2019 11:57 AM
To: motorclaims@tokiomarine.com.sg; SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD , DOA: 28/9/2019, SHB 4088R (TP VEHICLE), SJG 6688X (OI VEHICLE)
Attachments: EST.pdf, GIA.pdf, PRELI REVISED.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHB 4088R at M/s: COMFORTDEGLRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 30/9/2019

Enclosed herewith a copy of TP's GIA report, estimated cost of repair and preliminary revised.

Kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@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	30/09/2019 09:12
Date Of Accident	28/09/2019 18:45
Exact Location Of Accident	TAMPINES AVE 8 SLIP RD TOWARDS TAMPINES 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4088R
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	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	SIM BENG KWANG
NRIC No	S0141748G
Date Of Birth	25/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1974
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91733889
Fax Number	
Contact Number	
Email Address	GARYSBK@HOTMAIL.COM

Address	BLK 880 TAMPINES AVENUE 8 #07-292
Postcode	520880
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: : 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	SJG6688X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALVIN
NRIC/Passport Number	
Contact Number	96474133
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SIM BENG KWANG

Approximate Age

Injuries Sustain

NECK, SHOULDER AND BACK

Injured person in which vehicle?

SHB4088R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

3. 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.

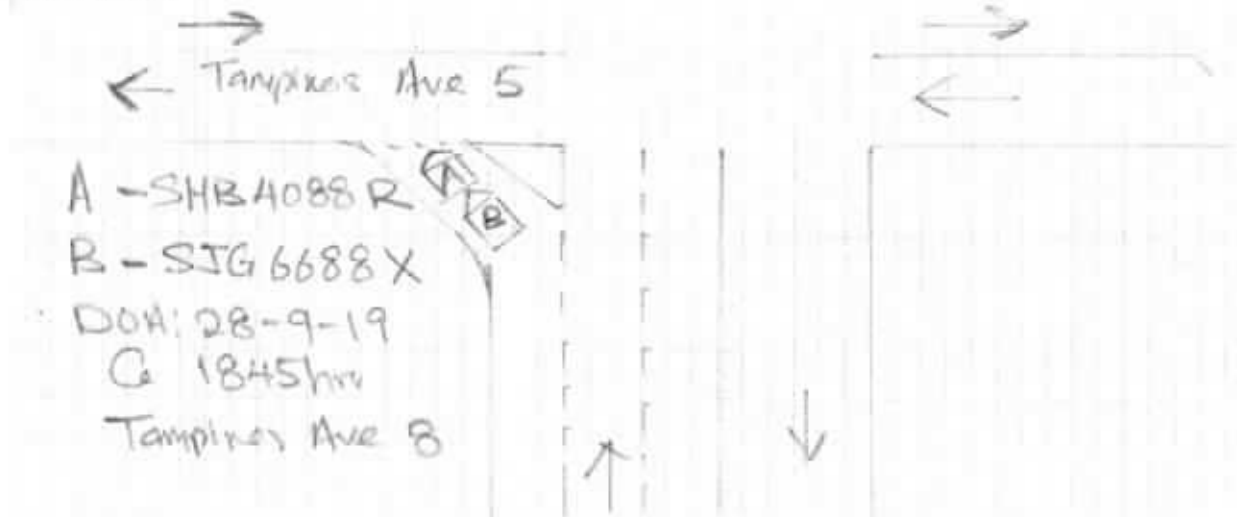
COMFORT TRANSPORTATION LTD
CO. REG. NO. 19302821R

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28-9-19 @ 1845hrs, I was driving along Tampines Ave 8 With 1 Female Passenger on board at my taxi.

I was slowing down and stop at Slip road to check oncoming traffic on the right. Suddenly Vehicle (B) SIG 6688X hit my taxi on the rear portion. Car damaged.

There is Video Footage on the Scene.
There is 1 Female Tax and No injury.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190203921H

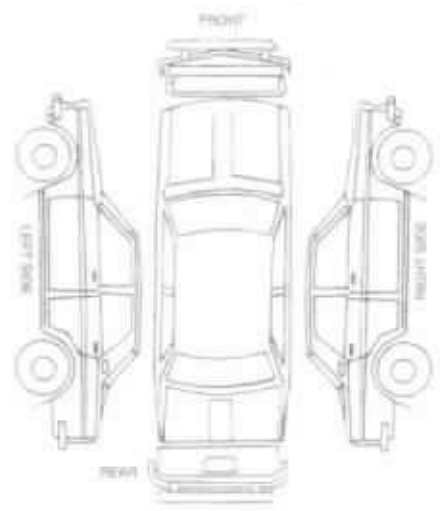
Policyholder's Signature
Date & Time:

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

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

A member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305337353
CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD VARS 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SHB4088R MAKE: HYUNDAI MODEL: I-40 YR OF MANU: 23.04.2015 CHASSIS CODE: RMHLB41UMFU068114	MILEAGE FUEL E: 1/2 F DATE/TIME IN: 28.09.2019 21:55 TARGET DATE COMPLETION DATE/TIME:
COUNT CARD NO.			

JOB DESCRIPTION	
Accident Date: 28.09.2019 NATURE: 3P 28.09.2019	
S/NO	LABOR CODE
✓	TOKIO - Rear Ltlc/Kdnt -
DESCRIPTION	
	

CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Vehicle No.: SHB4088R	Vehicle No.: SHB4088R
Larry Ng	
Signature/Date	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)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant
Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	28/09/2019
Vehicle Reg. No.:	SHB4088R	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	SIM BENG KWANG		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	23/04/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU495490	Chassis No:	KMHLB41UMFU068114
Odometer:	734188 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Description of Accident/Loss	REFER ATTACHED		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,106.58
Miscellaneous Items	11.00
Labour	730.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,847.58

+ GST 7.00% (S\$)	129.33
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Nett Amount (S\$)	1,976.91
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This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Larry Ng

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/SHB4088R/30/09/2019 14:34**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER <i>— schud</i>	20.00	0.00	*553.00 FL
2	10		*REAR BUMPER CLIPS <i>— me</i>	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER BRACKET - LH <i>X me</i>	20.00	0.00	*35.60 FL
4	1		*REAR BUMPER UNDERCOVER <i>X me</i>	20.00	0.00	*228.00 FL
5	1		*REVERSE SENSOR <i>X me</i>	0	0.00	*135.70 FS
6	2		*ADVERTISEMENT - REAR FENDER RH/LH <i>— me</i>	0	0.00	*200.00 FS
7	1		*ADVERTISEMENT - REAR BUMPER <i>— me</i>	0	0.00	*50.00 FS
8	1		*REAR BUMPER RUBBER MAT <i>— me</i>	0	0.00	*50.00 FS

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

Sub Total (S\$) **1,274.30**- List Item Discount on L Items (S\$) **167.72**Total Parts (S\$) **1,106.58**

ComfortDelGro Engineering Pte Ltd/SHB4088R/30/09/2019 14:34. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Entry No

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	350.00 280
2	SPRAY PAINTING	New	250.00 200
3	WIRING CHARGE	New	50.00 40
4	REMOVE/REFIX REVERSE SENSOR	New	80.00 70
Gross Labour Cost (S\$)			730.00

ComfortDelGro Engineering Pte Ltd/SHB4088R/30/09/2019 14:34. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Koh 16/11/19

30/9/19 1520

2 Pz

4/5

After Repair photo



Our Job Ref No : 305337353

Date : 2. Oct. 2019

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

FINALIZATION FORM

To : LKK

Fax :

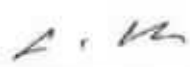
Attn : KALVIN

Vehicle Reg No. : SHB4088R

Date of Accident: 28. Sep. 2019

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

1. The repair job shall bill to: TOKIO SJG6688X
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: \$1,000.00
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance. We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : J. Calm

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				
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: CC3/TMI19017220/K1VF3N2

Date: 07/10/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU004427
Claimant Vehicle No :	SHB4088R	Insured Vehicle No :	SJG6688X
Date of Loss:	28/09/2019	Nature of Claim:	TP
		Claim No:	M1907629

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB4088R	Engine No:	D4FDEU495490
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMFU068114
Reg. Date:	23/04/2015 (Man. Year: 2015)	Odometer:	734188 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	1,106.58	760.00	346.58	31.32
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	730.00	510.00	220.00	30.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,847.58	1,281.00	566.58	30.67
Approved Total (Overridden) (S\$)		1,000.00		
(S\$)	1,847.58	1,000.00	847.58	45.88
+ GST 7.00/7.00% (S\$)	129.33	70.00	59.33	45.87
Nett Amount (S\$)	1,976.91	1,070.00	906.91	45.88

INSPECTION

Date of Assignment:	01/10/2019	
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: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 07 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 SHB4088R)
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	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER BRACKET - LH	Serviceable	35.60 FL	*- FL
4	1		*REAR BUMPER UNDERCOVER	Serviceable	228.00 FL	*- FL
5	1		*REVERSE SENSOR	Serviceable	135.70 FS	*- FS
6	2		*ADVERTISEMENT - REAR FENDER RH/LH	Necessary	200.00 FS	*200.00 FS
7	1		*ADVERTISEMENT - REAR BUMPER	Necessary	50.00 FS	*50.00 FS
8	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
				Sub Total (S\$)	1,274.30	875.00
				- List Item Discount on L Items 20.00/20.00% (S\$)	167.72	115.00
				Total Parts (S\$)	1,106.58	760.00

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	350.00	280.00
2	SPRAY PAINTING	New	250.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			730.00	510.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >