

ASS. REC. BY:

REF: CS/SMO 19019231 / EV f3

Special Instruction:

n2

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Gnoh Pau Loong of SMO Date/Time: 30 October 2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHA 8729D Insured: FBP 2274E

at Workshop m/s Ding Auto Pte Ltd

Tel:

of 31 Corporation Rd

Policy No: D19MTMC01001612

Claim No: CMTD1905077

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 30/10/2019

CA / REV / REP. / REV 24 HRS

"mp"

1/11/2019 11am.

H.O.D. Endorsement:

Date/Time: 30/10/2019 @ 05:40pm Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	FBP 2274E : X
	SHA 8729D: CS/EC218C07511/K23d302 DCA: 23/05/2018
1/11/19	Send preli revised via menimen

ASS. FILED BY

Steve

REF:

SMO

ASSIGNMENT

From

Date: 1/11/19

Estimated Cost:

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

To Inspect Vehicle No: SHA 8729D

at Workshop n/s Ding Auto
of 31 Corporation Rd

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

1/11/2019 11am

(Policy Condition)

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

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 87290

Yr Regn: 22/12/16

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

Truck / Trailer or

Make: Hyundai 140

C.C. 1685

Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 462/08

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UMHU 097223

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

TRIANGLE

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 30/10/19

D.O.I. 1/11/19

Survey held at

Ding Auto

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

(LS)

6/11/19

Finalize Conf- \$950, 2 days (Guang) (Ref: 1054-17, 53P)

RECEIVED 06 NOV 2019

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

6/11 - typist

Report Format:

Merimen

Lump Sum / L.R.I. (\$)

950/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

250

11

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: Somp Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06, Singapore Land Tower Singapore 048623	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn: GNOH PAU LOONG	
Date: 01 Nov 2019	

Preliminary Advice

Insured Vehicle No	: FBP2274E	Accident Date	: 30/10/2019
TP Vehicle No	: SHA8729D	Assignment Date	: 30/10/2019
Make	: HYUNDAI 140	Est. Duration of Repair	: 2
Date of Inspection	: 1/11/2019		
Inspection At	: DING AUTO PTE LTD		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,034.17
Revised Amount	:S\$	1,202.46
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,202.46

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 : The above survey was conducted on a 'Without Prejudice' basis.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Oct 2019		30 Oct 2019 17:31 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All																				
CLAIM SUBFOLDER DETAILS			[Created by insurer]																					
Insured:	MUHAMMAD KHAIRAN BIN ZAINALABIDDIN, ID: S8717628B																							
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G																							
Vehicle Reg. No.:	SHA8729D	Date of Loss:	30/10/2019 09:00 - :59																					
Claim Type:	TP / CMTD1905077	Policy/Cover Note No.:	D19MTMC01001612 (TP, Fire & Theft)																					
Vehicle Reg. No. (Insured):	FBP2274E	Policy No. (Claimant):																						
		Excess:																						
Repairer:	Ding Auto Pte Ltd (HQ) Blk 10, #01-20, Sin Ming Industrial Estate Sector C, 575645 Sin Ming - Tel: 64521208																							
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by GNOH PAU LOONG - 63295217]																							
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 08/11/2019]																							
Adj Asg. Remarks:	Please conduct survey on a without prejudice basis																							
ASSOCIATED MAIL RECEIVED			View All Compose Case Mail																					
There are no mail for this case.																								
<div> <div> <div>ALL ASSOCIATED TASKS</div> <div> <div>View All</div> <div>Search Tasks</div> <div>Create New Task</div> <div>Complete</div> </div> </div> <table border="1"> <thead> <tr> <th>Due Date</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Handler</th> <th>Assigned By</th> <th>Completed On</th> <th>Created On</th> <th>Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table> </div>					Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	No results.									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?															
No results.																								

From: Ye, Yong Kang Melvin
Sent: Wednesday, 30 October, 2019 5:31 PM
To: 'Taxi Customer Service'
Cc: kelly.ding@dingauto.sg; dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; Gnoh, Pau Loong; Henry, Irene James
Subject: RE: ACCIDENT INVOLVING SHA8729D AND FBP2274E ON 30/10/2019 SURVEYOR ARRANGEMENT Our ref : CMTD1905077/GPL

Without Prejudice

Dear Sir,

We refer to your email below.

We have appointed LKK Auto to conduct the survey on a without prejudice basis.

Best Regards

Melvin Ye

Claims Division

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

signature banner


Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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or

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From: Taxis Customer Service <taxiscs@stengg.com>

Sent: Wednesday, 30 October, 2019 2:45 PM

To: Claims - Motor Survey <MotorSurvey@sompo.com.sg>

Cc: kelly.ding@dingauto.sg; dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg

Subject: ACCIDENT INVOLVING SHA8729D AND FBP2274E ON 30/10/2019 SURVEYOR ARRANGEMENT

Dear Officer,

Kindly please arrange surveyor for vehicle **SHA8729D**. Vehicle still on road and driver will ground vehicle on **1/11/2019 @morning**. Please arrange surveyor morning between 11:00-11:30 am on surveyor availability. Survey location will be at 31 Corporation Road. Appreciate for arrangement.

Best Regards,

VADIVELAN MOHAN

Ding Automotive Pte Ltd

Hp : 96891857 / 62657130

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHA8729D
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Nov 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDGU695431
Chassis No.:	KMHLB41UMHU097223
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,826.00
Original Registration Date:	22 Dec 2016
First Registration Date:	22 Dec 2016
Transfer Count:	0
Actual ARF Paid:	\$19,826.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Dec 2024
PARF Rebate Amount:	\$14,869.00
Intended COE Rebate Details	
COE Expiry Date:	21 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,017.00
COE Rebate Amount:	\$26,338.00
Total Rebate Amount:	\$41,207.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 01 Nov 2019

OK

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	30/10/2019 13:43
Date Of Accident	30/10/2019 09:00
Exact Location Of Accident	ALONG CHOA CHU KANG WAY FILTER LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8729D
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LIM SOO KIONG
NRIC No	S1668297G
Date Of Birth	22/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	08/04/1997
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93369535
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 808A CHOA CHU KANG AVENUE 1 #04-556 SINGAPORE
Postcode	681808
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

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP2274E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

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**.
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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: WASDI
NRIC/FIN No.:

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

01/11/2019 9:12

JOB-NO: 50112159

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)
 ADDRESS: 383 SIN MING DRIVE
 SINGAPORE 575717 0

CONTACT: 65533880
 64739522

Page 1 of 1

VEHICLE DETAILS

LICENSE NO: SHA8729D TRANS: AUTO
 MAKE / MODEL: HYUNDAI / i40
 OWNER'S INSURER: MS First Capital Insurance Limited
 JOB-CODE: TP SA: Ding Auto User 1

CHASSIS: KMHLB41UMHU097223
 ENGINE: D4FDGU695431

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	350.00	0.00	350.00		Y	
2 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	
3 CHECK WIRING & LIGHTING SYSTEM	1.00	30.00	0.00	30.00	430	Y	
TOTAL:		630.00	0.00	630.00			
MATERIALS							
1 REAR BUMPER / CRV	1.00	599.68	119.94	479.74	L	Y	
2 REAR BUMPER DIFFUSER / CRV	1.00	228.40	45.68	182.72	L	Y	
3 REAR BUMPER REINFORCEMENT X NM	1.00	484.40	96.88	387.52	L	Y	
4 REAR BUMPER REINFORCEMENT SPONGE X NM	1.00	98.99	19.80	79.19	L	Y	
5 REAR BUMPER CLIPS / NC	1.00	35.00	0.00	35.00	S	Y	
6 REAR BUMPER ADS STICKER / NC	1.00	120.00	0.00	120.00	S	Y	
7 REAR BUMPER PROTECTOR PAD X NM	1.00	120.00	0.00	120.00	S	Y	
TOTAL:		1,686.47	282.30	1,404.17	772.46		
TOTAL PARTS & LABOUR:		2,316.47	282.30	2,034.17	1202.46		

EXCESS/LOADING:\$ 0.00

No. Of Day: 2 days

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 11/11/19

SURVEYED BY: Steve (LKR)

CONTACT NO:

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

LKK Auto Consultants hence notify
 the Repairer of the following:

- To resurvey before/after spray painting
- 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

AG-STAR-WI-ET-001-02-Rev00

Signature:

Date:

Venn - File

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

01/11/2019 9:12

JOB-NO: 50112159

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)
ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

CONTACT: 65533880
64739522

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3 CHECK WIRING & LIGHTING SYSTEM	1.00	30.00	0.00	30.00		Y	
TOTAL:		630.00	0.00	630.00			
MATERIALS							
1 REAR BUMPER	1.00	599.68	119.94	479.74	L	Y	
2 REAR BUMPER DIFFUSER	1.00	228.40	45.68	182.72	L	Y	
3 REAR BUMPER REINFORCEMENT	1.00	484.40	96.88	387.52	L	Y	
4 REAR BUMPER REINFORCEMENT SPONGE	1.00	98.99	19.80	79.19	L	Y	
5 REAR BUMPER CLIPS	1.00	35.00	0.00	35.00	S	Y	
6 REAR BUMPER ADS STICKER	1.00	120.00	0.00	120.00	S	Y	
7 REAR BUMPER PROTECTOR PAD	1.00	120.00	0.00	120.00	S	Y	
TOTAL:		1,686.47	282.30	1,404.17			
TOTAL PARTS & LABOUR :		2,316.47	282.30	2,034.17			

EXCESS/LOADING: \$ 0.00

No. Of Day: 2 days

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 1/11/19

SURVEYED BY:

CONTACT NO:

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

AFTER PAINT
EMAIL

Lumpsum

Labour = \$ 430

S/M = \$ 110

Parts = \$ 662.46

Lts+P = \$ 1202.46 - 20% 43
= \$ 961.00

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/SMO19019231/EVF3N2

Date: 11/11/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D19MTMC01001612
Claimant Vehicle No :	SHA8729D	Insured Vehicle No :	FBP2274E
Date of Loss:	30/10/2019	Nature of Claim:	TP
		Claim No:	CMTD1905077

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA8729D	Engine No:	D4FDGU695431
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMHU097223
Reg. Date:	22/12/2016 (Man. Year: 2016)	Odometer:	462108 km
Colour:	Yellow		
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:	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:	Triangle 5 mm	Rear Left Side:	Triangle 5 mm
Front Right Side:	Triangle 5 mm	Rear Right Side:	Triangle 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,404.18	772.46	631.72	44.99
Miscellaneous Items	0.00	0.00	0.00	
Labour	630.00	430.00	200.00	31.75
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,034.18	1,202.46	831.72	40.89
Approved Total (Overridden) (S\$)		950.00		
(S\$)	2,034.18	950.00	1,084.18	53.30
+ GST 7.00/7.00% (S\$)	142.39	66.50	75.89	53.30
Nett Amount (S\$)	2,176.57	1,016.50	1,160.07	53.30

INSPECTION

Date of Assignment:	30/10/2019	Inspected At:	31 Corporation Road
Date Inspected:	01/11/2019		Repairer:Ding Auto Pte Ltd
Estimated Period of Repair:	2.0 days		

Adjuster: CHEN TSUE YEE

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: 11 Nov 2019)
Parts:	143	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA8729D)	
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	Crushed	599.68 FL	*599.68 FL
2	1		*REAR BUMPER DIFFUSER	Cut	228.40 FL	*228.40 FL
3	1		*REAR BUMPER REINFORCEMENT	Not Necessary	484.40 FL	*- FL
4	1		*REAR BUMPER REINFORCEMENT SPONGE	Not Necessary	98.99 FL	*- FL
5	1		*REAR BUMPER CLIPS	Necessary	35.00 FS	*30.00 FS
6	1		*REAR BUMPER ADS STICKER	Necessary	120.00 FS	*80.00 FS
7	1		*REAR BUMPER PROTECTOR PAD	Not Necessary	120.00 FS	*- FS
					Sub Total (S\$)	1,686.47
					- List Item Discount on L Items 20.00/20.00% (S\$)	282.29
					Total Parts (S\$)	1,404.18
						772.46

F=Franchise part. S=SpcNett. 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
Labour Items				
1	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	New	350.00	200.00
2	RESPRAY REAR BUMPER	New	250.00	200.00
3	CHECK WIRING & LIGHTING SYSTEM	New	30.00	30.00
Gross Labour Cost (S\$)			630.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >