

ASS. REC. BY:

REF: CS/TMI 196 22094/F4f3n2

Special Instructions:

Surveyor: RAM

### ASSIGNMENT (Office)

From (Person): Ang chin Kiat

of Tm2

Date/Time: 16.12.19 14:59.7

Estimated Cost:

Bill to:

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

To inspect Vehicle No. SHC 87117

Insured: SM L 7755-S

at Workshop m/a Comfondelegro

Tel: 6214 8300

of 59 Loyang Drive

Policy No: MS006199

Claim No: M190972

Sum Insured:

**Discussion**

Make of Veh

DOA 12.12.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 16-12-19 2:47 p.m.

Person Contacted: *Simon*

Value IN / BITT

Date/Time	Action/Instruction (✓) Estimate
	SHC 8711T - NBA / NC 1981653517      BOA - 10/09/2019
	SML 77555 - X.

YSA FILE BY Ram

REF:

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHL3711T Yt Regn: 07/01 2016  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai i40 cc 1685  
 Colour: blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 362832 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLEA1UMGU08525  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / 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 washake  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 6 mm R/Bal. 7 mm  
 L/Bal. 6 mm L/Bal. 7 mm  
 D.O.A. 12/12/19 D.O.I. 16/12/19  
 Survey held at comfortelgia (Loring)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
N/S rear 9 N/S  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 18 DEC 2019

Tm1 LIS

P/P Repair: \$541 / = (Red: 1004.48, 77%)  
2 repair days  
 confirm on 18/12/19 with Sumani

18/12/2019

Date/Time, File Pass to? ☐ : Prel. Report  
18/12 Typist ☒ : Final Report  
 Date/Time, File Return to?

Days Of Repair: 2  
 Resurvey No. of Trip: 1

Report Form: TP  
 Lump Sum / U.C: 541

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

Survey Fee:	
Transportation:	<u>250</u>
	<u>11</u>
Photos:	
Other:	
TOTAL:	<u>261</u>

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	16 Dec 2019 10:22 Sendback Est	16 Dec 2019 10:34 S\$2,445.48	16 Dec 2019 14:15 Assign				<b>New Assignment</b> Cancel Case

Main

Reference

Claim Details

Documents

Show All

## CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8711T	Date of Loss:	12/12/2019 19:00 - :59 [47 Months and 5 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1909722	Policy/Cover Note No.:	MS006199 (Comprehensive) Coverage: 03/06/2019 - 02/06/2021
Vehicle Reg. No. (Insured):	SML77555	Policy No. (Claimant):	
		Excess:	S\$600.00
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 Ong Chin Kiat]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 26/12/2019]		

## ASSOCIATED MAIL RECEIVED

There are no mail for this case.

View All

Compose Case Mail

## ALL ASSOCIATED TASKS

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	13/12/2019 13:43
Date Of Accident	12/12/2019 19:30
Exact Location Of Accident	MOUNTBATTEN RD >KAMPONG ARANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8711T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

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

### Insurance Company

Name of Insurance Company	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	CHAN MUI
NRIC No	S0665141J
Date Of Birth	24/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1973
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97655361
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 183 JELEBU ROAD #16-46
Postcode	670183
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)	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

PLS REFER TO 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	SML7755S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	RIGHT FRT

No. Of Passenger (Including Driver)

# IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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5. Any false reporting may be referred to the Police for investigation.
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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.

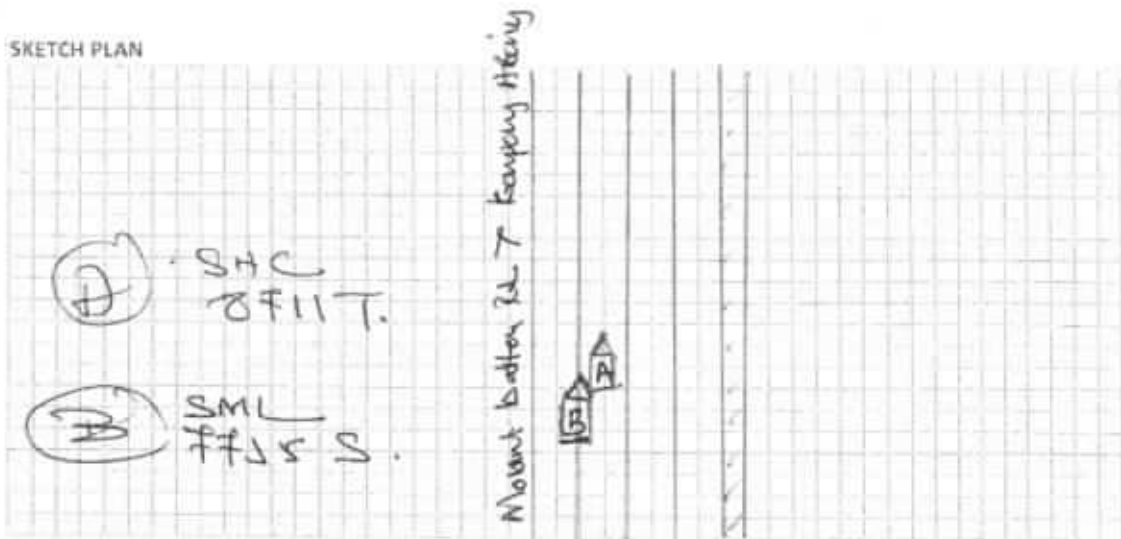
COMFORT TRANSPORTATION PTE. LTD.  
CO. REG. NO. 199303221H

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/Pass No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON: 12 Dec 2019 @ 1930 hrs. I vet

(A) Stop @ the above location.

Sudden VEH (B) from Rear hit VEH (A)

left Rear and left wing mirror.

@ the point of accident VEH (A)

carry a female who was injured.

DECLARATION

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

COMPACT TRANSPORTATION (P.L.C.)  
CO REG NO 199103521R

Car

N. M. 8/12

Policyholder's Signature  
Date & Time:

Driver's Signature  
If policy is not the policyholder's  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
Unit/Club ID:



Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305367210

MER  
COMFORT TRANSPORTATION PTE LTD  
MER NO. 7010045  
SS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
R) 65508755 (O)  
P)  
JNT CARD NO.

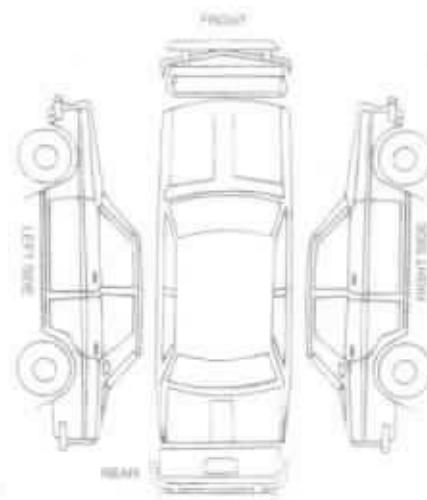
REGN NO.: SHC8711T	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL I-40	DATE/TIME IN 16.12.2019 09:05
YR OF MANU 07.01.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU083215	COMPLETION DATE/TIME

### JOB DESCRIPTION

Accident Date: 12.12.2019  
NATURE: 3P 12.12.19

S/NO	LABOR CODE	DESCRIPTION
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WL



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Agreement Slip

Exit Pass

SHC8711T

JU TOKIO LKK

Vehicle No.:

SHC8711T

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed 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:	12/12/2019
Vehicle Reg. No.:	SHC8711T	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 2.0 GDI (A)	Vehicle Reg. Date:	07/01/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU652694	Chassis No:	KMHLB41UMGU083215
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	1,124.48
Miscellaneous Items	11.00
Labour	1,310.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>2,445.48</b>
<b>+ GST 7.00% (S\$)</b>	<b>171.18</b>
<b>Nett Amount (S\$)</b>	<b>2,616.66</b>

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System

## REPAIR DETAILS

## Reference

**Part Source:** (Last Synchronised: 16 Dec 2019)

**Parts:** N/A HYUNDAI I40 2.0 GDi (A) (Model not available in database)

**Labour:** Repairer's (Price-denominated Standard List)

**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC8711T/16/12/2019 10:34

**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		*FRT LH SIDE MIRROR x(R)	20.00	0.00	*670.00 FL
2	1		*REAR BUMPER ASSY x(R)	20.00	0.00	*553.00 FL
3	1		*REAR BUMPER LH SIDE BRACKET xun	20.00	0.00	*35.60 FL
4	1		*REAR BUMPER MAT xun	0.00	0.00	*50.00 F
5	1		*REAR BUMPER ADVERTISEMENT LOGO xun	0.00	0.00	*50.00 F
6	10		*REAR BUMPER CLIPS xun	20.00	0.00	*22.00 FL

F=Franchise part, L=ListItemDisc.

Sub Total (S\$) 1,380.60

- List Item Discount on L Items (S\$) 256.12

Total Parts (S\$) 1,124.48

ComfortDelGro Engineering Pte Ltd/SHC8711T/16/12/2019 10:34. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

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

Acknowledged by Repairer:

Signature:

Date:

Reim (LKK)  
16/12/19 1305 hrs  
Ramaswami@LKKAuto.com  
8856 22778 hrs  
ed + spray photo  
L/S (2) repair days

## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	560.00
2	SPRAYPAINT	New	600.00
3	WIRING	New	50.00
4	REMOVE/REFIX REVERSE SENSOR	New	100.00
Gross Labour Cost (S\$)			1,310.00

ComfortDelGro Engineering Pte Ltd/SHC8711T/16/12/2019 10:34. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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

Acknowledged by Repairer

Signature:

Date:

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

JOB NO : 305367210  
REGN NO : SHC8711T  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 07.01.2016  
DATE/TIME IN : 16.12.2019 09:05  
ACCIDENT DATE : 12.12.2019

## 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	200.00
0002 20-05	RENEW ADVERTISMENT STICKER-	50.00
0003 L	MERIMEN FEE	11.00

SUB-TOTAL : 541.00

TOTAL : 541.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Our Job Ref No 305367210

Date : 17/12/2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC8711T

5367141 12/12/19

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

1. The repair job shall bill to: TOKIO --- SML7755S  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges	###	\$541.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$541.00</b>
	###	
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
<b>Final Lumpsum Repair cost</b>		

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 : RAM

Date : 18/12/19

### 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/TMI19022094/FTF3N2  
Date: 23/12/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MS006199

Claimant Vehicle No : SHC8711T

Insured Vehicle No : SML7755S

Date of Loss: 12/12/2019

Nature of Claim: TP Claim No: M1909722

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8711T

Make &amp; Model: HYUNDAI I40, 2.0 GDI (A)

Engine No: D4FDGU652694

Reg. Date: 07/01/2016 (Man. Year: 2015)

Chassis No: KMHLB41UMGU083215

Colour: Blue

Odometer: 362832 km

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 6 mm

Rear Left Side: West Lake 7 mm

Front Right Side: West Lake 6 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	1,124.48	50.00	1,074.48	95.55
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,310.00	480.00	830.00	63.36
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,445.48</b>	<b>541.00</b>	<b>1,904.48</b>	<b>77.88</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>171.18</b>	<b>37.87</b>	<b>133.31</b>	<b>77.88</b>
<b>Nett Amount (S\$)</b>	<b>2,616.66</b>	<b>578.87</b>	<b>2,037.79</b>	<b>77.88</b>

INSPECTION

Date of Assignment: 16/12/2019 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)  
Date Inspected: 16/12/2019 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)  
59 Loyang Drive  
Singapore 508969  
Estimated Period of Repair: 2.0 days

Adjuster: PARASURAM SHANMUGAM

Manager: DENISE TAY KWEE CHENG

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

## REPAIR DETAILS

### Reference

<b>Part Source:</b>	(Last Synchronised: 23 Dec 2019)	
<b>Parts:</b>	N/A	HYUNDAI I40 2.0 GDI (A) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC8711T)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Reference	Amount
1	1		*FRT LH SIDE MIRROR	Repair	670.00 FL	-	*-FL
2	1		*REAR BUMPER ASSY	Repair	553.00 FL	-	*-FL
3	1		*REAR BUMPER LH SIDE BRACKET	Not Necessary	35.60 FL	-	*-FL
4	1		*REAR BUMPER MAT	Not Necessary	50.00 F	-	*-FS
5	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	-	*50.00 FS
6	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	-	*-FL

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

<b>Sub Total (\$\$)</b>	<b>1,380.60</b>	<b>50.00</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	256.12	0.00
<b>Total Parts (\$\$)</b>	<b>1,124.48</b>	<b>50.00</b>

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	560.00	280.00
2	SPRAYPAINT	New	600.00	200.00
3	WIRING	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	100.00	0.00
Gross Labour Cost (S\$)			1,310.00	480.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >