

22/03/2002

ASS. REC. BY:

REF: CS / GA1 190222/4 / Fy4312

Special Instruction:

Surveyor: Ram

ASSIGNMENT (Office)

From (Person): Kelynn Ngran

of GA1

Date/Time: 16.12.19 456p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHD 6687M

Insured: SLA 3849B

at Workshop m/s Comfortdelgno

Tel: 6214 8315

of 59 layang Drive

Policy No:

Claim No: SLA 3849B

Sum Insured:

Excess:

Make of Veh:

D.O.A. 14.12.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 17.12.19 11:00 a.m

Person Contacted: Luman

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 6687M - CS / FC1 19000974 / Wd 3m2 DOA - 07/01/2019
	SLA 3849B - NBA / GA2 17017307 / 4 DOA - 09/09/2017
3/1/20	Sent Prelis to Insurance

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.

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:

SHD 6687M

Yr Regn:

09/04/2015

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

Truck / Trailer or

Make:

Hyundai

C.C.

1991

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp. Reading:

T38689

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLEB41UMFU067959

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

Hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

14/12/19

D.O.I.

17/12/19

Survey held at

comfotdetro (Loyang)

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

O/S

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

Date / Time

Action / Instruction

\$4200/- (Red \$2199.08, front 39%)
 HS: \$4150/- 4 repair days
 confirm with A. Juman on 31/12/19

RECEIVED 03 JAN 2020

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 3/1/20 Typist

Report Formed:

Lump Sum

L.C.R. AS

\$4200/-

Days Of Repair:

4

Resurvey No. of Trip:

2

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

290

Transportation:

S + RS \$

Photos

Others

TOTAL

290



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref:

Date: 03 Jan 2020

Our Ref: CS/GAI19022214/Fyf3

The Motor Claims Department
GREAT AMERICAN INSURANCE

Dear Sir/Madam,

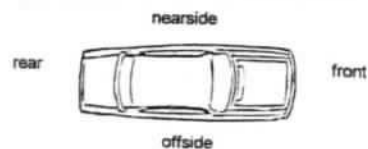
INITIAL INSPECTION REPORT OF VEHICLE NO. SHD6687M

Please be informed that we had conducted the inspection of the abovementioned vehicle on 14/12/2019 at the premises of M/s COMFORTDELGRO ENG'RG and have the following to report:-

Workshop Estimate Amount	: S\$ <u>6,999.08</u>
Revised Estimate Amount	: S\$ <u>4,200.00</u>
"Check" Items Amount	: S\$ _____
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

Description of Damage:

The vehicle sustained damages
At the o/s portion



Yours faithfully

Ram
Automotive Assessor

Nivitha (LKK Auto)

From: Ngian, Kelvyna <kelvyna.ngian@sg.gaig.com>
Sent: Monday, 16 December 2019 4:56 PM
To: Admin-D (LKKAuto); 'Admin A'; assignments
Subject: TP survey : DOA.14.12.19 SHD6687M with insured SLA3849B - GAIG
Attachments: TP.pdf

Hi all,

Please conduct TP survey. Our insured has not reported.

Thanks
Kelvyna

From: Jumani Bin Masudin <jumanibm@cdge.com.sg>
Sent: 16 December 2019 4:49 PM
To: Ngian, Kelvyna <kelvyna.ngian@sg.gaig.com>
Subject: [External] Re: DOA.14.12.19 SHD6687M with your insured SLA3849B - GAIG

Hi Kelvyna

We choose LKK auto Consultants

Best Regards

Jumani Masudin

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Tel. 6214-8315 / Fax. 6546-8156



Think Before Printing

From: Jumani Bin Masudin <jumanibm@cdge.com.sg>
Sent: 16 December 2019 11:55 AM
To: Motor Claims <motorclaims@sg.gaig.com>
Cc: Tan, Rachel <rachel.tan@sg.gaig.com>; Ngian, Kelvyna <kelvyna.ngian@sg.gaig.com>
Subject: [External] DOA.14.12.19 SHD6687M with your insured SLA3849B - GAIG

TO

Officer in charge

Please expedite

Best Regards

Jumani Masudin

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Sur Raman
P: Jumani
T: 17.12.19 11.40am
Vily
Gur ✓



Think Before Printing

From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

Sent: Monday, 16 December 2019 11:42 AM

To: Jumani Bin Masudin

Subject: Scan Image

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305367149

Date : 16-12-19

Time of Fax: _____

Via Fax : Email

Your Insured: SLA 3849 B

Date of Acc : 14-12-19

Attn: Motor Claims Department

Great Angkorian

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

D 6687M

Our client has engaged us to repair the above vehicle and submit claims against the other party/parties-involved in the accident _

In accordance to the motor claims framework, we hereby request your presence at 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.

Enclosed, please find:

- i) Our initial estimate of repairs of the damaged vehicle;
- ii) Accident report made by our client.

I would appreciate it if you could call us to arrange for the survey of the vehicle:-

• Lim Kwok Eng	Tel: 6214 8316 or HP: 9824 0811	} jumanibm@cdege.com.sg Fax no. 6546 8156
• Jumanibin Masudin	Tel: 6214 8315 or HP: 9635 5305	
• Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546	
• Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006	
• Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824	
• Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176	

→ If we do not hear from you within the next 48 hours, we shall deem that you have waived your rights to survey our client's vehicle and we shall proceed to engage independent surveyor without further reference to you. We henceforth reserve our rights to claim for Loss of Use and Loss of Rental during any delayed period of this survey arrangement.

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a Motor Surveyor appointed by the Insurance company.

Thank you.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery

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	16/12/2019 08:53
Date Of Accident	14/12/2019 15:40
Exact Location Of Accident	ORCHARD BLVD TWDS B4 ION ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6687M
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 YEW FAI(SHEN YAOHUI)
NRIC No	S7217577H
Date Of Birth	04/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1972
Driving Experience	47 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91190323
Fax Number	
Contact Number	
Email Address	JACKSYF@HOTMAIL.COM

Address	BLK 28 BALAM ROAD #03-23
Postcode	370023
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	SLA3849B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BOTHRA VIRA CHAND
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	LEFT FRT
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. 109303821K

Policyholder's Signature
Date & Time:

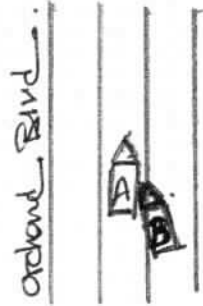
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) SHD
6687M.

(B) SLA
3849R.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 Dec. 2019 @ 1540 hrs I left

(A) slows down at stop @ the above location. Suddenly VEH (B) from Right lane, dash to my lane and hit VEH (A) Right front door. @ the point of accident VEH (A) no pass.

DECLARATION

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

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

Policyholder's Signature
Date & Time:

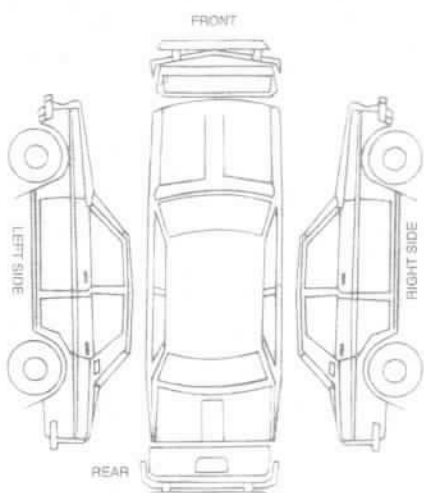
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305367149
MEMBER NO. 7010045	REGN NO.: SHD6687M	MILEAGE	
383 SIN MING DRIVE	MAKE: HYUNDAI	FUEL	
Singapore SINGAPORE 575717	MODEL: I-40	DATE/TIME IN	15.12.2019 08:20
65508755 (R) (P)	YR OF MANU: 09.04.2015	TARGET DATE	
UNT CARD NO.	CHASSIS CODE: KMHLB41UMFU067959	COMPLETION DATE/TIME:	

Accident Date: 14.12.2019
NATURE: 3P 14.12.19

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

RECEIVED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Assignment Slip	Exit Pass
Vehicle No.: SHD6687M	Vehicle No.: SHD6687M
Signature/Date	Name of Service Advisor
Signature/Date	Date
Returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHD 6687M

DATE 16/12/2019 11:17

MAKE :

MODEL : HYUNDAISONATA 140

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Fender (RH) <i>DD</i>			\$ 1,935.90
	Rear Fender Inner Lining (RH) <i>DD</i>			\$ 74.10
	Rear Windscreen Moulding <i>rec</i>			\$ 60.00
	Rear Door (RH) <i>X(R)</i>			\$ 1,294.70
	Front Door (RH) <i>BUC</i>			\$ 1,344.50
	Rocker Panel Outer Garnish (RH) <i>X(R)</i>			\$ 463.40
	SUB TOTAL			\$ 5,172.60
	LESS 20%			\$ 1,034.52
	DISCOUNTED TOTAL			\$ 4,138.08
			2731.6	
	Rear Fender Advertisement Logo (LH/RH) <i>rec</i>	\$	100.00	\$ 200.00 Nett
	Rear Windscreen Sealant <i>rec</i>			\$ 46.00 Nett
	Rear Door Advertisement Logo (RH) <i>rec</i>			\$ 100.00 Nett
	Rear Door Tel No. Sticker (RH) <i>rec</i>			\$ 10.00 Nett
	Front Door Coloured Comfort Logo (RH) <i>rec</i>			\$ 75.00 Nett
	Front Door Advertisement Logo (RH) <i>rec</i>			\$ 100.00 Nett
				\$ 531.00
				3262.6
				31120
	Labour Charge			
	Panel Beating			\$ 850.00 <i>340</i>
	Spray Painting Charge			\$ 750.00 <i>350</i>
	Wiring Charge			\$ 50.00 <i>XUN</i>
	Tuff Kote			\$ 50.00 <i>XUN</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>BRO</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>QLO</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>3XUN</i>
	Transfer of Door	\$	120.00	\$ 240.00 <i>\$160</i>
	TOTAL LABOUR			\$ 2,330.00
	ESTIMATE TOTAL			\$ 6,999.08
				7349.08
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

Our Job Ref No 305367149

Date : 26/12/2019

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6548 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHD6687M

5367141 14.12.19

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

1. The repair job shall bill to: GREAT AMERICAN --- SLA3849B
###

2. The finalized amount shall be:

(a) Spare Parts after List discount *unmend*

(b) Labour Charges ###

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

###

\$4200.00

\$4,250.00 ~~\$4150.00~~

3. Estimated normal period for repairs: 4 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 : 31/12/19

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:

Our Job Ref No 305367149

Date : 26/12/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHD6687M

5367141 14.12.19

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

1. The repair job shall bill to: GREAT AMERICAN --- SLA3849B
###

2. The finalized amount shall be:

(a) Spare Parts after List discount Y

(b) Labour Charges ###

Total for Part-By-Part Repair Cost

###

(c.) Lumpsum Repair (if applicable) N

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

~~\$4,250.00~~ \$4150.00 X

3. Estimated normal period for repairs: 4 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 : 31/12/19

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**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI19022214/Fyf3e2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWERS SINGAPORE 039190

Date : 07-01-2020



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLA 3849B	Veh. Inspected	SHD 6687M
Policy No.		Coverage (\$)	0.00
Claim No.	SLA 3849B	Excess (\$)	0.00
Assign From	KELVYNA NGIAN	Assign Date	16/12/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067959	Colour	BLUE
Odometer	738689	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	14/12/2019	Inspection Date	17/12/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6687M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR FENDER (RH)	DENTED	1,935.90	1,935.90
1	REAR FENDER INNER LINING (RH)	DENTED	74.10	74.10
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR DOOR (RH)	TO REPAIR SEE LABOUR	1,294.70	-
1	FRONT DOOR (RH)	BUCKLED	1,344.50	1,344.50
1	ROCKER PANEL OUTER GARNISH (RH)	TO REPAIR SEE LABOUR	463.40	-
	LESS 20% DISCOUNT		-1,034.52	-682.90
			4,138.08	2,731.60
<u>SPECIAL NETT ITEMS</u>				
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR DOOR ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	REAR DOOR TEL NO. STICKER (RH) (SN)	NECESSARY	10.00	10.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH) (SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			531.00	531.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR DOOR (RH) AND ROCKER PANEL OUTER GARNISH (RH).		1,200.00	1,120.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	80.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	60.00
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.		240.00	160.00
			2,680.00	2,020.00
GRAND TOTAL			7,349.08	5,282.60

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,200.00
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PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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