

Surveyor

RAM

ASSIGNMENT (Office)

From (Person):

Grau To

of

SMO

Date/Time:

22.12.19 12.00 pm

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SHC 2179U

Insured:

SLZ 2914X

at Workshop m/s

Comfordulgo

Tel:

6214 8355

of

59 Ioyang Ave

Policy No:

Claim No:

CMT1905941 RUC

Sum Insured:

Excess:

Make of Veh:

D.O.A

21.12.2019

(Client's Record)

CA / REV / REP / REV 24 HRS

"up"

H.O.D. Endorsement

Date/Time:

23.12.19 1.40p.m

Person Contacted:

Kwok Emy

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 2179U - NA / INC 06007832/f1

D.O.A - 20/10/2018

SLZ 2914X - X

24/12/19

Email preli revised to Sampo

ASS. REC. 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

SHC21790

Yr Regn:

08/11 / 2018

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

Truck / Trailer or

Make:

Hyundai i0nig (52) c.c 1580

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

162033

T/Radio: Insured / Std / NI / NA

Eng/No:

-

C/No:

KMHC851CVKUI15136

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: 195/65 RS

R: -

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

TOYO / YOKO or

DAVANT 1

Front

Rear

R/Bal.

7 mm

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

21/12/19

D.O.I.

23/12/19

Survey held at

comfortdelgio (Loyang)

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

SOMP

P/R

P/R: \$21343.41/- with 2 repair days (Red 631.37, 31/12)
confirm on 31/12/19 with Lim Kwok Eng

RECEIVED 02 JAN 2020

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 0/1 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

240

Transportation:

3 + RS, \$

Photos

Others

TOTAL

240

Report Format:

TP

Lump Sum / L.S. (\$)

1343.41

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 24 December 2019 11:03 AM
To: 'Teo, Grace'; 'Chua, Gek Tiang Ruth'; SUR
Cc: 'Ye, Yong Kang Melvin'; 'Henry, Irene James'
Subject: RE: CMTD1905941/RUC - LKK/ SLZ2914X & SHC2179U ACC ON 21.12.19
Attachments: SHC 2179U PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHC 2179U
Date of survey: 23/12/2019
Number of days (estimated) : 2 days

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)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Monday, 23 December 2019 1:38 PM
To: 'Teo, Grace' <grace.teo@sompo.com.sg>; limke@cdge.com.sg; assignments <assignments@lkkauto.com>; 'Chua, Gek Tiang Ruth' <ruth.chua@sompo.com.sg>; SUR <sur@lkkauto.com>
Cc: ngnp@cdge.com.sg; rogerhow@cdge.com.sg; 'Ye, Yong Kang Melvin' <melvin.ye@sompo.com.sg>; 'Henry, Irene James' <irene.henry@sompo.com.sg>
Subject: RE: CMTD1905941/RUC - LKK/ SLZ2914X & SHC2179U ACC ON 21.12.19

Dear Sir/Madam,

Thank you for your assignment.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Monday, 23 December, 2019 1:20 PM
To: limke@cdge.com.sg; 'admin-d@lkkauto.com' <admin-d@lkkauto.com>; 'assignments@lkkauto.com' <assignments@lkkauto.com>; Chua, Gek Tiang Ruth <ruth.chua@sompo.com.sg>
Cc: ngnp@cdge.com.sg; rogerhow@cdge.com.sg; Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>
Subject: CMTD1905941/RUC - LKK/ SLZ2914X & SHC2179U ACC ON 21.12.19

Without Prejudice

Our Reference: CMTD1905941/RUC
Your Reference: SHC2179U

Hi Mr. Lim,

We acknowledged receipt of your claim documents.

Please be informed that **Ms. Ruth Chua** is the handler of this case who can be contacted at 63295 153/
ruth.chua@sompo.com.sg.

Please be informed that we have appointed **LKK AUTO** to survey the above vehicle.

Aside to **LKK AUTO**,

Please make the arrangement to survey for **SHC2179U** on a without prejudice basis and revert your report upon completion of survey to my colleague, Ms. Ruth.

Thank you.

Our office will be closed on Christmas, New Year's Eve and New Year Day. Business will resume on 26th December 2019 and 2nd January 2020 respectively.
We wish you a Merry Christmas and a Happy New Year!

Best Regards
Grace Teo
Claims Division
D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to motorsurvey@sompo.com.sg



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From: Lim Kwok Eng <limke@cdge.com.sg>

Sent: Monday, December 23, 2019 12:19 PM

To: Claims - Motor Survey <MotorSurvey@sompo.com.sg>; Teo, See Ling <seeling.teo@sompo.com.sg>

Cc: Ng Nyuk Phin <ngnp@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>

Subject: SHC2179U with your insured SLZ2914X

To Officer In Charge

Pls arrange surveyor, refer attachments

Best Regards

Lim Kwok Eng

Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8355 / 6214-8156



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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]



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: CMTD190594/RUC

Our ref: CS/SMO19022462/Fvf3

Date: 24/12/2019

The Motor Claims Department
M/s SOMPO INSURANCE SINGAPORE PL

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO. SHC 2179U

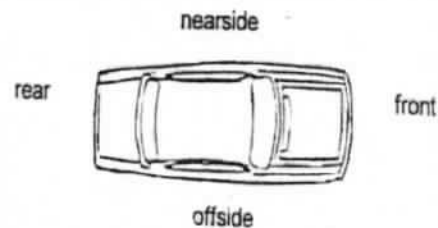
We thank you for your instruction on 23/12/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 23/12/2019 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$	1,974.78
Revised Estimate Amount	: S\$	1,391.64
"Check" Items Amount	: S\$	135.70
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,

PARASURAM S/O SHANMUGAM
Asst. Automotive Assessor

Summer Lee (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Monday, 23 December, 2019 1:20 PM
To: limke@cdge.com.sg; 'admin-d@lkkauto.com'; 'assignments@lkkauto.com'; Chua, Gek Tiang Ruth
Cc: ngnp@cdge.com.sg; rogerhow@cdge.com.sg; Ye, Yong Kang Melvin; Henry, Irene James
Subject: CMTD1905941/RUC - LKK/ SLZ2914X & SHC2179U ACC ON 21.12.19
Attachments: 2472_001.pdf

Without Prejudice

Our Reference: CMTD1905941/RUC
Your Reference: SHC2179U

Hi Mr. Lim,

We acknowledged receipt of your claim documents.

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ruth.chua@sompo.com.sg.

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Thank you.

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Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

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From: Lim Kwok Eng <limke@cdge.com.sg>

Sent: Monday, December 23, 2019 12:19 PM

To: Claims - Motor Survey <MotorSurvey@sompo.com.sg>; Teo, See Ling <seeling.teo@sompo.com.sg>

Cc: Ng Nyuk Phin <ngnp@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>

Subject: SHC2179U with your insured SLZ2914X

To Officer In Charge

Pls arrange surveyor, refer attachments

Best Regards

Lim Kwok Eng

Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8355 / 6214-8156



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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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	23/12/2019 09:09
Date Of Accident	21/12/2019 12:50
Exact Location Of Accident	CTE SLIP RD TOWARDS PIE UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2179U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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	LEE ENG SIN
NRIC No	SXXXX628H
Date Of Birth	26/04/1949
Occupation	OUTDOOR
Date Of Driving Pass	07/01/1983
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97527010
Fax Number	
Contact Number	
EMail Address	LIZQ78@YAHOO.COM

Address	407 06-85 SERANGOON AVE 1
Postcode	550407
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?	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

SEE ATTACH.

Attachment(s)

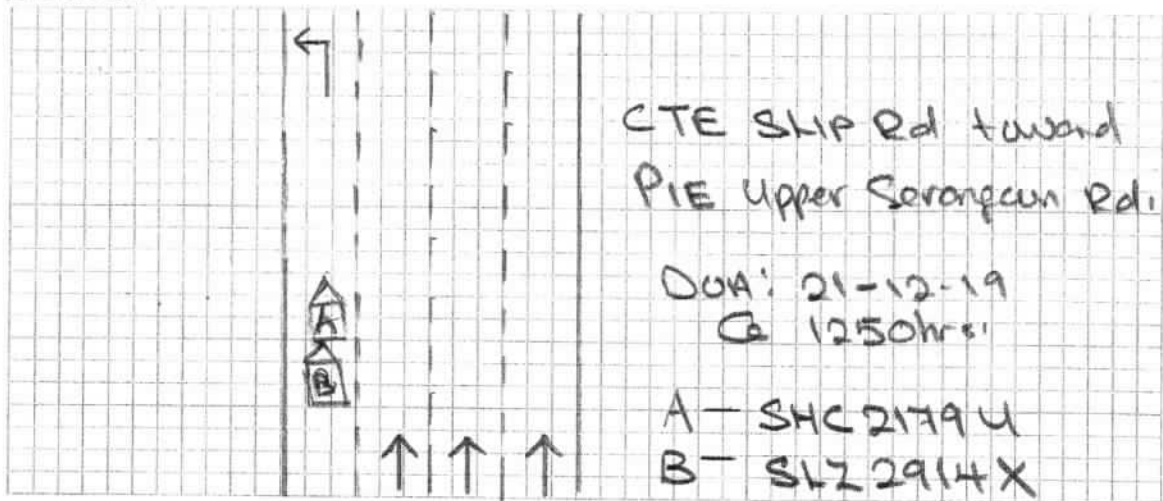
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ2914X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21-12-19 Q 1250hrs, I was driving along CTE SHIP Rd towards PIE Upper Serongcan Rd. There is front vehicle slow down and stop. I apply brake and slow down stop. Suddenly Veh (B) SLZ 2914 X hit my taxi on the rear left portion cause damaged.

There is video footage on the scene.

There is (1) female Pax and No injury.

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: *Fay*
NRIC/FIN No.:

61ADP4 SketchPlanForm V3

Sketch Plan Pg. 2

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:

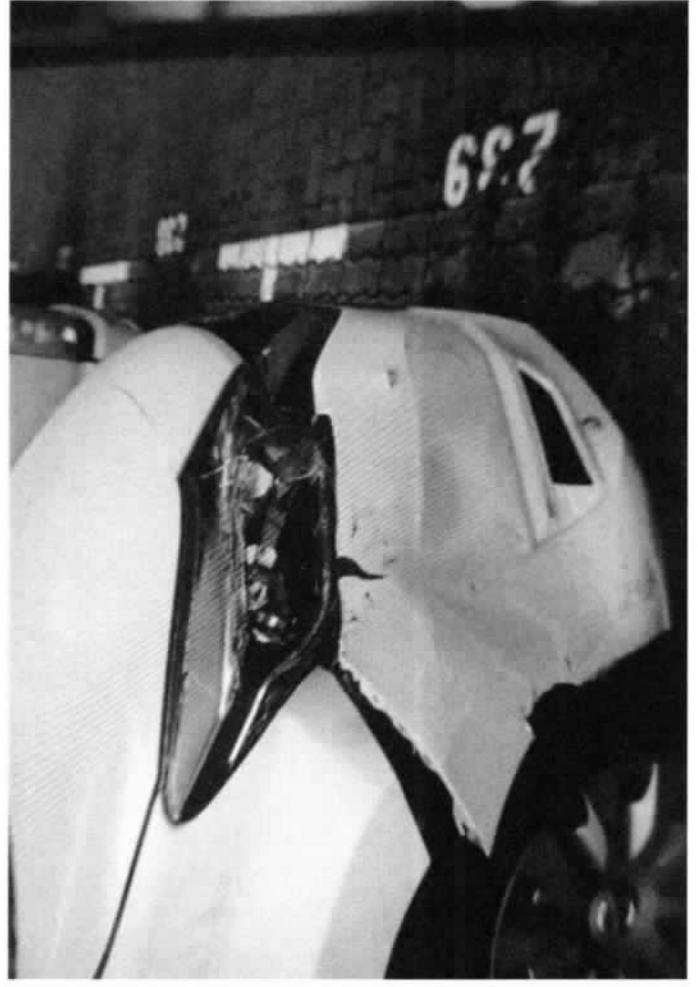
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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. 198303621R

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(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305368979

OMER
S
COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO.
383 SIN MING DRIVE
ESS
Singapore SINGAPORE 575717
65508755
(R)
(P)

UNT CARD NO.

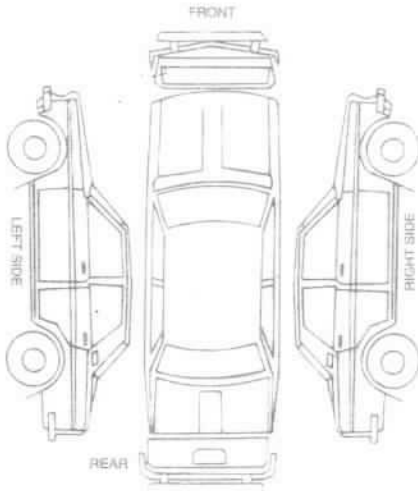
Som Po

REGN NO.: SHC2179U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 22.12.2019 08:40
YR OF MANU 08.11.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU115136	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.12.2019
NATURE: 3P 21.12.2019

S/NO LABOR CODE DESCRIPTION



LED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Idgement Slip	Exit Pass
o.: SHC2179U LKE	Vehicle No.: SHC2179U
Service Advisor	Signature/Date
igned to Service Reception upon collection	Name of Service Advisor
	Date
	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2179U

DATE 23/12/2019 9:53

MAKE :

MODEL : HYUNDAI IONIQ

Lke - r SompO

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>BUX</i>			\$ 459.40
	Rear Bumper Centre Moulding Assy <i>CBQ</i>			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy <i>Xnn</i>			\$ 155.00
	Rear Bumper Stay <i>Xnn</i>			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) <i>Xnn</i>		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips <i>nee</i>			\$ 22.00
	Rear Bumper Reflector Lamp (LH) <i>scr</i>			\$ 31.90
	SUB TOTAL			\$ 1,323.85
	LESS 20%			\$ 264.77
	DISCOUNTED TOTAL			\$ 1,059.08
	Rear Bumper Reverse Sensor <i>? Xnn</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>nee</i>			\$ 50.00 Nett
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 350.00 <i>\$320</i>
	Spray Painting Charge			\$ 250.00 <i>\$200</i>
	Wiring Charge			\$ 50.00 <i>Xnn</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>\$50</i>
	TOTAL LABOUR			\$ 730.00
	ESTIMATE TOTAL			\$ 1,974.78
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.				

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:

24/12/19 Ram (LKK)
23/12/19 1410 hrs
Peragran @ LKK Auto.com
886272 hr
Ref paint photo
2 repair days

Our Job Ref No 305368979
Date : 30.12.19

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

FINALIZATION FORM

To : LKK
Attn : Mr RAM
Vehicle Reg No. SHC2179U CTPL

Fax :

21.12.19

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

1. The repair job shall bill to: SOMPO --- SLZ2914X
2. The finalized amount shall be:


(a) Spare Parts after List discount	<u>\$773.41</u>
(b) Labour Charges	<u>\$570.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,343.41</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	<u>20%</u>
Final Lumpsum Repair cost	


3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

REPAIR ESTIMATE*

DATE 23/12/2019 9:53

MAKE :

MODEL : HYUNDAI IONIQ

Like

Sompo

↑

Nett

Nett

\$275

\$200

XCM

\$50

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.

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

JOB NO : 305368979
 REGN NO : SHC2179U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 08.11.2018
 DATE/TIME IN : 22.12.2019 08:40
 ACCIDENT DATE : 21.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	25.00	344.55	Bu
0002	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	25.00	338.44	Cra
0003	04-01-0104-0851-G	IONIQVC REFLECTOR/REFLEX	1 L	31.90	25.00	23.92	Gcr
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	25.00	16.50	rec
0005	04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1 N	50.00	2.50	50.00	rec

SUB-TOTAL : 773.41

JOB NATURE

0000 L	PANEL BEATING	320.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 20-22	REMOVE/REFIX REVERSE SENSOR	50.00

SUB-TOTAL : 570.00

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

JOB NO	:	305368979
REGN NO	:	SHC2179U
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	08.11.2018
DATE/TIME IN	:	22.12.2019 08:4
ACCIDENT DATE	:	21.12.2019

JOB / PARTS DESCRIPTION

[illegible]

TOTAL : 1,343.41

MVA NAME & SIGNATURE
DATE :

_____ AUTHORIZED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Veron Chen (LKKAUTO)

From: Lim Kwok Eng <limke@cdge.com.sg>
Sent: Monday, 30 December 2019 8:00 PM
To: Parasuram (LKK Auto); Veron Chen (LKKAUTO)
Cc: Roger How Keen Meng; Tan Pei Wei
Subject: SHC2179U finalize
Attachments: 2621_001.pdf

Dear Ram / Veron,

Pls refer attachments

Photo b4 paint taken by Ram.

Best Regards

Lim Kwok Eng

Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8355 / 6214-8156



Think Before Printing

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

**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

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO19022462/Fvf3e2

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERSINGAPORE 048623

Date : 07-01-2020



Code : SMO

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLZ 2914X	Veh. Inspected	SHC 2179U
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1905941/RUC	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	23/12/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU115136	Colour	BLUE
Odometer	162033	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	21/12/2019	Inspection Date	23/12/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2179U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	BUCKLED	459.40	459.40
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	NOT NECESSARY	155.00	-
1	REAR BUMPER STAY	NOT NECESSARY	138.10	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	NOT NECESSARY	66.20	-
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR LAMP (LH)	SCRATCHED	31.90	31.90
	LESS 20% DISCOUNT		-264.77	-
	LESS 25% DISCOUNT		-	-241.14
			1,059.08	723.41
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	50.00
			730.00	570.00
GRAND TOTAL			1,974.78	1,343.41
RECOMMENDED COST OF REPAIRS				1,343.41

Report Ref No. CS/SMO19022462/Fvf3e2

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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