

ASS. REC. BY:

REF: CS / GAL 18002891 / KHBn2

Special Instruction:

Survivor:

ASSIGNMENT (Office)

From (Person): Kelyna of GAL Date/Time: 13.12.2018 1:58pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 831H Insured: SKV 8415M

at Workshop m/s Comfort Delgro Tel:

of 59 Loyang Drive

Policy No: Claim No: SKV 8415M

Sum Insured: Excess:

Make of Veh: D.O.A. 0602018  
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp

H.O.D. Endorsement:

Date/Time: Person Contacted: Ching Vehicle: IN / OUT

Date/Time	Action/Instruction ( ✓ ) Estimate
	SHC 831H - CS / GAL 18002891 / KHBn2
	SKV 8415M - x

D.A. 01.12.18

Kalvin

# ASSIGNMENT

Ref: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

CD / TP / WS / TP RES / CD RES / EVAL / INV / MV

To: (Road / Other) \_\_\_\_\_

at: (Workshop / Other) \_\_\_\_\_

By: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Damage: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Client's Record: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_

Policy Condition: \_\_\_\_\_

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

Station / Market Value: \_\_\_\_\_

DAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GA / PR Report: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ Days Rep: Yes or No

Lum Sum: \_\_\_\_\_ % B Val: Yes or No

GA / REV / REP / 24 HRS

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

Vehicle: SHC 831 H Reg: 25 July 2013

Type: M/Car / M/Cycle / Bus / Van / Lorry / 0 Prime Mover

Truck / Trailer: \_\_\_\_\_

Make: Mitsubishi E20 No: 2143

Colour: White A/C: 6 Std: NT/NA

Seating: 7 64381 T/Pack: Ins Std: NT/NA

Eng No: \_\_\_\_\_

C No: WDD2120022A737685

Gen Cond: Good / 6 Poor / Burnt

Steering: 6 Inop / Jammed / Leaked / Burnt or

Brake: 6 Inop / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD 0 / Minor

Tyre Size: FR 205 / 60 R16

R: \_\_\_\_\_

0 DUN / EXNOVA / GY / RS / LIZA / MIC / OHTSU / RIR / SUM / TOYO / YOKO or

Front: 7 Rear: 7

FR Bal: 7 RR Bal: 7

LC Bal: 7 RC Bal: 7

D.O.A: 6/2/8 D.O.R: 9/2/8

Survey held at: CPH (Lm)

Des. of Damages: FR / Rear / O/S / N/S / U/C / Roof/Door or Rear N/S

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

Date Time Action / Instruction

13/2/8 Calcl 4541650 / 2ly, (Red: 2386, 58%) GAZ

RECEIVED 20 FEB 2010

See The File Read: ☐ Prel Report ☒ Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

See The File Read: 14/2 Typist

Add Fee: ☐ Stair Fee 0 ☐ Other Fee 0

TP 1650

250



# 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/GAI18002891/K1tb

3 TEMASEK AVENUE  
#16-01 CENTENNIAL TOWER  
SINGAPORE 039190

Date : 13-02-2018



Code : GAI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKV 8415M	Veh. Inspected	SHC 831H
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	KELVYNA	Assign Date	13/02/2018

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	06/02/2018	Inspection Date	13/02/2018
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.
--

## Catherine Chong (LKK Auto)

---

**From:** Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>  
**Sent:** Tuesday, 13 February, 2018 1:58 PM  
**To:** Catherine Chong (LKK Auto); SUR  
**Subject:** FW: SHC831H VS SKV8415M (GA) THRID PARTY CLAIMS (DOA 6 Feb 18)  
**Attachments:** img-207132531-0001.pdf; SKV8415M.pdf; SHC831H.pdf

Hi team

TP survey

Thanks  
Kelvyna

From: Chiang Liat Choon/cdge/delgronotes  
To: "Ngian, Kelvyna" <Kelvyna.Ngian@sg.gaig.com>.  
Date: 09/02/2018 08:57 AM  
Subject: RE: SHC831H VS SKV8415M (GA) THRID PARTY CLAIMS (DOA 6 Feb 18)

---

Hi kelvyna,

LKK Auto Consultant. please.

Best Regards  
Chiang Liat Choon  
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd  
Off: 62148314 Fax: 65468156

From: "Ngian, Kelvyna" <Kelvyna.Ngian@sg.gaig.com>  
To: Chiang Liat Choon <chianglc@cdge.com.sg>.  
Date: 08/02/2018 06:31 PM  
Subject: RE: SHC831H VS SKV8415M (GA) THRID PARTY CLAIMS (DOA 6 Feb 18)

---

WITHOUT PREJUDICE

Dear Sir

We append the following list of our panel surveyors:-

1. AJAX Adjusters & Surveyors Pte Ltd
2. L.B.S. Automotive Appraisal Pte Ltd
3. Priority Services
4. RT Appraisal Pte Ltd
5. LKK Auto Consultants

Please advise

Thanks  
Kelvyna

**From:** Tan, Rachel  
**Sent:** Wednesday, February 07, 2018 1:44 PM  
**To:** Chiang Liat Choon <chianglc@cde.com.sg>  
**Cc:** Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>  
**Subject:** RE: SHC831H VS SKV8415M (GA) THRID PARTY CLAIMS (DOA 6 Feb 18)

Without Prejudice

Dear Sir  
Noted on your request for PRI. We will check and revert back to you.

Hi Kelvyna, please assist. Thank you.

Regards  
Rachel Tan  
Executive, Motor Claims, Great American Insurance Company  
Tel: 6804 7846

**From:** Chiang Liat Choon [mailto:chianglc@cde.com.sg]  
**Sent:** Wednesday, February 7, 2018 1:40 PM  
**To:** General Claims <GeneralClaims@sg.gaig.com>  
**Cc:** Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Subject:** Fw: SHC831H VS SKV8415m THRID PARTY CLAIMS

Dear Rachel,

Attached herewith repair estimate

Best Regards  
Chiang Liat Choon  
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd  
Off: 62148314 Fax: 65468156  
----- Forwarded by Chiang Liat Choon/cde/delgnotes on 07/02/2018 01:31 PM -----

**From:** "ApeosPort-IV C5570" <sbs-singnalling@sbstransit.com.sg>  
**To:** chianglc@cde.com.sg,  
**Date:** 07/02/2018 01:26 PM  
**Subject:** Scan Data from CDG\_LO\_AW\_A5570

---

Number of Images: 11  
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570  
Device Location:

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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

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SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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## 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 ability.
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	06/02/2018 16:58
Date Of Accident	06/02/2018 14:30
Exact Location Of Accident	TEMASEK BLVD X RAFFLES BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC831H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220

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
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	SIA LEONG SENG
NRIC No	S7532013B
Date Of Birth	24/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2002
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KENT272001@YAHOO.COM.SG

Address	BLK 37 BEDOK SOUTH AVENUE 2 #03-453
Postcode	460037
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 involved in the accident	
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	SKV8415M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHENG KOON
NRIC/Passport Number	S8207864I
Contact Number	
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	FRT RIGHT



No. Of Passenger (Including Driver)

Total

# **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.
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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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

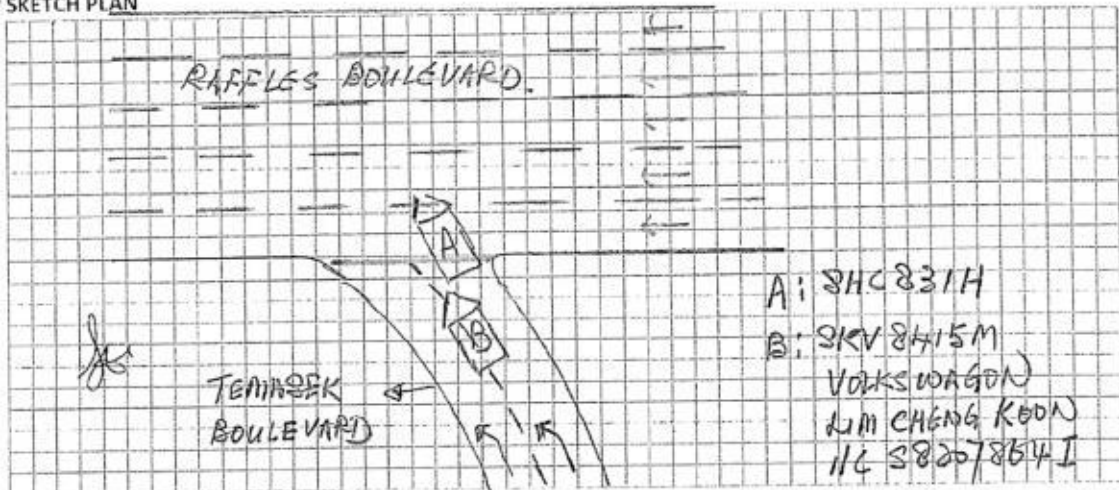
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

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.:

CityCab Sketch Plan Form\_20

Describe Circumstances of the Accident

On 06 Feb 2018 at about 14:30 hrs I was driving along Temasek Boulevard heading towards the direction of Raffles Boulevard.

As I approached the stop line I slowed down and stopped at the stop line to check for the traffic from my right. Shortly after I slowly inched forward and stopped to give way to the traffic from my right. Shortly after I slowly inched forward and stopped to give way to the traffic from my right.

Suddenly a few seconds later a Volkswagon car SKV8415M came from behind collided onto the Rear Portion Portion of my taxi.

01 lady passenger on board my taxi. No injury at the point of the accident.

Enclosed is a video footage to support my claims.

## Declaration

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

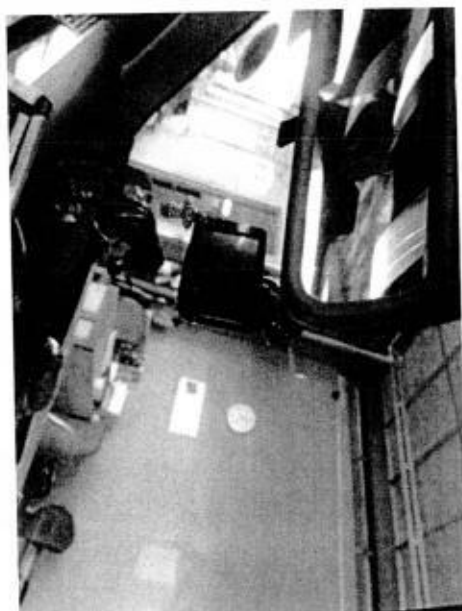
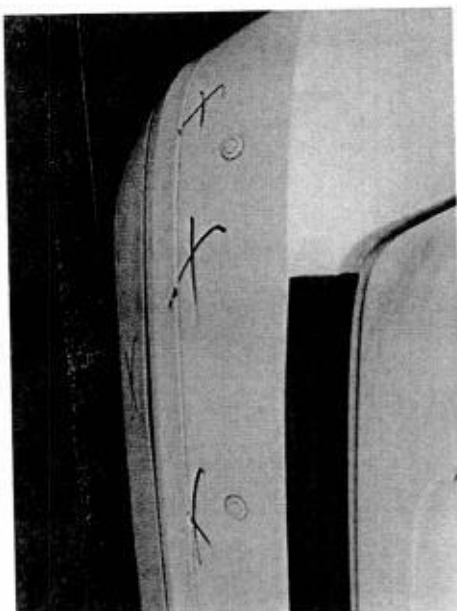
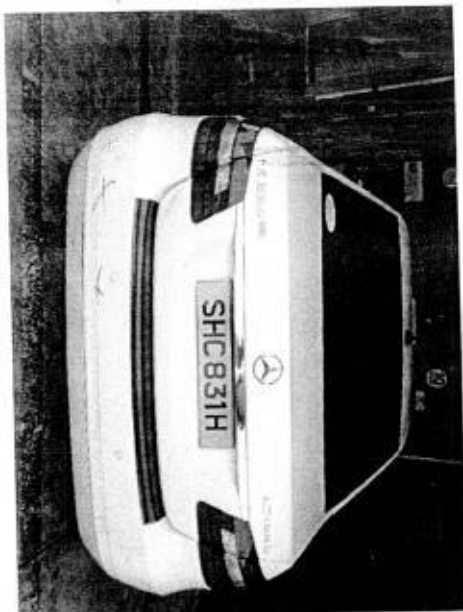
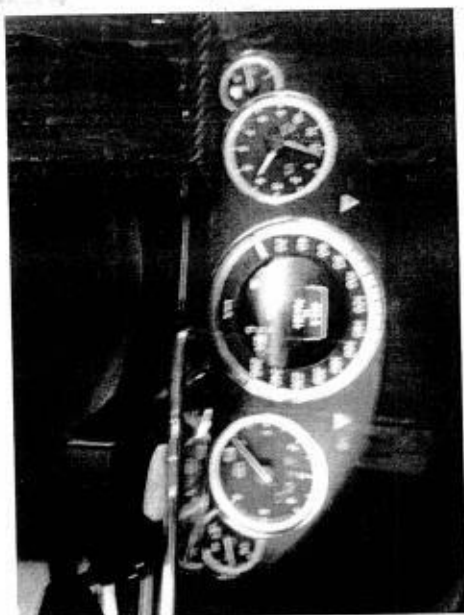
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

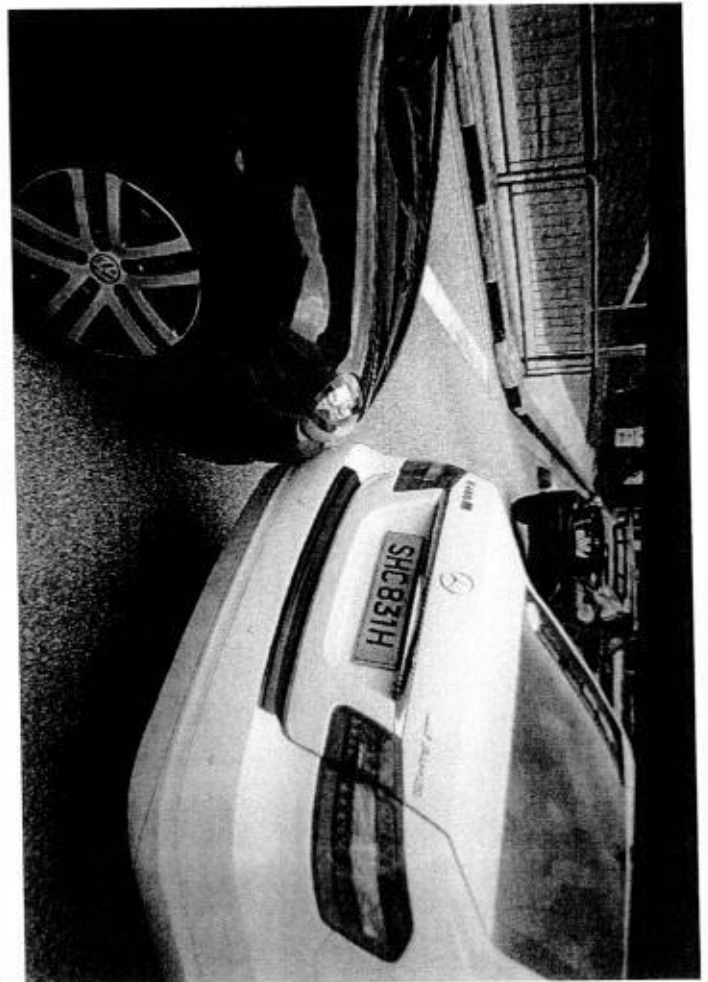
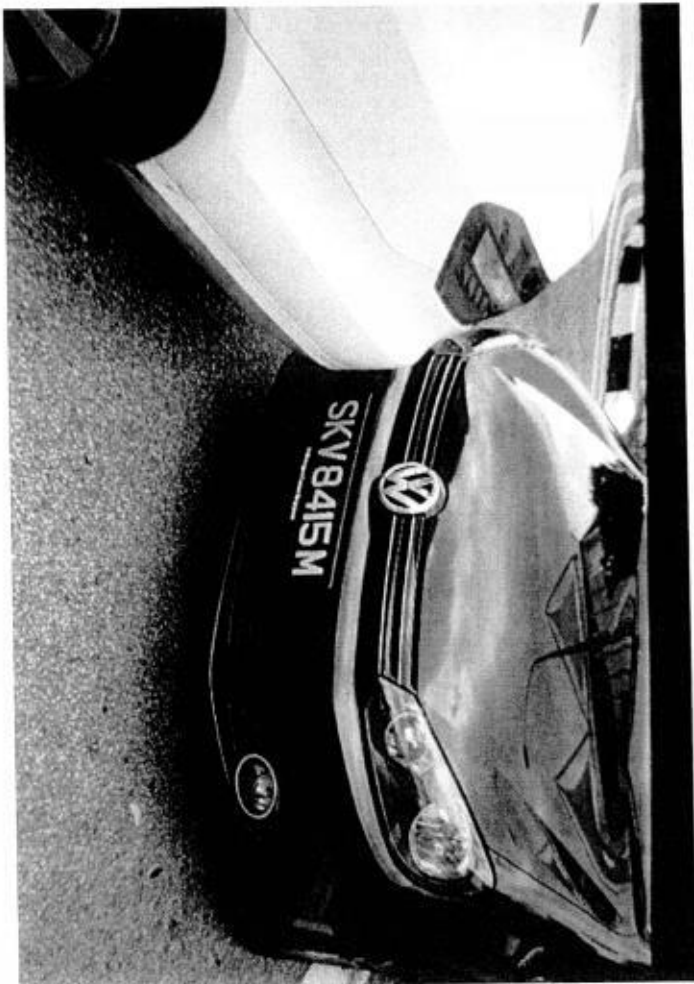
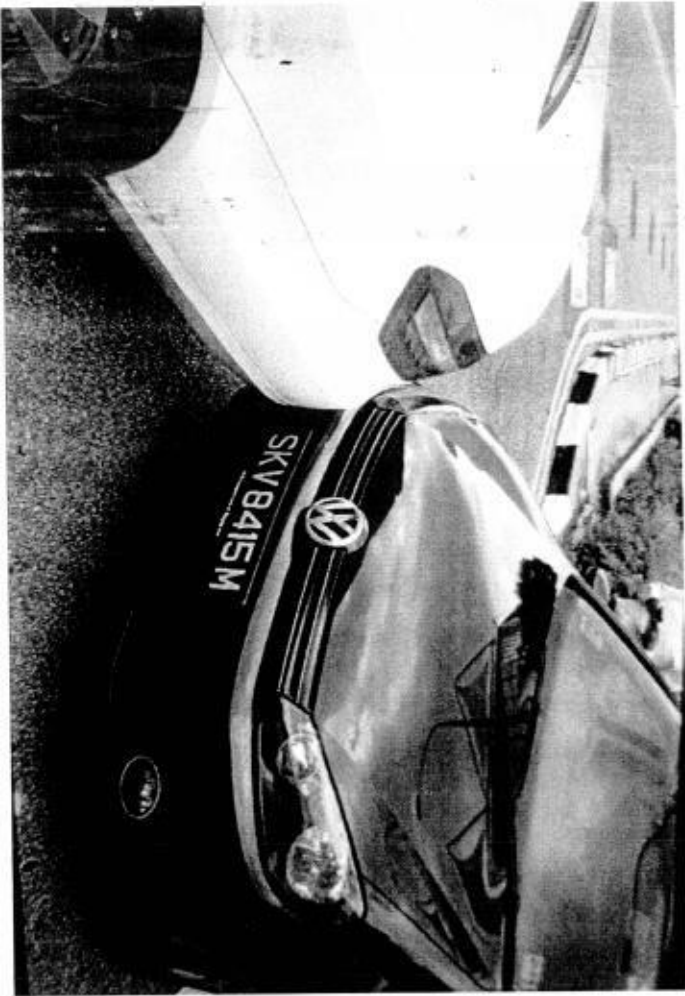
Policyholder's Signature/Date &  
Time

*[Signature]*

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

Witnessed by Reporting  
Centre Personnel





Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO 305114485

CUSTOMER R/MS CITYCAB PTE LTD CUSTOMER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L. (R) 65551188 (O) (P)	REGN NO: SHC 831H	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E5)	DATE/TIME IN 06.02.2018 16:05
	YR OF MANU 25.07.2013	TARGET DATE
	CHASSIS CODE WDD2120022A757683	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.02.2018  
NATURE: 3P 06.02.2018

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: \_\_\_\_\_

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
--------------------------	-------------------------------

Acknowledgement Slip		Exit Pass	
Vehicle No.: SHC 831H	CHIANG @	Vehicle No.: SHC 831H	
Signature/Date		Name of Service Advisor	Date
To be returned to Service Reception upon collection		To be kept by Security Guard	



## CITY CAB PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 831H

DATE 7/2/2018 10:38

MAKE :

MODEL : MERCEDES BENZ

Chiang

Great America  
LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Reht</i>			\$ 1,510.00
	Rear Bumper Reinforcement <i>Xm</i>			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH) <i>Xm</i>	\$	135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>Xm</i>	\$	125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>Xm</i>	\$	115.00	\$ 230.00
	<b>SUB TOTAL</b>			<b>\$ 3,410.00</b>
	<b>LESS 20%</b>			<b>\$ 682.00</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,728.00</b>
	Rear Bumper Sensor — <i>shel</i>			\$ 388.00
	Rear Bumper Rubber Mat — <i>m</i>			\$ 50.00
				<b>\$ 438.00</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>400.00</del>
	Spray Painting Charge			\$ <del>250.00</del> <i>180</i>
	Wiring Charge			\$ <del>50.00</del> <i>Xm</i>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 820.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,986.00</b>
	<i>Ka Lin (UKK)</i> <i>9/2/18 1075 Lm</i> <i>2 Py,</i> <i>4/5</i> <i>After Repair p Lm</i>			

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 repair must be resurveyed and is subject to the approval from Insurance Company

Acknowledged by Repairer  
Signature:

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.



## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 831H

DATE 7/2/2018 10:38

MAKE :

MODEL : MERCEDES BENZ

Chang

Great American  
LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 1,510.00	
	Rear Bumper Reinforcement ?			\$ 1,150.00	
	Rear Bumper Bracket Lower (LH/RH) ?		\$ 135.00	\$ 270.00	
	Rear Bumper Bracket Top (LH/RH) ?		\$ 125.00	\$ 250.00	
	Rear Bumper Retainer Mounting (LH/RH) ?		\$ 115.00	\$ 230.00	
	<b>SUB TOTAL</b>			<b>\$ 3,410.00</b>	
	<b>LESS 20%</b>			<b>\$ 682.00</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,728.00</b>	
	Rear Bumper Sensor			\$ 388.00	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
				<b>\$ 438.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 400.00	200
	Spray Painting Charge			\$ 250.00	180
	Wiring Charge			\$ 50.00	X
	Remove/Refix Reverse Sensor			\$ 120.00	20
	<b>TOTAL LABOUR</b>			<b>\$ 820.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,986.00</b>	
<p>Ka/lin (UKK)</p> <p>9/2/18 1075 Lm</p> <p>2 Py,</p> <p>4/5</p> <p>After Repair p Lm</p>					
<p><b>LKK Auto Consultants</b> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party surveys on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be surveyed and is subject to final approval from insurance Company</li> </ul> <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>Date:</p>					
<p>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.</p>					

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305114485  
Date : 13/02/18

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

## FINALIZATION FORM

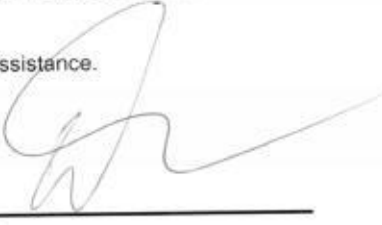
To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC 831H


Fax :

31/01/2018

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

1. The repair job shall bill to: GREAT AMERICAN SKV8415M
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \_\_\_\_\_
  - (b) Labour Charges \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \_\_\_\_\_  
**Final Lumpsum Repair cost** \$1,650.00
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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 13/2/18

### 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				
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/GAI18002891/K1tbn2

3 TEMASEK AVENUE  
#16-01 CENTENNIAL TOWER  
SINGAPORE 039190

Date : 22-02-2018



Code : GAI

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKV 8415M	Veh. Inspected	SHC 831H
Policy No.		Coverage (\$)	0.00
Claim No.	SKV8415M	Excess (\$)	0.00
Assign From	KELVYNA	Assign Date	13/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A757683	Colour	WHITE
Odometer	764381	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	BRIDGESTONE	7 mm
L/H Front Tyre	205/60 R16	BRIDGESTONE	7 mm
R/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm
L/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	06/02/2018	Inspection Date	09/02/2018
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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# LKK Auto Consultants Pte Ltd

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

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 831H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00 (SN)	SERVICEABLE	230.00	-
	LESS 20% DISCOUNT		-682.00	-302.00
			2,728.00	1,208.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			438.00	438.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		250.00	180.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	20.00
			820.00	400.00
<b>GRAND TOTAL</b>			<b>3,986.00</b>	<b>2,046.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,650.00</b>

Report Ref No. CS/GAI18002891/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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