

27/03/2018

ASS. REC. BY:

REF: CS/TML 8005681/Klgbnz

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Telma Gomez

of

TML

Date/Time: 27/03/2018 5:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 912H

Insured:

GBG 1972C

at Workshop m/s

Comfort Delgro

Tel:

of

59 Layangorne

Policy No:

MB019672

Claim No:

M1801620

Sum Insured:

Excess:

Make of Veh:

D.O.A.

27/03/2018

(Client's Record)

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

28/03/2018

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 912H - X

GBG 1972C - X

Calvin

REF: TMI

ASSIGNMENT

From: Date: 28/3/18

Estimated Cost:

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

To Inspect Vehicle No:

SHC 912H

at Workshop n/s

Comfort Delgro
59 loyang Drive

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: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS lwp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHC 912H

Yr Regn: 10 Oct 2013

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

Truck / Trailer or

Make:

Mercedes Benz Viano

C.C. 2143

Colour

White

A/C: Insured / Std / NI / NA

Sp.Reading

439271

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDF 63981323802452

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F:

225/60R16C

R:

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

TOYO / YOKO or

the Koko.

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 22/3/8

D.O.I. 28/3/8

Survey held at

(DHE (Loyang))

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

for n/s.

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

Date / Time Action / Instruction

29/3/8 Colld 4542300 / 3172 (Red \$ 948.04; 29%)

4/2

RECEIVED 04 APR 2018

Date/Time: File Pass to?

☐

: Preli. Report

11/03/14 MARS

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation

1) S + RS: \$

2) Photos

3) Others

TOTAL

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Tech Invs \$

☐

Weekend \$

Report Format:

MER-TP

Lump Sum / I.B. \$

2300

250
10

260




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				
TOKIO MARINE INSURANCE SINGAPORE LTD		Ref : CS/TMI18005681/K1qb		
20 MCCALLUM STREET #09-01 TOKIO MARINE CENTRESINGAPORE 069046		Date : 27-03-2018		
		Code : TMI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBG 1972C	Veh. Inspected	SHC 912H	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	MERIMEN (TELMA GOMEZ)	Assign Date	27/03/2018	
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				
5. General Information				
Accident Date	27/03/2018	Inspection Date	28/03/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Mar 2018 15:41 Sendback Est	27 Mar 2018 16:16 S\$3,248.04	27 Mar 2018 17:14 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured: CITYCAB PTE LTD, Co. Reg. No.: 199502839G									
Main Claimant: CITYCAB PTE LTD									
Vehicle Reg. No.: SHC912H		Date of Loss: 27/03/2018 00:00 - :59							
Claim Type: TP		Policy/Cover Note No.:							
Vehicle Reg. No. (Insured): GBG1972C		Policy No. (Claimant):							
		Excess: S\$0.00							
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 Telma Gomez - 65926402]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 06/04/2018]									
ASSOCIATED MAIL RECEIVED									
				View All					
				Compose Case Mail					
There are no mail for this case.									
<input type="checkbox"/>									
ALL ASSOCIATED TASKS									
		View All							
		Search Tasks							
		Create New Task							
		Complete							
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 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	27/03/2018 14:02
Date Of Accident	27/03/2018 09:35
Exact Location Of Accident	S L E TWDS C T E SLIP RD TO YIO CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC912H
Insured/Policyholder	
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	VIANO

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

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

Driver

Name of Driver	TAN ENG HUAT
NRIC No	S0225867F
Date Of Birth	22/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1978
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	296B #03-26 CHOA CHU KANG AVENUE 2
Postcode	682296
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

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

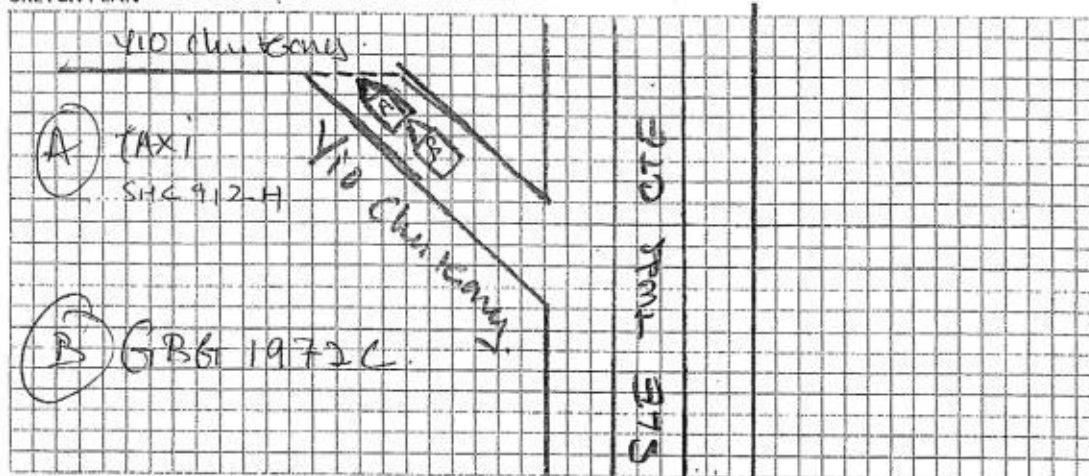
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1972C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN HUAT PENG
NRIC/Passport Number	G7819504K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27 March 2010 @ 09:25 hrs I

veh A was driving along SLE towards CTE.

I veh A exit on slip rd to YIO Chuan Keng

Rd. I veh A slow down and stop

at the give way sign. Suddenly veh B from

Rear hit veh A rear. I veh A at the

Point of accident I veh A carry a

male female passenger who was etc.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 1995028300

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

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:

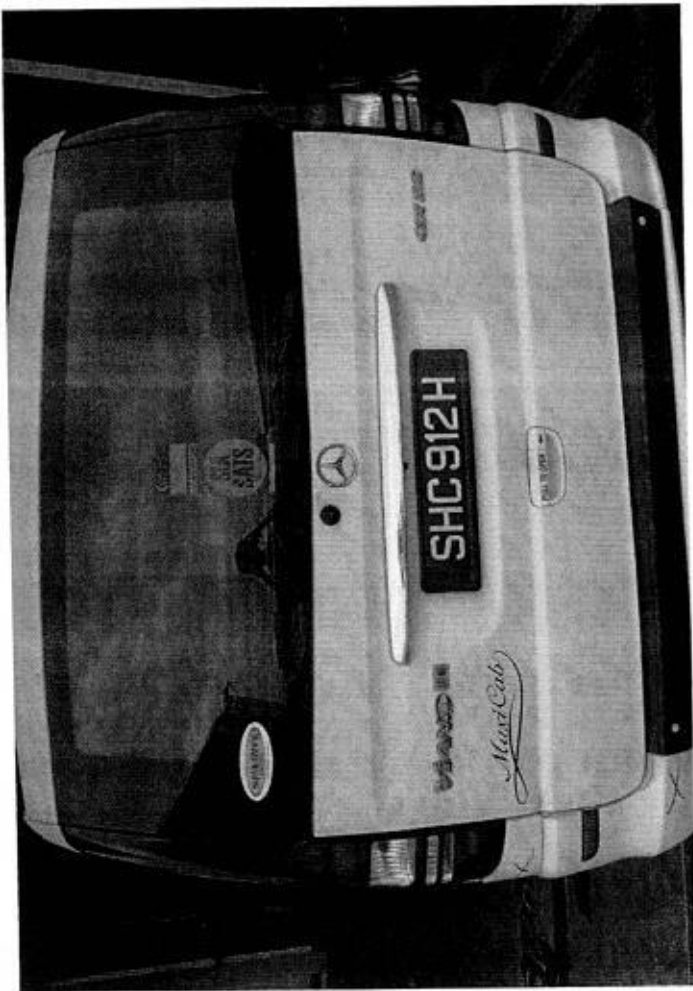
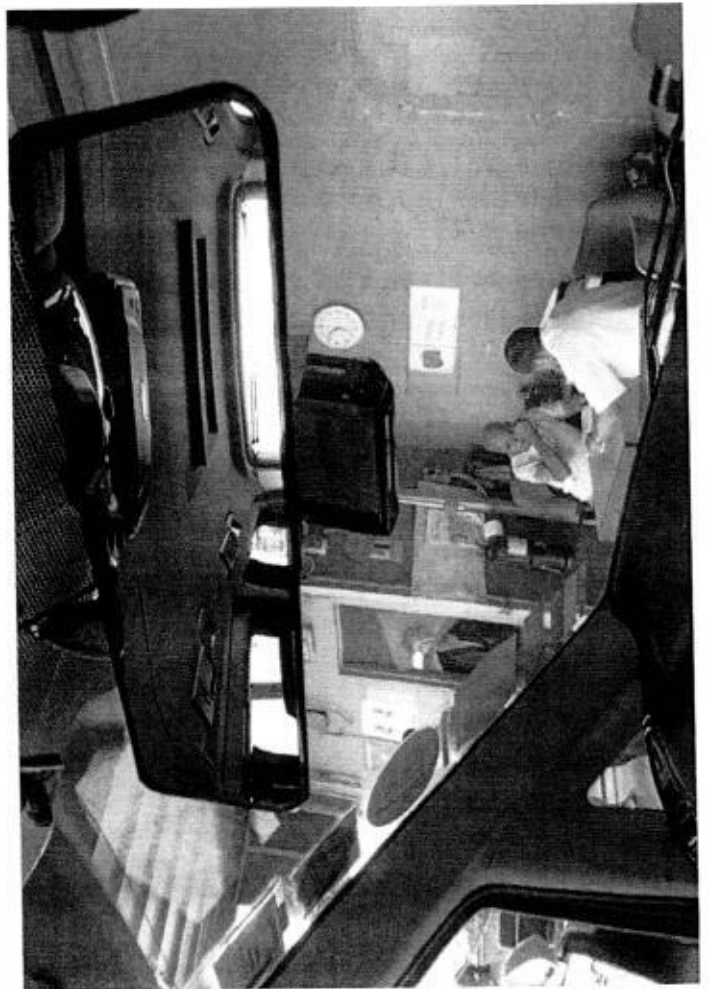
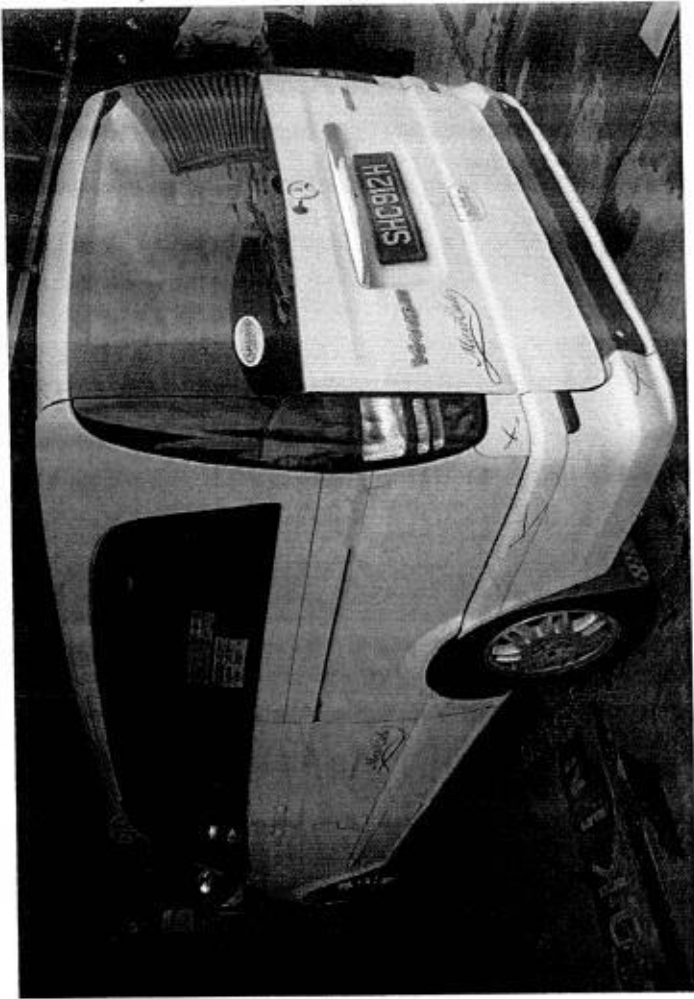
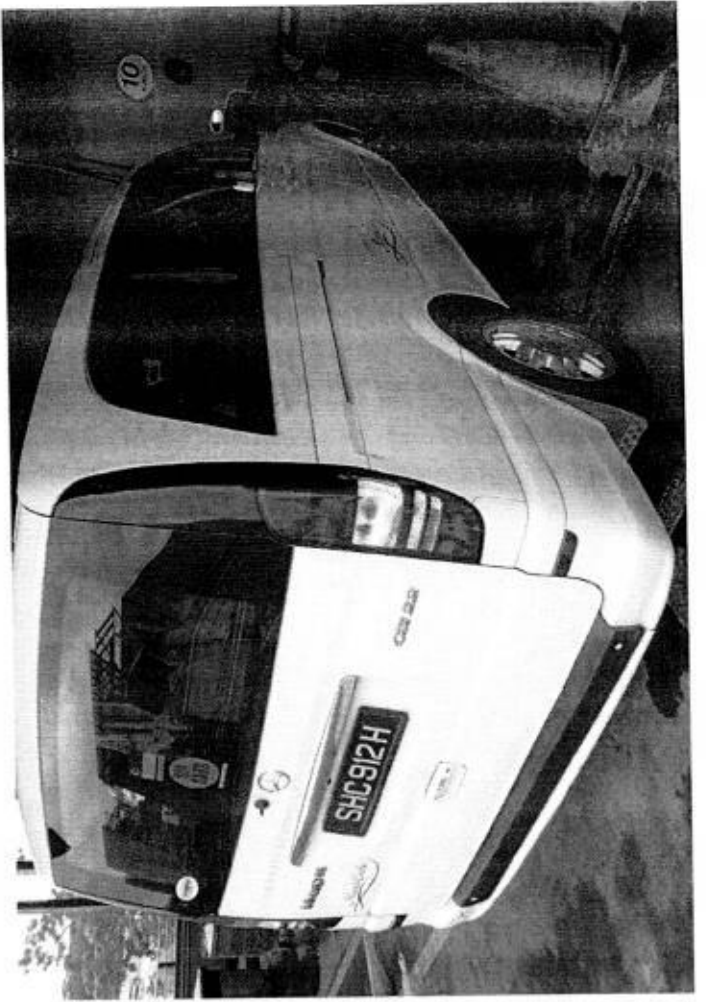
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

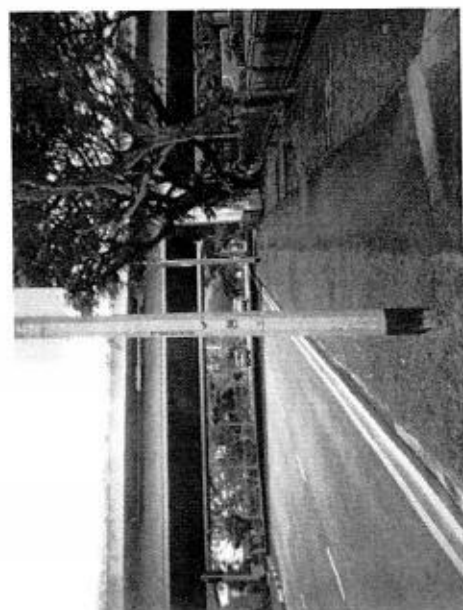
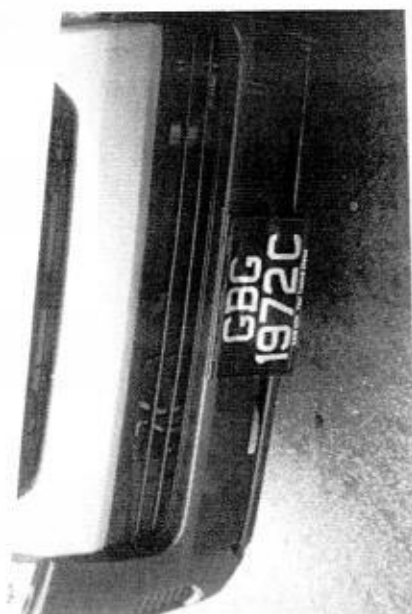
COMPTE LID
JO. REG. NO. 199502839G

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.:





Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.305135855

CUSTOMER CITYCAB PTE LTD R/MS 7010070 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 L (R) (P) (O)	VARS (B)	REG NO. SHC 912H	MILEAGE
		MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
		MODEL: VIANO CDI 2.2L	DATE/TIME IN 27.03.2018 10:30
		YR OF MANU. 10.10.2013	TARGET DATE
		CHASSIS CODE WDF63981323802452	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 27.03.2018
 NATURE: 3P 27.03.2018

S/NO	LABOR CODE	DESCRIPTION
	TOKIO / taxi	Rear damage
	LKK /	

CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

ie:
 Jo.:
 cle No.: SHC 912H LARRY

Vehicle No.: SHC 912H

Larry Ng

ie of Service Advisor Signature/Date Name of Service Advisor Date

e returned 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)
CITYCAB PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	27/03/2018
Vehicle Reg. No.:	SHC912H	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	MERCEDES-BENZ VIANO, 2.2 D CDI (W639) (A)	Vehicle Reg. Date:	10/10/2013
Vehicle Colour:	WHITE	Gen Condition:	GOOD
Engine No:	65194031537413	Chassis No:	WDF63981323802452
Odometer:	439271 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	2,068.04
Miscellaneous Items	10.00
Labour	1,170.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,248.04
+ GST 7.00% (S\$)	227.36
Nett Amount (S\$)	3,475.40

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Mar 2018)

Parts: M1-MPV MERCEDES-BENZ VIANO 2.2 D CDI (W639) (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHC912H/27/03/2018 16:16

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		*REAR BUMPER — <i>Patel</i>	20.00	0.00	*1,372.00 FL
2	1		*REAR BUMPER - LH — <i>Patel</i>	20.00	0.00	*473.60 FL
3	1		*TAIL GATE MERCEDES STAR LOGO — <i>see</i>	20.00	0.00	*45.45 FL
4	1		*TAIL GATE 2.2 LOGO — <i>see</i>	20.00	0.00	*78.00 FL
5	1		*TAIL GATE CDI LOGO — <i>see</i>	20.00	0.00	*78.00 FL
6	1		*TAIL GATE VIANO LOGO — <i>see</i>	20.00	0.00	*78.00 FL
7	1		*REVERSE SENSOR — <i>slb</i>	0	0.00	*288.00 FS
8	1		*REAR BUMPER RUBBER MAT — <i>see</i>	0	0.00	*50.00 FS
9	1		*TAILGATE MAXICAB LOGO — <i>see</i>	0	0.00	*30.00 FS

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

Sub Total (S\$)

2,493.05

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

425.01

Total Parts (S\$)

2,068.04

ComfortDelGro Engineering Pte Ltd/SHC912H/27/03/2018 16:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Larry Ng

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00
Sub Total (\$\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	500.00 X 00
2	SPRAY PAINTING	New	500.00 X 00
3	WIRING CHARGE	New	50.00 X 25
4	REMOVE/REFIX REVERSE SENSOR	New	120.00 20
Gross Labour Cost (\$\$)			1,170.00

ComfortDelGro Engineering Pte Ltd/SHC912H/27/03/2018 16:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Ka W 10/01/14
 28/3/18 1105h
 3 Rps
 4,
 After Repair

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 LKK Auto Consultants

Acknowledged by Repairer:

Signature:

Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305135855

Date : 29. Mar. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC 912H

Date of Accident: 27.03.2018

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

1. The repair job shall bill to: TOKIO GBG1972C

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:

Final Lumpsum Repair cost

\$2,300.00

3. Estimated normal period for repairs: 3 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 : Larry No

Name : Larry No

Tel : 6214 8316

Fax : 6546 8156

Signature : Keli

Name : Keli

Date : 29/3/18

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				
3. Survey Fees				
4. LTA Search Fee				
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/TMI18005681/K1QBN2

Date: 06/04/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MB019672
Claimant Vehicle No :	SHC912H	Insured Vehicle No :	GBG1972C
Date of Loss:	27/03/2018	Nature of Claim:	TP
		Claim No:	M1801620

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC912H	Engine No:	65194031537413
Make & Model:	MERCEDES-BENZ VIANO, 2.2 D CDI (W639) (A)	Chassis No:	WDF63981323802452
Reg. Date:	10/10/2013 (Man. Year: 2013)	Odometer:	439271 km
Colour:	White		
Engine Capacity:	2143 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:	Good

CONDITION OF TYRES

Front Tyre Size:	225/60R16C	Rear Tyre Size:	225/60R16C
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,068.04	2,068.04	0.00	0.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,170.00	820.00	350.00	29.91
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,248.04	2,898.04	350.00	10.78
Approved Total (Overridden) (S\$)		2,300.00		
(S\$)	3,248.04	2,300.00	948.04	29.19
+ GST 7.00/7.00% (S\$)	227.36	161.00	66.36	29.19
Nett Amount (S\$)	3,475.40	2,461.00	1,014.40	29.19

INSPECTION

Date of Assignment:	27/03/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	28/03/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: SHIAU CHAN

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

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 06 Apr 2018)
Parts:	M1-MPV	MERCEDES-BENZ VIANO 2.2 D CDI (W639) (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC912H)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	1,372.00 FL	*1,372.00 FL
2	1		*REAR BUMPER - LH	Deformed	473.60 FL	*473.60 FL
3	1		*TAIL GATE MERCEDES STAR LOGO	Necessary	45.45 FL	*45.45 FL
4	1		*TAIL GATE 2.2 LOGO	Necessary	78.00 FL	*78.00 FL
5	1		*TAIL GATE CDI LOGO	Necessary	78.00 FL	*78.00 FL
6	1		*TAIL GATE VIANO LOGO	Necessary	78.00 FL	*78.00 FL
7	1		*REVERSE SENSOR	Shorted	288.00 FS	*288.00 FS
8	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
9	1		*TAILGATE MAXICAB LOGO	Necessary	30.00 FS	*30.00 FS
					Sub Total (\$\$)	2,493.05
					- List Item Discount on L Items 20.00/20.00% (\$\$)	425.01
					Total Parts (\$\$)	2,068.04

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

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)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	500.00	400.00
2	SPRAY PAINTING	New	500.00	400.00
3	WIRING CHARGE	New	50.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (S\$)			1,170.00	820.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >