Coss of Rental (LOR):   S\$   (   days)	INS. CASE OWNER	JUS (an CCV, ASM 180 (	759, Klua's DX666
Personage / CCU / FTE  Insured Vehicle No. :  Name of Insured   No. :  Insured Tel No. :  If NO, Drive Name / Age: :  If No. :  Insured Labelity:   No : Te GLA REPORT: YES / NO    Insured Labelity:   Final ? Yes / No    Insured Labelity:   No : Te GLA REPORT: YES / NO    Insured Labelity:   No : Te GLA REPORT:	Surveyor:	K/IV/	VI.V 2/1/2/11
Name of Insured   Policy No.		A MIND WILLIAM	tl" (Cm = 703
Insured Tel No. : HP. Males / Model : Flaces See II :SS  Is driver the owner? (YES / NO.) Nature of Accident:  If NO, Driver Name / Age:  Driver Tel No.: (VIE. YES / NO.) Insured Liability: % Final ? Yes / NO.  Driver Tel No.: (VIE. YES / NO.) Insured Liability: % Final ? Yes / NO.  INSES: WSP: WSP: WSP: Tel:  Liability: Liabili	***		
Excess See II :SS Is driver the owner?  If NO, Driver Name! Age:  DISTRICT NO. (VE. YES / NO)  DISTRICT		· ————	
In driver the owner		11/10	
If No, Driver Name / Age :		- VI	Place of Accident :
Driver Tel No.   (VIL: YES / NO )   Insured Liability   %   Final ? Yes / No		The second of th	
WSP.   Tel:   Liability:   RMKS:			
WSP.   Tel:   Liability:   RMKS:	SHEGO	16 R	
ATTOCK   ATTOCK   AND	WSP: MV. Tel: Liability:	WSP: Tel: Liability:	WSP: Tel: Liability:  WSP: Tel: Liability:
Non-Reporting it (181)   Non-Reporting it (261)   Non-Reporting it (2	Date/ Time		
		SHUPPER, CUSTIMI 170 WING CO.	Non-Reporting ltr (1st):
Call Oi:   Affect all int to Oi:   Decumentation Cheek List: Handler   Typist		Alleger Bo han said Med 24	Non-Reporting ltr (Final):
Documentation Check List: Handler   Typist		XCM411)-X	
Notification Itr (if non-pickup)			After call itr to OI:
After call ltr to OI:			
Authorisation To Act:			
Final Repair Bill:			
Car Rental Invoice:			Release Voucher:
Towing Invoice			Final Repair Bill:
LTA / GIA :			
Medical Bill:			
PIR:			
Mandate/Reject Instruction:   LOD			
LOD			
PRELIMINARY ADVICE   Date/Time:   Sent By:   Post-Repair Photos:   Others:			PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS
Confirm with:   Confirm by:		NONE CONTRACTOR OF THE CONTRAC	Payment Breakdown Form:
Confirm by:	PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
Repair Cost:   S\$   ( days )   Reduction:   %   Email   Call	EINAT IZATION	D. C.	
Confirm with   Email   Call			
Can	THE RESERVE AND ADDRESS OF THE PARTY OF THE	total of the second	production of the second secon
Cost   SS		Tomam will	
Coss of Rental (LOR):   S\$   (   days)	Repair Cost:	1.0	II NO of B 28, Ass. Lia:
Coss of Use (LOU):   S\$ (\$ x days)   Coss of Income (LOI):   S\$ (\$ x days)	Loss of Rental (LOR):		
LOR only	Loss of Use (LOU):	S\$ (\$ x days)	
SS	Loss of Income (LOI):		
Medical:   S\$     1) Claim status: Normal/Reject/Private Settle			
Disbursement:   S\$ (e.g. Tow/ Independent )   2) Report Format:   3) Survey fee:			
Company   Comp		The state of the s	
Total:   S\$   Global Sum S\$:     Email   Call   C		1 0	
FINAL PAYMENT   Date/Time;   Confirm with:   Email   Call	Total:		(3) Survey Iee:
Payee 1: S\$ Name 1: Payee 2: (Strike if N.A.) S\$ Name 2:	FINAL PAYMENT		Email Call
Payee 2: (Strike if N.A.) S\$ Name 2:			Emdil Can Can
	Payee 3: (Strike if N.A.)		THE ASSESSMENT AND ADDRESS OF THE ASSESSMENT OF

Surveyor Lain	ASSI	GNMENT "		
	Date: 38082018	Veh No: SHC 996R Yr Regn: "Oct , 2013		
rom: Estimated Cost:	DateSour VI V	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tag / Prime Mover /		
DD (TP) WS / TP RES / OD	RES / EVA / INV / MV	Truck / Trailer or		
o Inspect Vehicle No:	SHC 96R	Make: Merce des and Viano c.c 2143		
at Workshop m/s	Comfurt Delgro	Colour With A/C: Insumed / Std / NI / NA		
of	59 Layung Dem	Sp.Reading 5 6 7672 T/Radio: Insuded / Std / NI / NA		
nsured:	of again one	Eng/No:		
Policy No.		C/No: WPF \$398/323808436		
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt		
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or		
		Brake: Inorder / Jammed / Leaked / Burnt or		
(Client's Record) Make of Veh:		Modi: Nil / S/Rim / STD/A/Rim or		
vidito di Volli		Tyre Size: F: 225/60 R/6C		
(Policy Condition)		R:		
Remark: The veh had comm	nenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA /, MIG / OHTSU / PIR / SUMI /		
repair at the time	of inspection.	TOYO/YOKO or Hall		
Bal. or Market Value:		Front Rear		
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm		
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 7 mm L/Bal. 7 mm		
Est. Repairs:	days Res.: Yes or No	D.O.A. 11/5/18 D.O.I. 28/8/8		
Lum Sum:	% 3 Val.: Yes or No	Survey held at (PhE (Loyang)		
		Des. of Damages : Frt / Rear / Q/S / N/S / U/C / Rooftop or		
CA / REV / REP. / 2	Vehicle: IN / OUT	als why home		
Date: Perso	on Contacted:	The U/C / Chassis frame / Body Structure affected due to collision		
Date / Time Action / In	struction			
		45		

ate/Time, File Pass to?	: Preli. Report	Day	s Of Repair:	
)	: Final Report	Res	urvey No. of Trip:	Survey Fee:
Date/Time, File Return to?				Transportation:
		Add Fee:	: Site Insp (\$	)S+RS,SI
			: Interview (\$	) Photos
Report Format :			: Tech. Invs (\$	) Others
ump Sum / I.B.I: (\$			: Weekend (\$	

TOTAL

## CITY CAB PTE LTD REPAIR ESTIMATE\*

VEHICLE NO: SHC 996R

DATE 27/8/2018 14:29

DEL Oty	: MERCEDES BENZ VIANO Parts Description/ Labour	Type	Unit Price		Amount
Qty				\$	1,195.02
	Mirror Assy,Frt,LH  Mirror Glass.Frt,LH			\$	219.58
	Mirror Glass,Frt,LH 🔀				
	SUB TOTAL			\$	1,414.60
	LESS 20%			\$	282.92
	DISCOUNTED TOTAL			\$	1,131.68
	DISCOUNTED TOTAL				-,
	Labour Charge			\$	280.0
	Panel Beating			\$	-
	Spray Painting Charge				150.0
	Wiring Charge			\$	×30.0
					120.0
	TOTAL LABOUR			\$	430.0
					4 8 ( 4 (
	ESTIMATE TOTAL			\$	1,561.6
				-	
	Kali 1 (11/4)  1/28/8/8 1026				
	1. 1. 1/1/1/				
	Calr With				
	1				
	1// 110				
	1/ 18/8/8 1026	KK Auto Cor	sultants hence notify		
	1/12/1	the Repairer	of the following:		
	, 0		fore/after spray painting aged part(s) during resurvey		
			e subject to confirmation		
		Third party sur	vey is on a "Without Prejudice"	basis	
	, /		fication(s) is allowed tem(s) must be resurveyed a	and a	
	US	is subject to fin	al approval from Insurance Co	mpany	
		Ankanulada ad ba	Denoirei		
		Acknowledged b Signature:	умеранен		
	Miller	Date:			
			11111111111		
				1	

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

## COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286

Date/Time: 320 Ubi 2004 3 Gisapore 509286

11:03

Page: 1

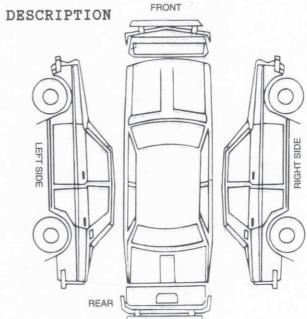
Team:	ARC Repair TP(CFSO)1		JOB CARD	Sales Order:	JC NO.: 305204650
TOMER				REGN NO.: SHC 996R	MILEAGE
TOMER NO	CITYCAB PTE LTD 7010070			MAKE: MERCEDES BENZ	FUEL EF
383 SIN MING DRIVE Singapore SINGAPORE	575717	MODEL VIANO CDI 2.2L	DATE/TIME IN 27.08.2018 09:50		
(R) (P)	65551188 (O)		YR OF MANU. 11.10.2013	TARGET DATE	
OUNT CARD NO.		CHASSIS CODE WDF6398132380843	COMPLETION DATE/TIME:		

JOB DESCRIPTION

Accident Date: 11.05.2018 NATURE: 3P 11.08.18/C

S/NO

LABOR CODE



KED & PASSED OUT BY:			
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
edgement Slip		Exit Pass	
lo.: SHC 996R	CHIANG	Vehicle No.: SHC 996R	
f Service Advisor	Signature/Date	Name of Service Advisor	Date
urned to Service Reception upon collec-	tion	To be kept by Security Guard	

## COMFORTDELGRO ENGINEERING

305204650 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 28/08/18 Date FINALIZATION FORM Fax: LKK To KALVIN Attn : 11/08/18 Vehicle Reg No. : SHC 996R The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-YL2141D AXA The repair job shall bill to: 2. The finalized amount shall be: Spare Parts after List discount (a) Labour Charges (b) Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: \$850.00 Final Lumpsum Repair cost 3. Estimated normal period for repairs: working days. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 4. working days We confirm the estimates and Thank you for your assistance, 5. finalized amount Signature: Signature: Kalus : CHIANG Name Name : 62148314 Tel Date Fax : 65468156 For Official Use Only Document Confirm By Attached Remarks Item Amount (Signature) Yes or No YES 1. Rental Rate P/Day Loss of Income Paid Ν Survey Fees 7.49 LTA Search Fee 5. Medical Fees (on behalf of driver, if applicable) Overrun Final Among Siljed to Insurance Approved Remarks: