

21/03/2011

ASS. REC. BY:

REF: CS/ICS18015901/K1V03 n2
Special Instruction:

Surveyor:

From (Person):

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Policy No:

Sum Insured:

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time:

ASSIGNMENT (Office)

of ICS

Bill to:

Date/Time:

GV 4764D

Tel:

6214835

Claim No:

DMCV18000694

Excess:

D.O.A.

27/08/18

H.O.D. Endorsement:

Vehicle IN/OUT

Person Contacted:

Date/Time

Action/Instruction (✓) Estimate

SHC 319X - NS INC 18011001/K1sbn2
GV 4764D - X

D.O.A.: 15/6/18

08/11/13

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/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

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 319X Yr Regn: 13 Jan 2013

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

Truck / Trailer or 2143

Make: Mercedes Benz V160 c.c. 2143

Colour: white A/C: Ins Std / Std / NI / NA

Sp. Reading: 704269 T/Radio: Ins Std / Std / NI / NA

Eng/No: _____

C/No: WDF63981323792737

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Not / Jammed / Leaked / Burnt or

Brake: In order / Not / 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 Blank

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 27/8/8 D.O.I. 29/8/0

Survey held at (DHE (Loyang))

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

Per m/s.

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

Date / Time Action / Instruction

4/9/13 Vehicle 454450/312 (Red H12.12, 481) EC125

45

RECEIVED 06 SEP 2010

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 6/9 - typist

Report Format: menimen

Lump Sum / I.B.I: (\$) 4450/2

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

TOTAL

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			
ECICS LTD		Ref : CS/ICS18015901/K1vd3	
10 EUNOS ROAD 8 SINGAPORE POST CENTRE #09-04A SINGAPORE 408600		Date : 31-08-2018 Code : ICS	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GV 4764D	Veh. Inspected	SHC 319X
Policy No.		Coverage (\$)	0.00
Claim No.	DMCV1800069H	Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	31/08/2018
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	27/08/2018	Inspection Date	29/08/2018
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: motorsurvey <motorsurvey@ecics.com.sg>
Sent: Wednesday, 29 August, 2018 3:09 PM
To: Jumani Bin Masudin; assignments
Cc: motorsurvey; Crystabelle Tan Gek Peng (ECICS, Claims)
Subject: RE: DOA.27.08.18 SHC319X with your insured GV4764D
Attachments: img-829113809-0001.pdf

Without Prejudice

Dear Jumani

Thank you for your email.
We will appoint LKK for the PRS.

Aside to LKK

Please assist to arrange TP PRS.

Our claim no DMCV1800069H and case handler is Ms Crystabelle.

Thank you.

Thank you.

Regards,
Janice Goh
Claims Division
DID: +65 6303 0182
FAX: +65 6338 9267

ECICS Limited
10 Eunos Road 8, Singapore Post Center #09-04A, Singapore 408600

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.

From: Jumani Bin Masudin [mailto:jumanibm@cdge.com.sg]
Sent: Wednesday, 29 August, 2018 11:42 AM
To: motorsurvey
Subject: DOA.27.08.18 SHC319X with your insured GV4764D

TO

Officer incharge

see attached

Best Regards

Jumani Masudin

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

From: ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>
Sent: Wednesday, 29 August 2018 11:38 AM
To: Jumani Bin Masudin
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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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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	28/08/2018 16:19
Date Of Accident	27/08/2018 16:30
Exact Location Of Accident	FORT CANNING ROAD > CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC319X
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 (CDI 2.2 EU5) 2013

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	TAY KHANG MENG (ZHENG KANGMING)
NRIC No	S7908703C
Date Of Birth	16/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/05/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85886767
Fax Number	
Contact Number	
Email Address	RAYTAY6767@YAHOO.COM.SG

Address	BLK 28D DOVER CRESCENT #02-77
Postcode	134028
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	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180828/2038

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	GV4764D
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THET NAING AYE
NRIC/Passport Number	G6204433R
Contact Number	82480560
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY KHANG MENG (ZHENG KANGMING)

Approximate Age

Injuries Sustain

BACK, SHOULDER AND NECK

Injured person in which vehicle?

SHC319X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

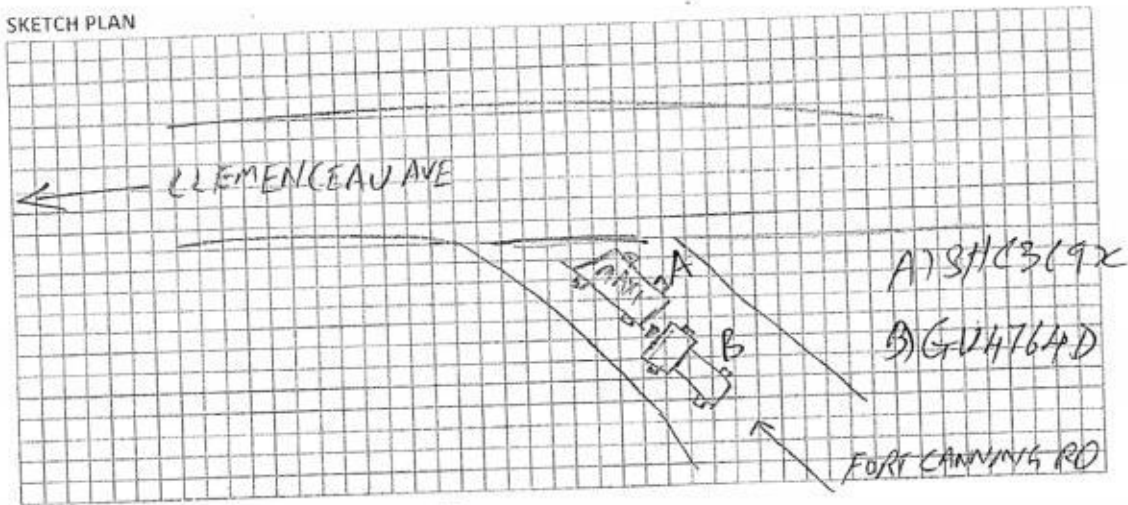
CITYCAB PTE LTD
CO. REG. NO. 159502839G

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along fort canning road. As reach the junction of fort canning road & clemenceau Ave. I slowed down my vehicle & eventually came to stop as there were incoming vehicles along clemenceau Ave. While I was waiting for the traffic to clear, I felt an impact from the rear of my vehicle. As such I alighted & noted that another vehicle GV 4764D being had collided into the rear portion of my vehicle.

Refer Blue Report

7/2018/0828/2035

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:

Reporting Centre Personnel's Signature
Name:

[Signature]
28/8/18



**SINGAPORE
POLICE FORCE**



T/20180828/2038

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

(original same)

1 of 3

Report No. T/20180828/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2018 12:23	Vide Report No.	Station Diary No: 70
--	-----------------	-------------------------

Informant's Particulars

Name of Informant: TAY KHANG MENG			Address: APT. BLK 28D DOVER CRESCENT #02-77 SINGAPORE 134028	
ID Type / ID No. NRIC NO / S7908703C			Contact No. Home/Office:	Mobile: 85886767
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 16/03/1979	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 FORT CANNING ROAD				
Fort Canning Road heading towards Clemenceau Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GV4764D	Lorry	NISSAN	CABSTAR	Silver	Slightly Damaged	0
SHC319X	TAXI	MERCEDES BENZ	VIANO 2.2 CDI TREND LONG	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No



**SINGAPORE
POLICE FORCE**



T/20180828/2038

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180828/2038

CONTINUATION OF REPORT

Driver			
Name	TAY KHANG MENG	ID No.	S7908703C
Related Vehicle	SHC319X (TAXI)	Contact No.	85886767
Hospital/Clinic	WILLIAM VERHOEVEN ORTHOPAEDIC CLINIC	Glass of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	28/08/2018	Date Discharge	28/08/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time, I was driving alone in my vehicle SHC319X along Fort Canning Road. The weather was clear and the road was dry. As I reached the junction of Fort Canning Road and Clemenceau Ave, I slowed my vehicle and eventually came to a stop as there were oncoming vehicles along Clemenceau Ave. While I was waiting for the traffic to clear, I felt an impact from the rear of my vehicle. As such, I alighted and noted that another vehicle GV4764D had collided onto the rear portion of my vehicle. No police or ambulance came to scene. I exchanged particulars with the other driver and left the area after taking some photographs of the scene.

On 28/08/2018 morning, I felt aches all over my body as such, I sought medical attention from William Verhoeven Orthopaedic Clinic and was issued with a 7 days MC. I am lodging the report to facilitate insurance claims.

Particulars of the other driver:

Name: Thet Naing Aye
FIN: G6204433R
Contact: 82480560



**SINGAPORE
POLICE FORCE**



T/20180828/2038

3 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180828/2038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E/
Sgt 2 PUA JIAN YAN, JEREMIAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/08/2018 12:23

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

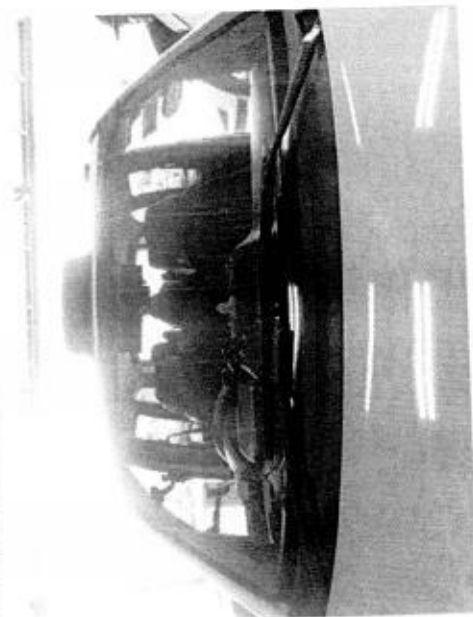
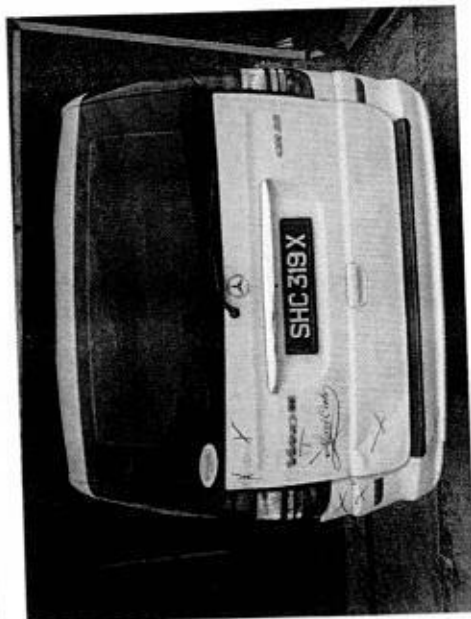
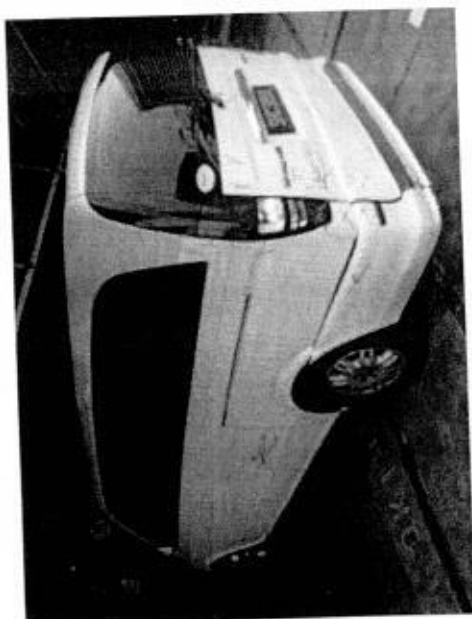
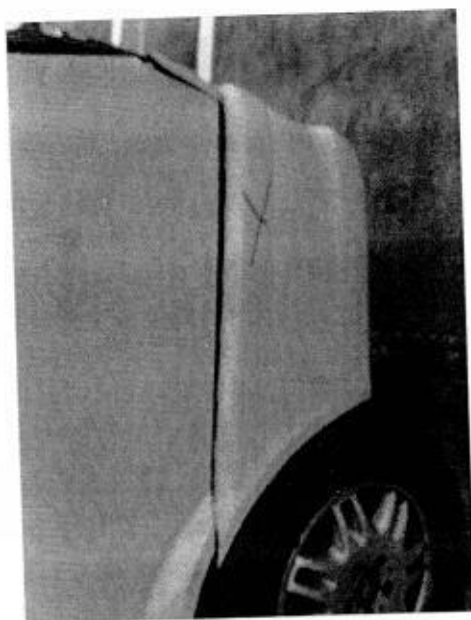
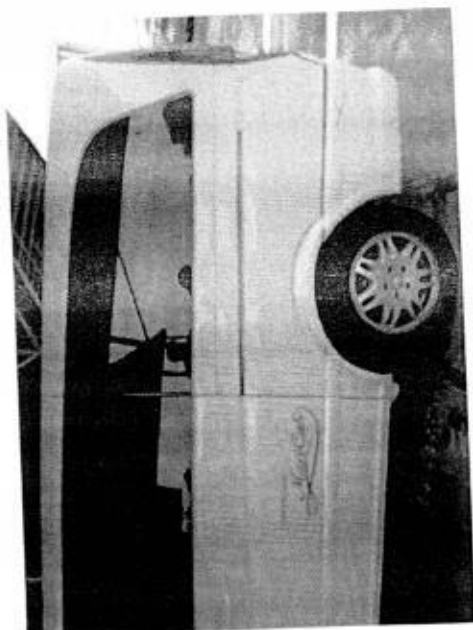
Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

SN 061



Date/Time: 28.08.2018 17:25

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305205498

OMER

IS CITYCAB PTE LTD
OMER NO. 7010070
ESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

(R)

(P)

OUNT CARD NO.

REGN NO.: SHC 319X	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL VIANO CDI 2.2L	DATE/TIME IN 27.08.2018 19:35
YR OF MANU 13.06.2013	TARGET DATE
CHASSIS CODE WDF63981323792737	COMPLETION DATE/TIME:

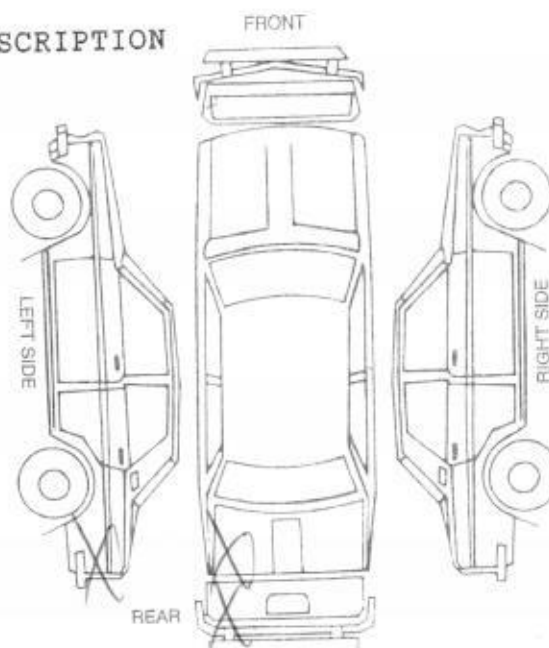
JOB DESCRIPTION

Accident Date: 27.08.2018
NATURE: 3P 27.08.18

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SHC 319X

JU ECICS

Vehicle No.:

SHC 319X

/ Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 319X

DATE 29/8/2018 11:09

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X/par</i>			\$ 1,372.00
	Bumper L/H Side, RR <i>one</i>			\$ 473.60
	Bumper Reflector RR/LH <i>cut</i>			\$ 46.00
	Crossmember Rear <i>X</i>			\$ 369.60
	Crossmember Stay Rear (2 Pcs) <i>X</i>			\$ 94.38
	Tail Gate Assy <i>Ref</i>			\$ 3,951.98
	Tail Gate Trim Cover <i>X</i>			\$ 320.00
	Tail Gate Weathership <i>X</i>			\$ 133.40
	Tail Gate Mercedes Star Logo <i>ne</i>			\$ 45.46
	Tail Gate "2.2" Logo <i>ne</i>			\$ 78.00
	Tail Gate "CDI" Logo <i>ne</i>			\$ 78.00
	Tail Gate Via No Logo <i>ne</i>			\$ 78.00
	Tail Gate Lock <i>X</i>			\$ 273.40
	Tail Lamp Assy Lower, LH <i>cut</i>			\$ 622.44
	Tail Lamp Lower Garnish, LH <i>an</i>			\$ 61.90
	Tail Lamp Reflector Upper, LH <i>+ se</i>			\$ 105.74

SUB TOTAL

\$ 8,103.90

LESS 20%

\$ 1,620.78

DISCOUNTED TOTAL

\$ 6,483.12

Reverse Sensor *shhd*

\$ 288.00

Nett

Rear Bumper Rubber Mat *ne*

\$ 50.00

Nett

Tail Gate "MAXICAB" Logo *ne*

\$ 30.00

Nett

\$ 368.00

Labour Charge

Panel Beating

Spray Painting Charge

Wiring Charge

Tuff Kote

Remove/Refix Reverse Sensor

TOTAL LABOUR

\$ 1,720.00

ESTIMATE TOTAL

\$ 8,571.12

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:

Kah 10/10
29/8/18 1530 hrs.
3 hrs
4/5
After Repair photo

400
~~\$ 1,000.00~~
~~\$ 500.00~~
~~\$ 50.00~~
~~\$ 50.00~~
~~\$ 120.00~~

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305205498
Date : 04/08/19

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
SHC 319X

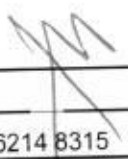
Fax :


Date of Accident : 27/08/2018

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

1. The repair job shall bill to: ECICS --- GV 4764D
###
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% **\$4,450.00**
Final Lumpsum Repair cost
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 : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : KALVIN
Date : 4/9/8

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:

OVERRUN 03 DAYS

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/ICS18015901/K1VD3N2

Date: 11/09/2018

REFERENCE

Handling Insurer:	ECICS Limited	Policy No:	
Claimant Vehicle No :	SHC319X	Insured Vehicle No :	GV4764D
Date of Loss:	27/08/2018	Nature of Claim:	TP
		Claim No:	DMCV1800069H

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC319X	Engine No:	65194030538485
Make & Model:	MERCEDES-BENZ VIANO, 2.2 D CDI (W639) (A)	Chassis No:	WDF63981323792737
Reg. Date:	13/06/2013 (Man. Year: 2013)	Odometer:	704269 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

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	6,851.12	4,716.30	2,134.82	31.16
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,720.00	870.00	850.00	49.42
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	8,571.12	5,586.30	2,984.82	34.82
Approved Total (Overridden) (S\$)		4,450.00		
(S\$)	8,571.12	4,450.00	4,121.12	48.08
+ GST 7.00/7.00% (S\$)	599.98	311.50	288.48	48.08
Nett Amount (S\$)	9,171.10	4,761.50	4,409.60	48.08

INSPECTION

Date of Assignment:	29/08/2018	
Date Inspected:	29/08/2018 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: VERON CHEN

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

Adjuster Report

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: 11 Sep 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 SHC319X)
 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	Repair	1,372.00 FL	*- FL
2	1		*BUMPER L/H SIDE,RR	Cracked	473.60 FL	*473.60 FL
3	1		*BUMPER REFLECTOR RR/LH	Cut	46.00 FL	*46.00 FL
4	1		*CROSSMEMBER REAR	Serviceable	369.60 FL	*- FL
5	1		*CROSSMEMBER STAY REAR (2 PCS)	Serviceable	94.38 FL	*- FL
6	1		*TAIL GATE ASSY	Dented	3,951.98 FL	*3,951.98 FL
7	1		*TAIL GATE TRIM COVER	Serviceable	320.00 FL	*- FL
8	1		*TAIL GATE WEATHERSTRIP	Serviceable	133.40 FL	*- FL
9	1		*TAIL GATE MERCEDES STAR LOGO	Necessary	45.46 FL	*45.46 FL
10	1		*TAIL GATE 2.2 LOGO	Necessary	78.00 FL	*78.00 FL
11	1		*TAIL GATE CDI LOGO	Necessary	78.00 FL	*78.00 FL
12	1		*TAIL GATE VIA NO LOGO	Necessary	78.00 FL	*78.00 FL
13	1		*TAIL GATE LOCK	Serviceable	273.40 FL	*- FL
14	1		*TAIL LAMP ASSY LOWER,LH	Cut	622.44 FL	*622.44 FL
15	1		*TAIL LAMP LOWER GARNISH,LH	Cracked	61.90 FL	*61.90 FL
16	1		*TAIL LAMP REFLECTOR UPPER,LH	Serviceable	105.74 FL	*- FL
17	1		*REVERSE SENSOR	Shorted	288.00 FS	*288.00 FS
18	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
19	1		*TAIL GATE MAXICAB LOGO	Necessary	30.00 FS	*30.00 FS

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

Sub Total (\$\$)	8,471.90	5,803.38
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,620.78	1,087.08
Total Parts (\$\$)	6,851.12	4,716.30

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	1,000.00	400.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	WIIRNG CHARGE	New	50.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (\$\$)			1,720.00	870.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >