MOLIMAN -	40	ASSIGNMI	ENT (Office)			A2 112-12	2 5 2
rom (Person):	Shawn Ngo	_ of	". SM) .	Da	ate/Time:	02/1/2018	5.52pm
Estimated Cost:			Bill to:				731
OD / TP)/ WS / T To Inspect Vehicle		VA/INV/MV/C D 68127	CS	Insured:	GBE	341R	
at Workshop m/s	SUNSEE TABLE	fut Dellino		Tel:		8315.	
of		Luciana Drix					-
	DIA MTPCYE DOD		Claim No:	CMTI) 1	804798	,	
Sum Insured:		<i>7</i> M	Excess:				
Make of Veh: (Client's Record)				D	.O.A	01-11-2018	
CA / REV / RI	EP. / REV 24 HRS1 1-11-1418 14-08pm	Mar	05-11-2018 Jumani	Vel		lorsement:	
Date/Time A	ction/Instruction (V) Estimate	9 .				
The second secon	HD 68127 - X		-		7		
	BE 341R - X						Market and
1 1	irm vonsed	to Shawn	Ngo MG	Meirace	ч.		
							5,38%

Note: This document has not been finalised.

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

To:

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place

#05-01/06, Singapore Land Tower

Singapore 048623

From: LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park

Singapore 408933

Attn:

NGO SAU WEI SHAWN

Date:

07 Nov 2018

Preliminary Advice

Insured Vehicle No

: GBE341R

TP Vehicle No

: SHD6812T

Accident Date

: 01/11/2018

Make

: MERCEDES-BENZ E220 BLUETEC

Assignment Date

: 02/11/2018

Date of Inspection

: 05/11/2018

Est. Duration of Repair

: 2.00

Inspection At

: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

59 LOYANG DRIVE

SINGAPORE 508969

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,465.50
Revised Amount	:S\$	1,572.50
Check Items (Estimated)	:S\$	483.00
Total	:S\$	2,055.50

Lump Sum Repair

:S\$

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

	The vehicle is repairable at our let us have your authorisation.	sted amount. We have also confirmed excess and po	licy coverage. Kindly
--	--	---	-----------------------

)	The vehicle is uneconomical	to be	repaired,	you are	advised	to	invite	tender	for	the	wrec	K
---	-----------------------------	-------	-----------	---------	---------	----	--------	--------	-----	-----	------	---

Other comments:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status			
Main	02 Nov 2018		02 Nov 2018 15:52 Assign				New Assig Cancel Ca			
	Main		Reference		Claim Details	Doc	uments	Show All		
CLAIM S	SUBFOLDER DE	TAILS	To be a second or the				[Created by	insurer]		
Insured:			teritori dell'estato positivi fore i realizati con il sitti di li con il con-	priority to the second part of the part of	o. Reg. No.: 19920003					
Main Clai	mant:		1701 B2015	TATION PTE	LTD, Co. Reg. No.:					
Vehicle R	eg. No.:	SHD	6812T		Date of Loss:		01/11/2018 00:00 - :59			
Claim Typ	pe:	TP /	CMTD1804798		Policy/Cover Note No	0.600	D17MTPCVE002791 (Comprehensive)			
Vehicle R	eg. No. (Insured)	: GBE:	341R		Policy No. (Claimant):					
		0 195000			Excess:					
Repairer:					td (Loyang) 59 Loyar					
Handling	Insurer:	6329	5202]		e Pte. Ltd. (HQ) - Tel: 6461 6555 [Handled by NGO					
Adjuster:				onsultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt du				18]		
Adj Asg.	Remarks:	PLEA	SE BE INFORMED	THAT OUR INS	SURED HAS NOT REPO	RTED THE ACCID	ENT			
ASSOCI	ATED MAIL REG	CEIVED				V	iew All	Compose Case Mail		
There are	e no mail for this	case.								
e										
ALL AS	SOCIATED TAS	KS			View All	Search Tasks	Create New	Task Complete		
Due D		Type Tas	k Group Subj	ect Hand	ler Assigned By	Complete	d On Cr	eated On Done?		

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Penicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	SUD COLOT
Vehicle No.:	SHD6812T
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Nov 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E220 BLUETEC
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	65192433262923
Chassis No.:	WDD2120012B316922
Maximum Power Output:	130.0 kW (174 bhp)
Open Market Value:	\$44,046.00
Original Registration Date:	08 Apr 2016
First Registration Date:	08 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$46,165.00
Intended FARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Apr 2024
PARF Rebate Amount:	\$34,623.00
Intended COE Rebate Details	本。此為中國大學的一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個
COE Expiry Date:	07 Apr 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,862.00
COE Rebate Amount:	\$24,958.00
Total Rebate Amount:	\$59,581.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 07 Nov 2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	02/11/2018 10:16
Date Of Accident	01/11/2018 18:10
Exact Location Of Accident	HOLLAND RD > CLEMENTI RD B4 T- JUNCTION SIXTH AVE
Country/State of Loss	SINGAPORE
Fig. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD6812T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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 a time of accident	t
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	TAN KANG BOCK
NRIC No	S0948128A
Date Of Birth	27/07/1946
Occupation	OUTDOOR
Date Of Driving Pass	08/11/1965
Driving Experience	52 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91072670
Fax Number	

NOEMAIL

Address

BLK 485A CHOA CHU KANG AVENUE 5

#05-110

Postcode

681485

1 0010000

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

ed OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

madiance company of briver a own vernero

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

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?

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)

1

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

REFER 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

VAN

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBE341R

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TING ZHEN TANG

NRIC/Passport Number

S8812428F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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 LTO CO. REG. NO. 199303821R HOPE

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.:

GIARIAC SketchPlanForm_V3

bir 6

6-1

Sketch Plan Pg. 2

TCH PLAN	1177 111 Som Note
7 545	
A) 68127	
GBE	
BAIR	
SCRIBE CIRCUMSTANCES OF TH	
o	m. 1 200 2018 @ 18.10 hr I ve++
<	stop at the above location studenty
	VEHB hum the ream hit vett A rear
AL	at the point of accident No pure
	. 3
	an vet A.
DECLARATION	
DECLARATION I/We declare the foregoing particula	ars are true in every respect. PTE LTD KAPPER AND AL

Policyholder's Signature

Date & Time:

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

Date & Time:

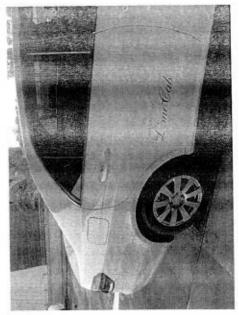
Reporting Centre Personnel's Signature

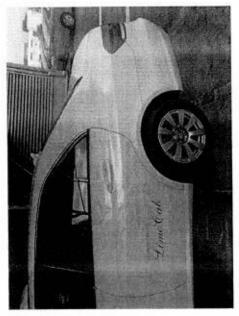
Name:

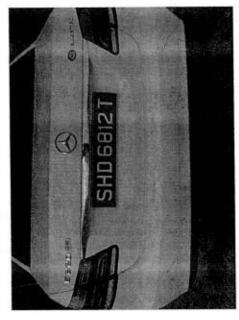
NRIC/FIN No.:

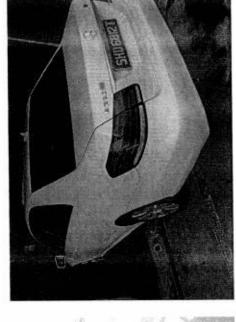
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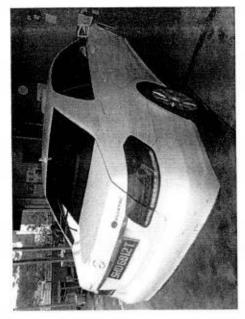


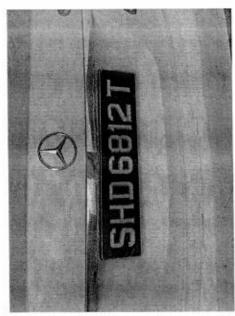


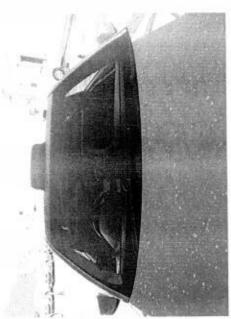












OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Workshope

59 Loyang Drive Bingapore 508969 383 Sin Mind Drive Singapore 575717 24 Senoku Loop Singapore 758156 7 Sungel Kadut Way Singapore 728791 573 Volumber 2010 Duk A Science 728791

Date/Time90002031192018 11:13

Page : 1

JOB CARD Team: ARC Repair TP(CLSO)1 Sales Order: JC NO.: 305233557 REGN NO.: SHD6812T MILEAGE OMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE: 7010045 MERCEDES BENZ OMERNO 383 SIN MING DRIVE E.....F 01.11.2518 19:45 MODEL Singapore SINGAPORE 575717 E220CDI(E6) 65508755 YR OF MANUS. 04. 2016 TARGET DATE (FI) (P) CHASSIS CODE 2120012B316922 COMPLETION DATE/TIME: DUNT CARD NO.

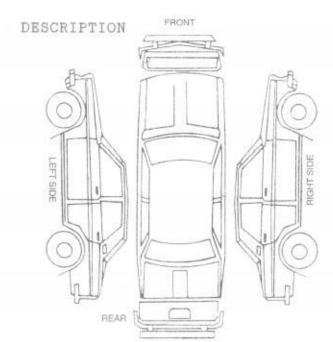
JOB DESCRIPTION

Accident Date: 01.11.2018

NATURE: 3P 01.11.18

S/NO

LABOR CODE



93 61		
OKED & PASSED OUT BY:		
SERVICE ADVISOR	CUSTOMER'S SIGNATURE	
ledgement Slip	Exit Pass	
No.: SHD6812T JU SOMPO	Vehicle No.: SHD6812T	
f Service Advisor Signature/Date function	Name of Service Advisor Date To be kept by Security Guard	
na vincena na sur mangaman managan an una sangan.		

COMFOR DELGRO ENGINEERING PTE LTD

by the insurance company.

REPAIR ESTIMATE*

VEHICLE NO: SHD 6812T :

MAKE

DATE 2/11/2018 11:24

Qty	: MERCEDES BENZ Parts Description/ Labour	Type	Unit Price	A	mount
Qij	Dans Business of American			S	1,510.0
	Rear Bumper Absorber Rear Bumper Centre Frame			\$	196.4
	Rear Bumper Absorber			s	177.5
	Rear Bumper Centre Frame Rear Bumper Bracket Lower (LH/RH) ? / BR		\$ 135.00	S	270.0
	Rear Bumper Bracket Lower (LH/RH) 1 / 16/		3 155.00	3	270.0
	SUB TOTAL			\$	2,154.0
	LESS 25%			\$	538.5
	DISCOUNTED TOTAL		2/05	S	1,615.5
			21.5	.75	í
	Labour Charge		200	120	gaarg
	Panel Beating		100	\$	400.0
	Spray Painting Charge		200	\$	300.0
	Wiring Charge		N/V X	\$	30.0
	Remove/Refix Reverse Sensor		200 200 NN X 40	8	120.0
	TOTAL LABOUR			S	850.0
	ESTIMATE TOTAL			S	2,465.5
	9× 2		24.6.75	1	
	2 Days. mills		290, 1900		
	pat by pot. Before & After point Gru Giog - 8288 of C5/11/18 12pm	, ,	93.75		
	before & After point	photos	1000		
	Em Giog - 82880	28 2	Consultants hence notify inter of the following:		
	GE/11/18 1200	To displa To displa	er before/after spray painting y damaged part(s) during resurve	y	
	-3/11/10 12pm	Parts pric Third page	es are subject to confirmation		
		 No illegal 	modification(s) is allowed	uoai.	5
		* Suppleme	en ary item(s) must be resurveyed to final approval from Insurance	and Compan	ly
			ged by Repairer		
		Signature:			
		Date:			
			vehicle. The final repair		-

COMFORTDELGRO ENGINEERING

VEHICLE NO.	SHD6812T	TYPE OF CASE	;	SOMPO
JOBCARD NO.	305233557	SURVEY BY	:	LKK-GUA QIANG
ACC.DATE	01/11/18	DATE		

DESCRIPTION	QTY	ESTIMATE	REMARKS
REAR BUMPER LOWER COVER (LA	1	\$325.00	LIST
REVERSE SENSOR / PM	1	\$388.00	NET
CHECK ITEMS		220.00	
REAR BUMPER BRACKET LOWER (LH/RH) REAR BUMPER ASSY	2	\$270.00 \$1,510.00	
		285.7700.2	
		*	
	TOTAL:	\$2,493.00	JUMAN

COMFORTDELGRO ENGINEERING

Our Job Ref No :305233557				LINGINEERING			
Date : 07/11/18				ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6548 8156			
INA	LIZATI	ION FORM			Pax. 034	0 0100	
0		Li	KK		Fax:		
Attn	810	GUA	QIANG				
		: SHD68	12T	Da	te of Accident :	01/11/18	
Cha e		and estimates of the	a rangira of the	ahova mantion	ad vahiola ara as f	ollows:	
116 8	survey	and estimates of the	a repairs of the	above-incition	su vernicie are as i	ollows."	
١.	The	repair job shall bill to): 	SOMPO		GBE 341R	-03
2.	The f	finalized amount sha	all be:		mm		
	(a)	Spare Parts after	List discount				200
	(b)	Labour Charges		#	##		-
		Total for Part-By	-Part Repair Co	ost			÷0
					NI		
	(c.)	Lumpsum Repair Total for Lumpsur		orless 200	4	\$1,950.00	190
		Final Lumpsum		el Less	5	\$1,559.00	- 1/
	Wes	nated normal period shall treat the abov				s no reply from you	
4.	We s with		ve amount as C	orrect and Co	offirmed if there is		
4.	We s with	shall treat the abov in 7 working days	ve amount as C	orrect and Co	nfirmed if there is		
4.	We s with	shall treat the abov in 7 working days	ve amount as C	orrect and Co	offirmed if there is		
4.	We s with Than	shall treat the abov in 7 working days	ve amount as C	orrect and Co	offirmed if there is		-
4.	We s with Than	shall treat the abovin 7 working days onk you for your assistant	ve amount as C	orrect and Col	onfirmed if there is We confirm the estinalized amount		
4.	We swith Than	shall treat the above in 7 working days onk you for your assistant the second	ve amount as C	orrect and Con	onfirmed if there is We confirm the estinalized amount Signature:		
4.	We s with Than Sign Nam	shall treat the above in 7 working days onk you for your assistant in the second in t	ve amount as C	orrect and Con	Ne confirm the est inalized amount		
5.	We swith Than Sign Nam Tel Fax	shall treat the above in 7 working days onk you for your assistant a second	stance.	orrect and Con	Ne confirm the est inalized amount		
5.	We swith Than Sign Nam Tel Fax	shall treat the above in 7 working days onk you for your assistant in the second in t	stance.	orrect and Col	Ne confirm the est inalized amount Signature: Name :		
4.	We swith Than Sign Nam Tel Fax	shall treat the above in 7 working days onk you for your assistant a second	stance.	orrect and Con	Ne confirm the est inalized amount Signature: Name :		- - - -
4. 5.	We s with Than Sign Nam Tel Fax	shall treat the above in 7 working days nk you for your assistant in the state of	ze amount as C stance. 214.8315 35468156	Documer Attached Yes or N	We confirm the est inalized amount Signature: Name: Date: Confirm By (Signature)	w. of 30/4/18	· · · · · · · · · · · · · · · · · · ·
5. For	We swith Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days onk you for your assistant records a second records r	ze amount as C stance. 214.8315 35468156	Documer Attacher Yes or N	We confirm the est inalized amount Signature: Name: Date: Confirm By (Signature)	w. of 30/4/18	
For 1. F	We swith Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days nk you for your assistant in the state of	ze amount as C stance. 214.8315 35468156	Documer Attached Yes or N	We confirm the est inalized amount Signature: Name: Date: Confirm By (Signature)	w. of 30/4/18	
4. 5. 1. F	We swith Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days nk you for your assistant in the second in 1 working days nature: ine: JUMANI in 6 in 6 at Use Only Item Rate P/Day Income Paid Fees	ze amount as Costance. 214.8315 65468156 Amount	Documer Attacher Yes or N	We confirm the est inalized amount Signature: Name: Date: Confirm By (Signature)	w. of 30/4/18	
1. F 2. L 3. S 4. L	We swith Than Sign Nam Tel Fax Officia Rental I oss of Survey LTA Se	shall treat the above in 7 working days onk you for your assistant in the second seco	ze amount as C stance. 214.8315 35468156	Documer Attacher Yes or N	We confirm the est inalized amount Signature: Name: Date: Confirm By (Signature)	w. of 30/4/18	
4. For 1. F 2. L 3. \$ 4. L 5. P 6	We swith Than Sign Nam Tel Fax Officia Rental I oss of Survey LTA Se	shall treat the above in 7 working days onk you for your assistant in a second in a secon	ze amount as Costance. 214.8315 65468156 Amount	Documer Attacher Yes or N	We confirm the est inalized amount Signature: Name: Date: Confirm By (Signature)	w. of 30/4/18	

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/SMO18019964/GQBN2

Date:

08/03/2019

REFERENCE

Handling

Sompo Insurance Singapore Pte.

Policy No:

D17MTPCVE002791

Insurer: Claimant Vehicle No:

SHD6812T

Insured Vehicle No:

GBE341R

Date of Loss:

01/11/2018

Nature of Claim:

TP

Claim No:

CMTD1804798

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHD6812T

Make & Model:

MERCEDES-BENZ E220 BLUETEC, 2.1 D (A)

08/04/2016 (Man. Year: 2015)

Engine No:

65192433262923

Reg. Date:

Chassis No: Odometer:

WDD2120012B316922 472916 km

Colour: Engine Capacity: White

2143 cc

Market Value/New Car

N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side:

Front Right Side:

225/55 R16

West Lake 6 mm West Lake 6 mm Rear Tyre Size:

225/55 R16

Rear Left Side: Rear Right Side:

West Lake 6 mm West Lake 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,247.25	1,966.75	280.50	12.48
Miscellaneous Items	0.00	0.00	0.00	
Labour	850.00	440.00	410.00	48.24
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,097.25	2,406.75	690.50	22.29
Approved Total (Overridden) (S\$)		1,900.00		
(S\$)	3,097.25	1,900.00	1,197.25	38.66
+ GST 7.00/7.00% (S\$)	216.81	133.00	83.81	38.66
Nett Amount (S\$)	3,314.06	2,033.00	1,281.06	38.66

INSPECTION

Date of Assignment:

02/11/2018

Date Inspected:

05/11/2018 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

Adjuster: XING GUO QIANG

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: 08 Mar 2019)

Parts: 143 MERCEDES-BENZ E220 BLUETEC 2.1 D (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SHD6812T)

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 *.

Recom	mende	d Parts
1 (00011		a i aito

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Cracked	1,510.00 FL	*1,510.00 FL
2	1		*REAR BUMPER ABSORBER	Not Necessary	196.45 FL	*-FL
3	1		*REAR BUMPER CENTRE FRAME	Not Necessary	177.55 FL	*-FL
4	2		*REAR BUMPER BRACKET LOWER (LH/RH)	Broken	270.00 FL	*270.00 FL
5	1		*REAR BUMPER LOWER COVER	Cut	325.00 FL	*325.00 FL
6	1		*REVERSE SENSOR	Damaged	388.00 FS	*388.00 FS
F=Fra	anchise	part. S=SpcN	Nett. L=ListItemDisc.			/ =====================================
				Sub Total (S\$)	2,867.00	2,493.00
			- List Item Discount on L Items	25.00/25.00% (S\$)	619.75	526.25
				Total Parts (S\$)	2,247.25	1,966.75

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
Lab	our Items		lines seems	
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	40.00
		Gross Labour Cost (S\$)	850.00	440.00
	Report was	s unsubmitted during this print-out.		

< END OF ESTIMATES >