

7/10/2002

ASS. REC. BY:

REF: CS/TMU8021676/Klsbn2 Special Instruction:

Survivor:

KALVIN

ASSIGNMENT (Office)

From (Person): ZHENG HUNYANG of TML Date/Time: 13/22018 1001am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 6755A Insured: SJ8 3361J

at Workshop m/s Comfort Delgn Tel:

of 59 Loyang Dm

Policy No: MU013289 Claim No: m1806117

Sum Insured: Excess:

Make of Veh: D.O.A. 29/1/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 6755A - X
	SJ8 3361J - X

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / IWS / TP RES / OD RES / EVA / INV / MV

To Insp'd Vehicle No: _____

at Workshop m/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: SHD 6755 A Yr Regn: 8 Apr 2016Type: M. Car / M. Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E 220 c.c. 2143Colour: White A/C: Ins Std / HI / NASp. Reading: 404474 T/Radio: Ins Std / HI / NA

Eng/No: _____

C/No: WDD2120012B309001Gen. Cond: Good / P / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Rim orTyre Size: F: 225/55R16

R: _____

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

TOYO / YOKO or Went like

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 29/11/18 D.O.I. 3/12/18Survey held at C D G E (Loyang)

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

N/S Rear

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

Date / Time	Action / Instruction
5/12/18	Insured P/P \$2898 / 3 P/p.
06/12/18	Confirmed P/P \$2,898/- @ 3days with Kalvin. P/P (\$643.00 Red-18%)

Date/Time, File Pass to?

06/12/18

1)

Type

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 2,898/- P/P)Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS: \$ _____

Photos

Others

TOTAL

250

10

260

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Nov 2018 18:00 Sendback Est	30 Nov 2018 18:10 S\$2,546.00	03 Dec 2018 10:01 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:		CTPL, Co. Reg. No.: 199303821R							
Main Claimant:		CTPL							
Vehicle Reg. No.:		SHD6755A	Date of Loss:	29/11/2018 21:00 - :59 [31 Months and 21 Days From LTA Reg Date (Man Yr)]					
Claim Type:		TP / M1806117	Policy/Cover Note No.:	MU013289 (Comprehensive) Coverage: 27/12/2017 - 08/01/2019					
Vehicle Reg. No. (Insured):		SJB3361J	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 Zheng Hanyang - 65926416]							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 12/12/2018]							
Adj Asg. Remarks:		PLS. CHECK CONSISTENCY OF THE DAMAGE.							
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
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 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. 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	30/11/2018 16:13
Date Of Accident	29/11/2018 21:50
Exact Location Of Accident	MARINA BLVD TWDS SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6755A
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 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	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	ANDREW TEO ENG JOO
NRIC No	S0014185B
Date Of Birth	09/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82883139
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 113 CLEMENTI STREET 13 #07-25
Postcode	120113
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?	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: : MALE

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 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SJB3361J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO LYE SENG
NRIC/Passport Number	S7621482D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.

CLIFFORD TRANSPORTATION PTE LTD
CORPORATE NO. 199203621R

Policyholder's Signature
Date & Time:

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

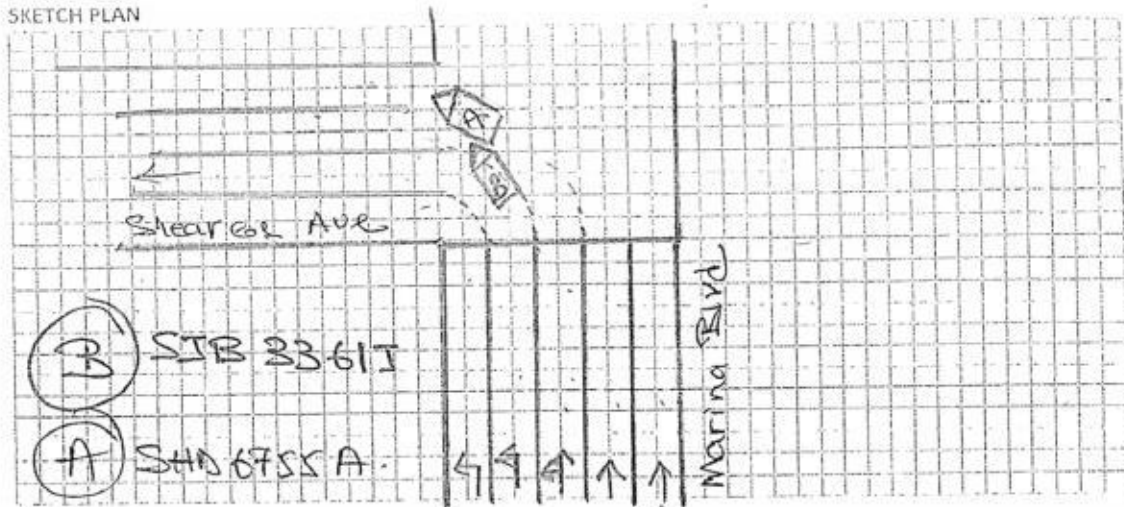
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29. NOV. 2018 @ 21.50 hrs.

I veh A was driving along the above location. ~~to~~ making a left turn. Suddenly veh B from 4th lane cut across to lane 3 path and hit veh A left rear.

at the point of accident veh A carry a male pax not injured

DECLARATION

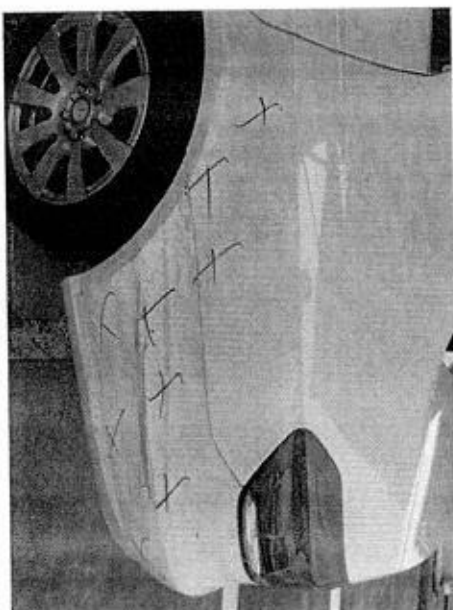
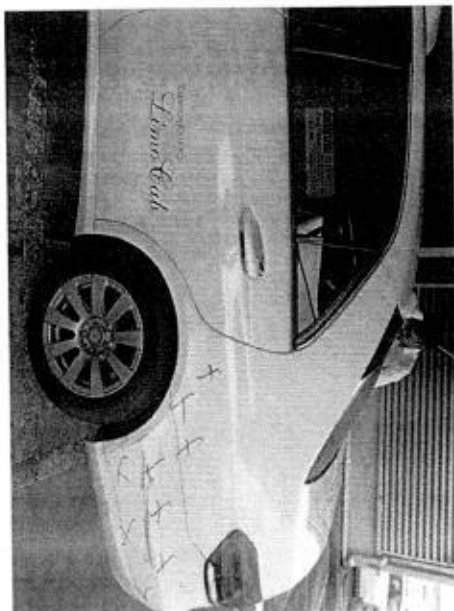
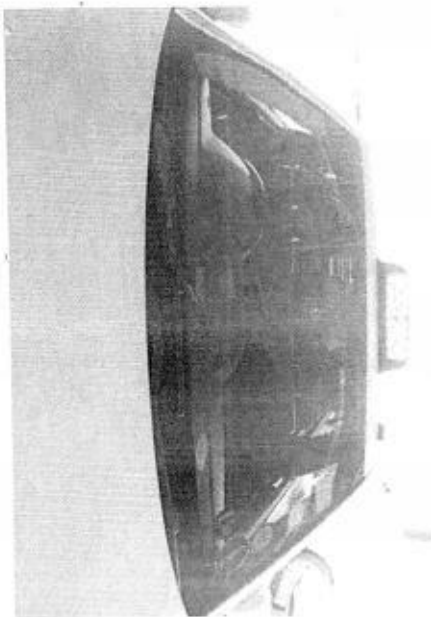
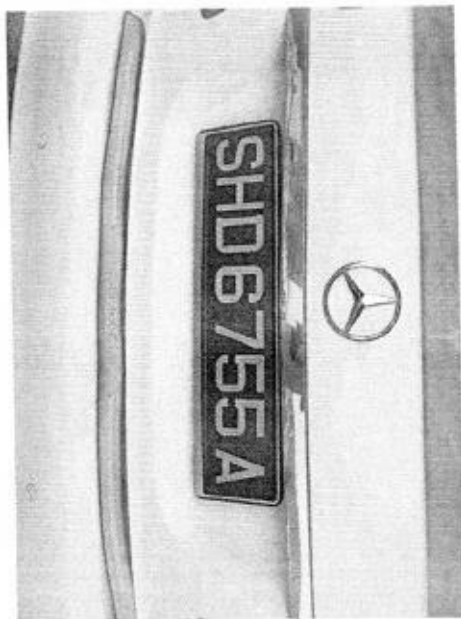
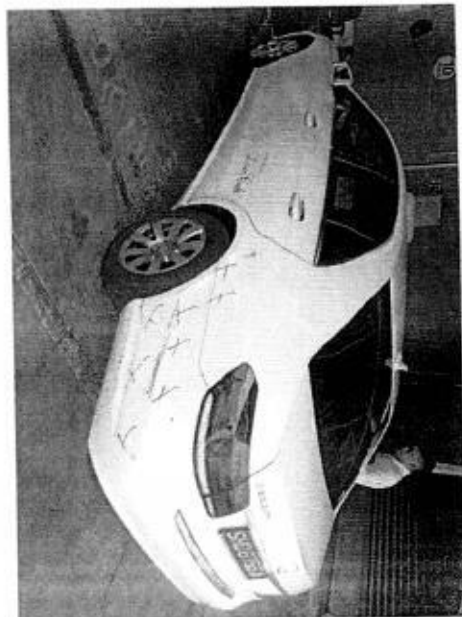
I/We declare the foregoing particulars are true in every respect.

CO-INSURANCE TRANSPORTATION PNE LTD
CO. REG. NO. 150303621R

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.:



ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY
Policy No:
Vehicle Reg. No.: SHD6755A
Party At Fault: UNKNOWN

Ref. No:
Date of Loss: 29/11/2018
Driveable? YES

Make/Model: MERCEDES-BENZ E220, 2.1
CDI (A)
Vehicle Colour: WHITE
Engine No: 65192433214725
Odometer: 0 KM

Vehicle Reg. 08/04/2016
Date:
Gen Condition: GOOD
Chassis No: WDD2120012B309001

Paint Type:
List Item Discount: 20.00 %
Total Loss? NO
Est. Duration of
Repair (day) 3

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS

	Amount
Parts	1,366.00
Miscellaneous Items	10.00
Labour	1,170.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3546 2,546.00
+ GST 7.00% (S\$)	178.22
Nett Amount (S\$)	2,724.22

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 30 Nov 2018)
Parts: 143 MERCEDES-BENZ E220 2.1 CDI (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHD6755A/30/11/2018 18:10
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>— 14</i>	20.00	0.00	*1,510.00 FL
2	1		*REAR BUMPER BRACKET LOWER LH <i>— xsu</i>	20.00	0.00	*135.00 FL
3	1		*REAR BUMPER MAT (METALIC) <i>— me</i>	0.00	0.00	*50.00 F
						<i>\$1250</i>
						<i>Sub Total (S\$)</i>
						<i>1,695.00</i>
						<i>- List Item Discount on L Items (S\$)</i>
						<i>329.00</i>
						<i>Total Parts (S\$)</i>
						<i>1,366.00</i>

ComfortDelGro Engineering Pte Ltd/SHD6755A/30/11/2018 18:10. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 200
2	SPRAY PAINTING CHARGE - RR BUMPER / RR FENDER LH	New	600.00 400
3	TUFF KOTE	New	50.00 10
4	REMOVE/ REFIX REVERSE SENSOR	New	120.00 30
Gross Labour Cost (S\$)			1,170.00

ComfortDelGro Engineering Pte Ltd/SHD6755A/30/11/2018 18:10. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvin Uday

3/12/18 1030h

3 Ry,

P/P

Before Paint photo

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before starting repair work
- To display damaged parts in a visible place
- Parts prices and quality must be approved by LKK
- Third party survey must be done before repair
- No illegal modification to the vehicle
- Supermarket/retailer's price must be used
- is subject to final approval from insurance company

Acknowledged by Repairer
Signature:
Date:

Date/Time: 30.11.2018 17:14

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305245659

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

WMS

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

REGN NO.: SHD6755A

MILEAGE

MAKE: MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL E220CDI(E6)

DATE/TIME IN 30.11.2018 15:00

YR OF MANU 08.04.2016

TARGET DATE

CHASSIS CODE WDD2120012B309001

COMPLETION DATE/TIME:

Tokio Marine

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.11.2018

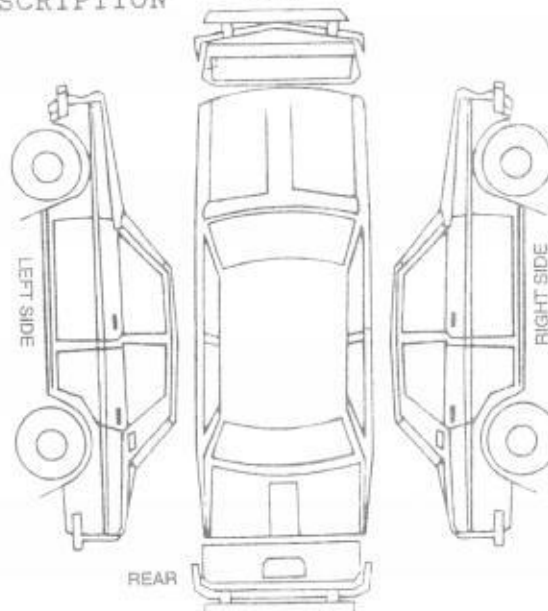
NATURE: 3P 29.11.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

at:

to:

File No.:

SHD6755A

LKE

Exit Pass

Vehicle No.:

SHD6755A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305245659
REGN NO : SHD6755A
MILEAGE : 0000000000
MAKE : MERCEDES BENZ
MODEL : E220CDI(E6)
DATE OF REGN : 08.04.2016
DATE/TIME IN : 30.11.2018 15:00
ACCIDENT DATE : 29.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0202-2282-G	212VB REAR BUMPER ASSY	1 L	1,510.00	20.00	1,208.00
0002 04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00	50.00
0003 04-01-0202-2232-G	212VB TYRE RIM	1 L	1,250.00	20.00	1,000.00

SUB-TOTAL : 2,258.00

JOB NATURE

0000 L	MERIMEN CHARGE	10.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0003 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 640.00

TOTAL : 2,898.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305245659
Date : 04/12/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHD6755A CTPL

Fax :
29.11.18

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

1. The repair job shall bill to: TOKIO MARINE --- SJB3361J
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$2,258.00
(b) Labour Charges	\$640.00
Total for Part-By-Part Repair Cost	\$2,898.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Calvin
Date : 5/12/18

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
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/TMI18021676/K1SBN2

Date: 12/12/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU013289
Claimant Vehicle No :	SHD6755A	Insured Vehicle No :	SJB3361J
Date of Loss:	29/11/2018	Nature of Claim:	TP
		Claim No:	M1806117

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD6755A	Engine No:	65192433214725
Make & Model:	MERCEDES-BENZ E220, 2.1 CDI (A)	Chassis No:	WDD2120012B309001
Reg. Date:	08/04/2016 (Man. Year: 2015)	Odometer:	404474 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:	225/55R16	Rear Tyre Size:	225/55R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,366.00	2,258.00	108.00	4.56
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,170.00	630.00	540.00	46.15
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,546.00	2,898.00	648.00	18.27
+ GST 7.00/7.00% (S\$)	248.22	202.86	45.36	18.27
Nett Amount (S\$)	3,794.22	3,100.86	693.36	18.27

INSPECTION

Date of Assignment:	03/12/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	03/12/2018	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: Hiew May Fung

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: 12 Dec 2018)
Parts: 143 MERCEDES-BENZ E220 2.1 CDI (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHD6755A)
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	Cut	1,510.00 FL	*1,510.00 FL
2	1		*REAR BUMPER BRACKET LOWER LH	Serviceable	135.00 FL	*- FL
3	1		*REAR BUMPER MAT (METALIC)	Necessary	50.00 F	*50.00 FS
Supplementary #1						
4	1		*REAR TYRE RIM LH	Grazed	1,250.00 FL	*1,250.00 FL
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (\$\$)					2,945.00	2,810.00
- List Item Discount on L Items 20.00/20.00% (\$\$)					579.00	552.00
Total Parts (\$\$)					2,366.00	2,258.00

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	400.00	200.00
2	SPRAY PAINTING CHARGE - RR BUMPER / RR FENDER LH	New	600.00	400.00
3	TUFF KOTE	New	50.00	-
4	REMOVE/ REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (S\$)			1,170.00	630.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >