

Surveyor: Kohn

REF:

CC3/TM18022613/Klvb32

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD: ☒ PWS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

Insured: SMF 9128X

Policy No: M5601357

Claims No: M1806440

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 8208E Yr Regn: 13 May, 2015

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

Truck / Trailer or

Make: Mercedes Benz D220 C.C. 2148

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

Sp. Reading: 619861 T/Radio: Ins ☒ d / Std / NI / NA

Eng/No: _____

C/No: WPD2120012B171201

Gen. Cond: Good ☒ / Fair / Poor / Burnt

Steering: Inop ☒ / Jammed / Leaked / Burnt or

Brake: Inop ☒ / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225 / 55 R16

R: _____

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

TOYO / YOKO or West Lake

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 2 mm

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

D.O.A. 15/12/18 D.O.I. 17/12/18

Survey held at C DGE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 8208E - NS/TWC17023697 / Klvb32
	SMF 9128X - X
19/12/18	Email GIA to TMI
19/12/18	Letterhead 4/5 \$1350/2 hrs. (Red 758, 367)
RECEIVED 20 DEC 2018	

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 19/12 - typist

Report Format: merimen

Lump Sum / I.B.I: (\$ 1350/p

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee: 250

Transportation:

S + RS, \$

Photos

Others: 10

TOTAL

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	17 Dec 2018 Sendback Est	17 Dec 2018 14:01 S\$2,142.00	18 Dec 2018 10:09 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	LUMENS AUTO PTE. LTD., Co. Reg. No.: 201426961K		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8208E	Date of Loss:	15/12/2018 10:00 - :59 [43 Months and 2 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1806440	Policy/Cover Note No.:	MJ001357 (Third Party Only) Coverage: 30/09/2018 - 29/09/2019
Vehicle Reg. No. (Insured):	SMF9128X	Policy No. (Claimant):	
		Excess:	S\$2,000.00
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 Roland Heng Cheng Liang - 6592 6400]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 28/12/2018]		
Adj Asg. Remarks:	OUR INSD HAVE NOT RPT THE ACCDT.		

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?
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No results.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 19 December 2018 9:01 AM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 15/12/2018, SHC 8208E (TP Vehicle), SMF 9128X (OI Vehicle)
Attachments: EST.pdf; GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 8208E at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 17/12/2018

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	17/12/2018 08:39
Date Of Accident	15/12/2018 19:05
Exact Location Of Accident	MBS LOBBY DRIVE WAY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8208E
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	MERC

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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LOW KIM KEE
NRIC No	S1237919F
Date Of Birth	16/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1974
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97387889
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	144 19-200 LORONG 2 TOA PAYOH
Postcode	310144
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	SMF9128X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

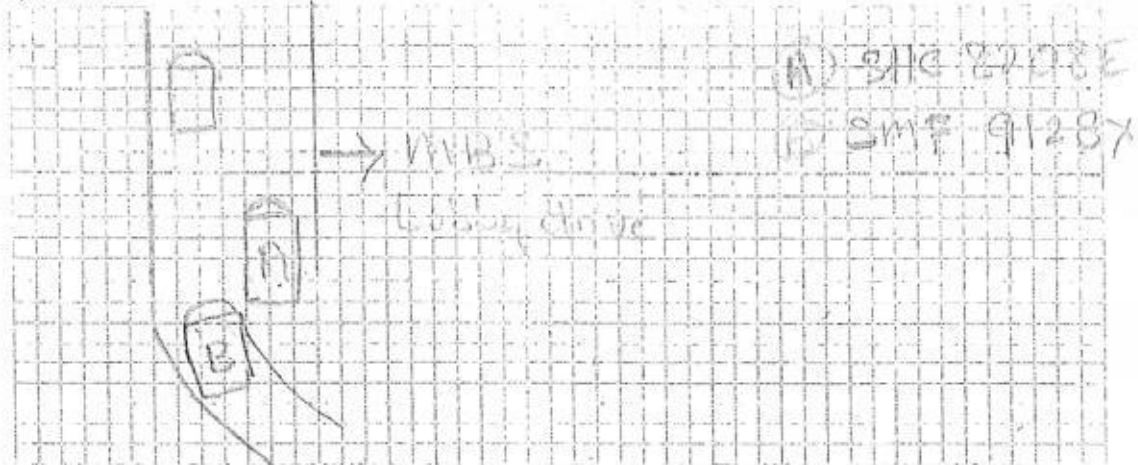
Insurance Company Name

Nature Of Damage

FRT RHT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/12/2018 at about 1905 hrs, I vehicle A was driving my taxi along MBS lobby drive alighting my passenger, while my passenger paid my the fare. Then I felt a impact on my left rear bumper. After that vehicle B drove ahead off me. Then I chase her and get her particulars. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 189303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

16/12/18
Jackson Henry
CSO

JACKSON

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.

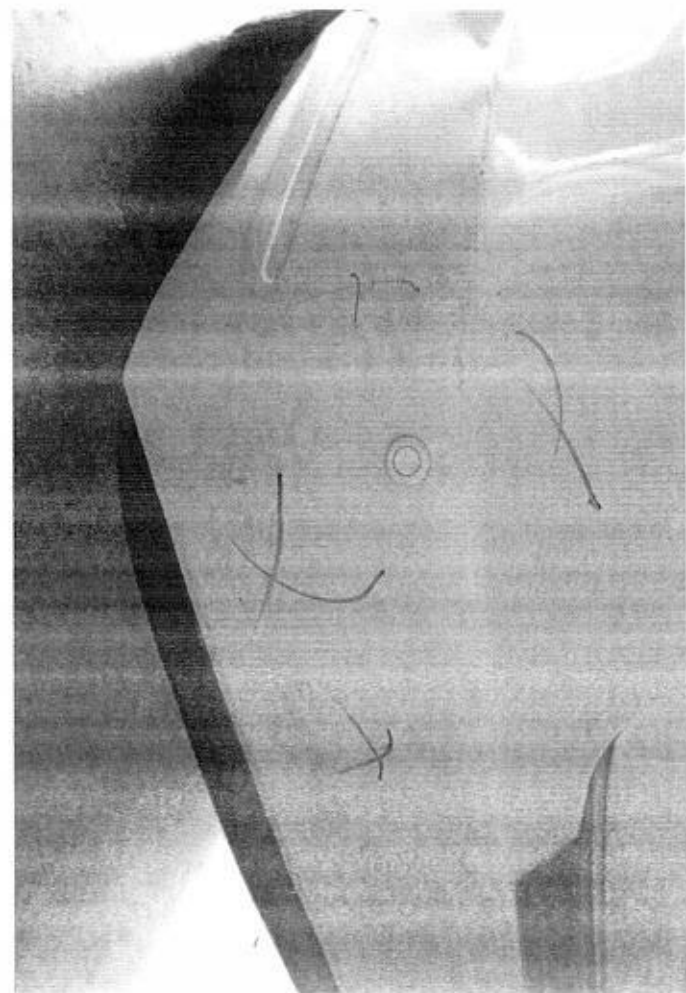
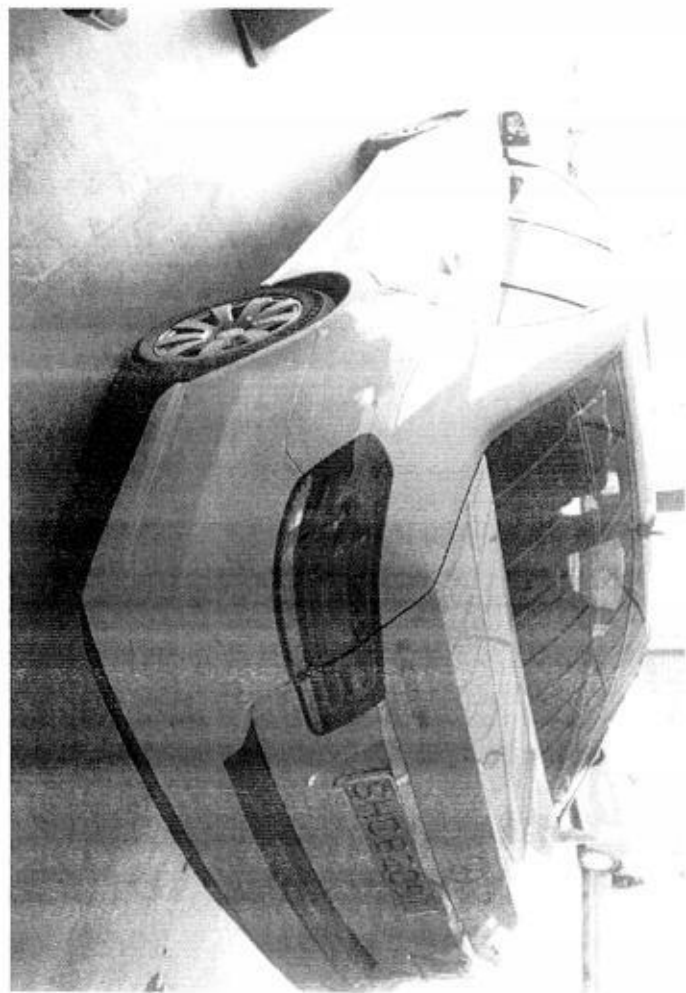
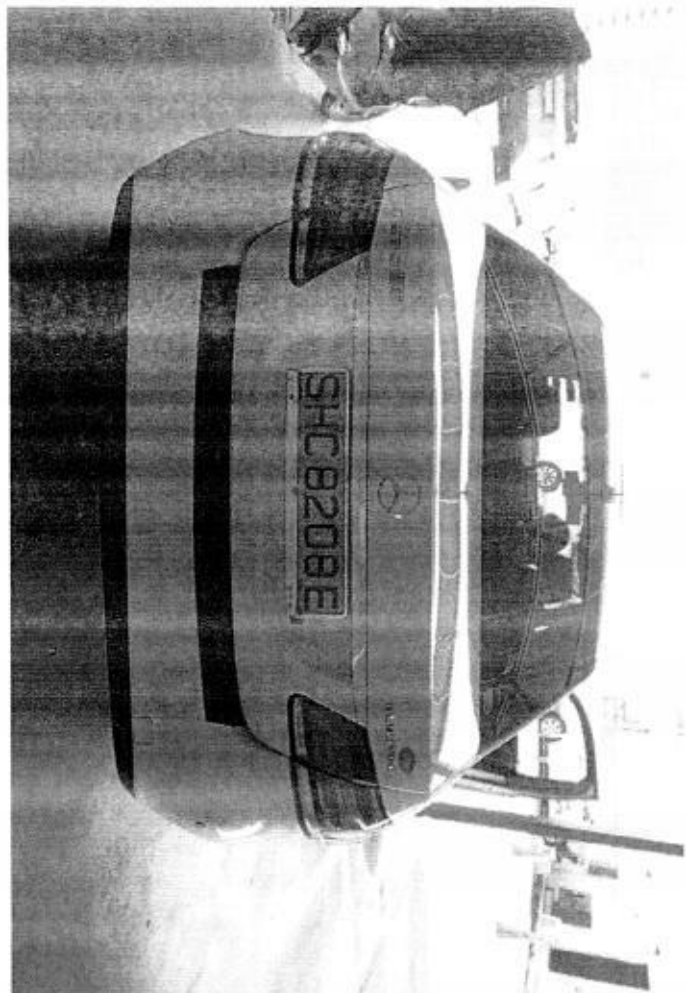
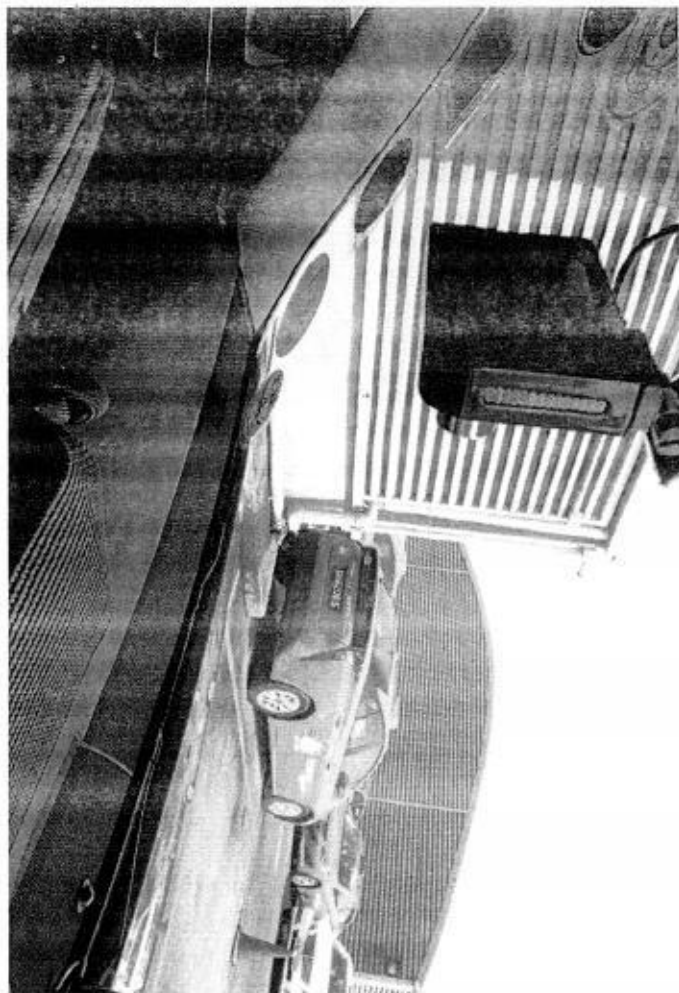
COMFORT TRANSPORTATION PTE LTD
CO REG NO 100503924R

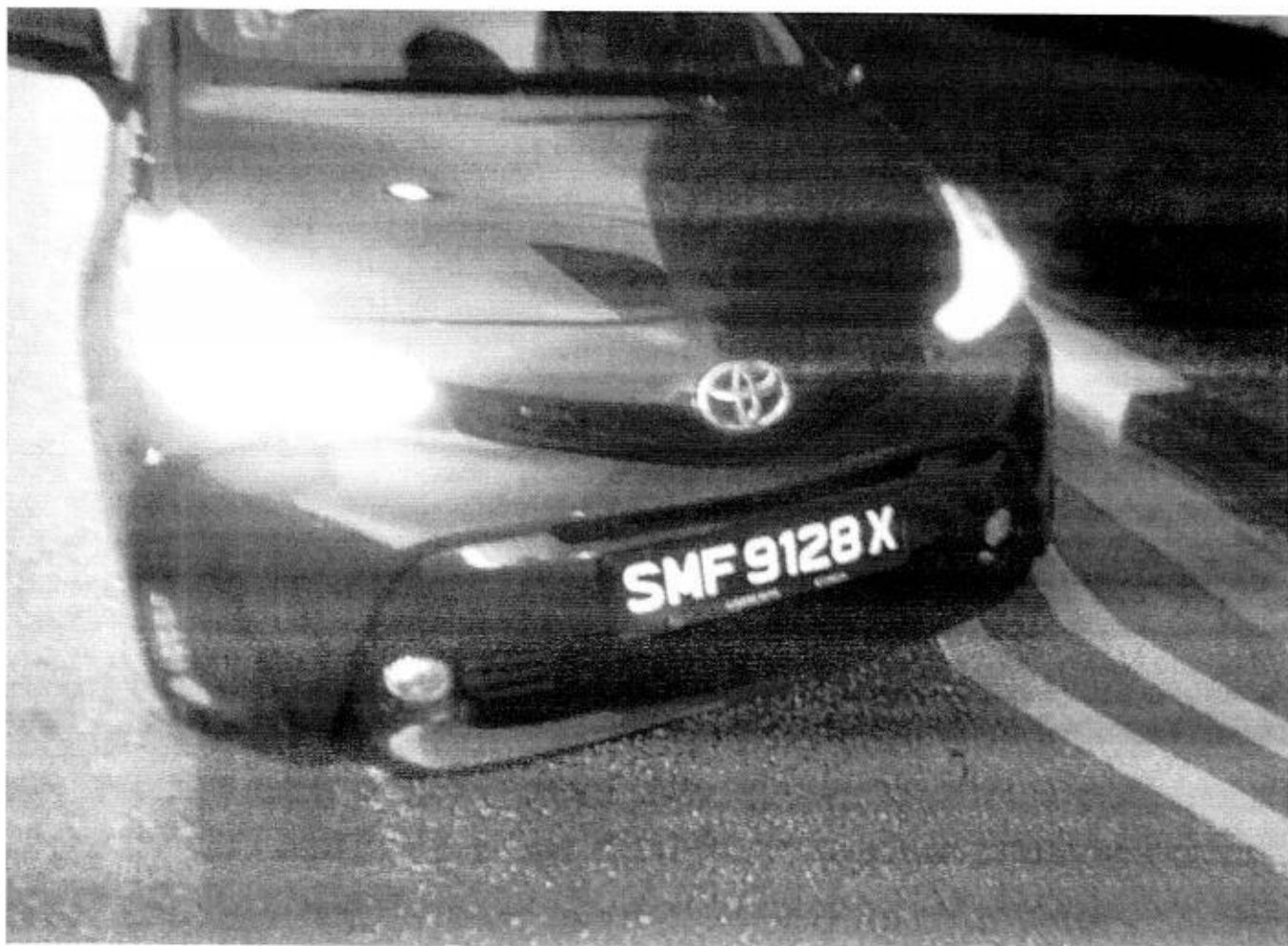
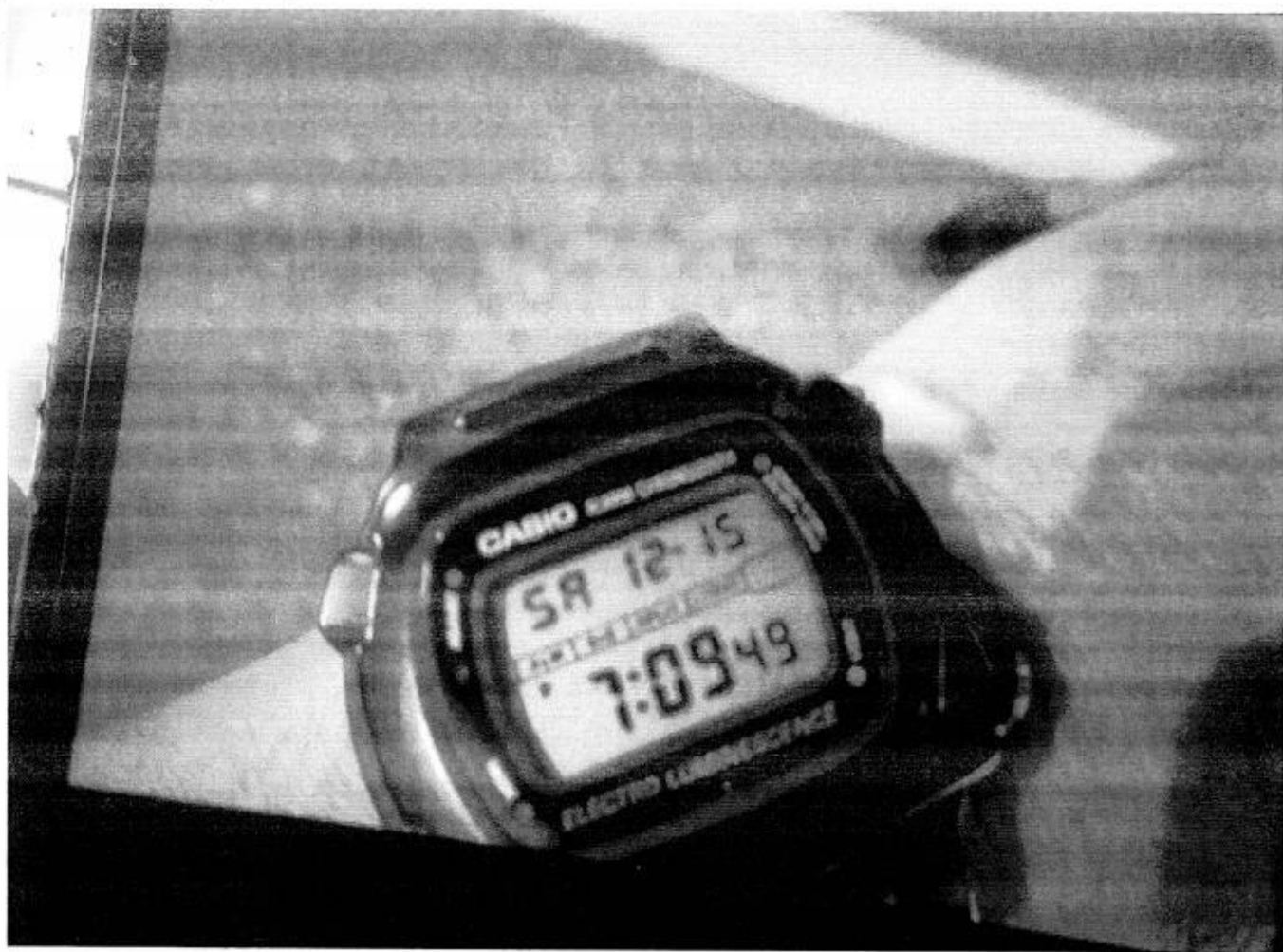
Policyholder's Signature
Date & Time:

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

16/12/18
Jackson Heng
CSO

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





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305251453

OMER

IS COMFORT TRANSPORTATION PTE LTD
7010045

OMER NO. 383 SIN MING DRIVE
RESS Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

OUNT CARD NO.

REGN NO.:

SHC8208E

MILEAGE

MAKE :

MERCEDES BENZ

FUEL

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

MODEL

E220CDI (E6)

DATE/TIME IN

16.12.2018 10:55

YR OF MANU.

13.05.2015

TARGET DATE

CHASSIS CODE

WDD2120012B171201

COMPLETION DATE/TIME:

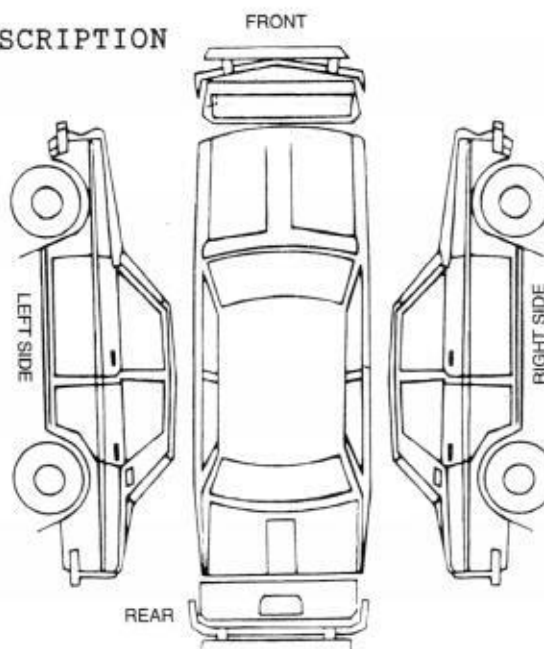
JOB DESCRIPTION

Accident Date: 15.12.2018

NATURE: 3P 15.12.2018

S/NO LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

e No.: SHC8208E CHIANG

Vehicle No.: SHC8208E

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8208E

DATE 17/12/2018 9:39

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Refined</i>			\$ 1,510.00

LKK Auto Consultants hereby 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
- Supplier's item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Our Job Ref No : 305251453
Date : 15/12/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM


To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC820/8E

Fax :

15/12/2018

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

1. The repair job shall bill to: TOKIO SMF9128X
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 \$1,350.00
3. Estimated normal period for repairs: 2 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.


Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

We confirm the estimates and finalized amount

Signature : 

Name : KALVIN

Date : 19/12/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	17 Dec 2018 Sendback Est	17 Dec 2018 14:01 S\$2,142.00	18 Dec 2018 10:09 Edit Adj Rpt	S\$1,350.00 Edit Estimates	S\$1,350.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	LUMENS AUTO PTE. LTD., Co. Reg. No.: 201426961K		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8208E	Date of Loss:	15/12/2018 10:00 - :59 [43 Months and 2 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1806440	Policy/Cover Note No.:	MJ001357 (Third Party Only) Coverage: 30/09/2018 - 29/09/2019
Vehicle Reg. No. (Insured):	SMF9128X	Policy No. (Claimant):	
		Excess:	S\$2,000.00
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 Roland Heng Cheng Liang - 6592 6400]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 28/12/2018]		
Adj Asg. Remarks:	OUR INSD HAVE NOT RPT THE ACCDT.		

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.									

Claim Documents

SHC8208E (M1806440)
[SMF9128X]
TP
CTPL
Dec 15 2018 10:00AM
[LUMENS AUTO PTE. LTD.]
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter

View View in Browser ▼

Assessment Reports

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	1 per page ▼	Thumbnail	Print
1	17/12/18 14:01	Repairer Estimates		Load HTM	

Photos/Images

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	3 per page ▼	Thumbnail	Print
1	18/12/18 17:02	General View		Load JPG	<input checked="" type="checkbox"/>
2	18/12/18 17:02	General View		Load JPG	<input checked="" type="checkbox"/>
3	18/12/18 17:02	General View		Load JPG	<input checked="" type="checkbox"/>
4	18/12/18 17:02	General View		Load JPG	<input checked="" type="checkbox"/>
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24	18/12/18 17:02	General View		Load JPG	<input checked="" type="checkbox"/>
25	18/12/18 17:02	General View		Load JPG	<input checked="" type="checkbox"/>
26	19/12/18 09:06	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
27	19/12/18 09:06	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
28	19/12/18 09:06	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
29	19/12/18 09:06	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>

Documentation

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	1 per page ▼	Thumbnail	Print
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Assessment Reports

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	1 per page ▼	✓
1	17/12/18 14:02	E-filed GIA report	Thumbnail	Print
			Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

Reset

Save

Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Repairer ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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: CC3/TMI18022613/K1VBS2

Date: 24/12/2018

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MJ001357

Claimant Vehicle No : SHC8208E

Insured Vehicle No : SMF9128X

Date of Loss: 15/12/2018

Nature of Claim: TP

Claim No: M1806440

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8208E

Make & Model: MERCEDES-BENZ E220, 2.1 D CDI (W211) (A)

Engine No: 65192432757075

Reg. Date: 13/05/2015 (Man. Year: 2015)

Chassis No: WDD2120012B171201

Colour: White

Odometer: 619861 km

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	1,282.00	1,258.00	24.00	1.87
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	850.00	430.00	420.00	49.41
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,142.00	1,698.00	444.00	20.73
Approved Total (Overridden) (S\$)		1,350.00		
(S\$)	2,142.00	1,350.00	792.00	36.97
+ GST 7.00/7.00% (S\$)	149.94	94.50	55.44	36.97
Nett Amount (S\$)	2,291.94	1,444.50	847.44	36.97

INSPECTION

Date of Assignment: 18/12/2018

Date Inspected: 17/12/2018 Inspected At:

ComfortDelGro Engineering Pte Ltd (Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 2.0 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 knowledge and ability but

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_printprt&caseid=773098&extid=290553&CFID=45902363&C... 1/4

any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 24 Dec 2018)

Parts: 143 MERCEDES-BENZ E220 2.1 D CDI (W211) (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SHC8208E)

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 COVER	Deformed	1,510.00 FL	*1,510.00 FL
2	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
3	1		*WIRING	Not Necessary	30.00 FL	*- FL
					Sub Total (\$\$)	1,590.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	308.00
					Total Parts (\$\$)	1,282.00

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	400.00	200.00
2	SPRAY PAINTING	New	300.00	200.00
3	WIRING	New	30.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (S\$)			850.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >