

22/03/2001

ASS. REC. BY:

REF:

CS/TMI19001548/Kqd3n2

Special Instruction:

Surveyor
numen

Kelvin

ASSIGNMENT (Office)

From (Person):

Fiona Gan Bee Sang

TMI

Date/Time:

23/1/19 @ 2.45pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC936P

Insured:

SKV 6714M

at Workshop m/s

Comfut Delgro

Tel:

02148300

of

Bq loyang Drive

Policy No:

MT110617

Claim No:

M1900474

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21/1/2019

CA / REV / REP. / REV 24 HRS

wp

Date/Time:

331pm @ 23/1/19

Person Contacted:

Jureni

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHC936P-NA/CAI1202047/s2

Dof: 20/10/2012

SKV 6714M-X

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/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 Report: _____ Consistent? : Yes or No

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

Est. Repair: 2 days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / .REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
18/2/19	Chrad 4/5 \$2100 / 2 Rep. (Red 6 956.22, 317.) To Kio 4.

RECEIVED 19 FEB 2019

Date/Time, File Pass to?

☐ : Prel. Report

1) 19/2/19 huan

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: WER-7P

Lump Sum / 18/1/13

2100

Veh No: SHC 936P

Yr Regn: 10 Oct, 2013

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

Truck / Trailer or

Make: Mercedes Benz Viano 2141

Colour: White A/C: Insured / Std / Nil / NA

Sp. Reading: 55 94 94 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WDF 6398132380112

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: 225 / 60 R16

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

TOYO / YOKO or Michelin

Front: 7 mm Rear: 7 mm

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

D.O.A. 21/1/19 D.O.I. 23/1/19

Survey held at CDGE (Loyang)

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

o/s Bdy.

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

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

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	23 Jan 2019 Sendback Est	23 Jan 2019 11:00 \$2,996.22	23 Jan 2019 14:45 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS

Insured:	SEEMANTI MUKHERJEE, ID: S8741203B			
Main Claimant:	CCPL			
Vehicle Reg. No.:	SHC936P	Date of Loss:	21/01/2019 21:00 - :59 [63 Months and 11 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1900474	Policy/Cover Note No.:	MT110617 (Comprehensive) Coverage: 01/12/2018 - 30/11/2019	
Vehicle Reg. No. (Insured):	SKV6714M	Policy No. (Claimant):		
		Excess:	S\$700.00	
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 Fiona Gan Bee Song - 65926378]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 01/02/2019]			
Driver/Custodian (Insured):	UDAYAN MUKHERJEE (66), NRIC: S2578460Z			
Adj Asg. Remarks:	OUR INSURED HAVE NOT REPORT THE ACCIDENT.			

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	23/01/2019 08:31
Date Of Accident	21/01/2019 21:30
Exact Location Of Accident	TTSH - AKYAB ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC936P
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	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	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	LEE KUM SIEW
NRIC No	S6845767Z
Date Of Birth	04/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97636638
Fax Number	
Contact Number	
Email Address	DAVIDLEEKSLIVE.COM

Address	BLK 21 CANBERRA DRIVE #01-43
Postcode	768076
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 (including own vehicle) 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)	7
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE
Passenger 5	NAME: : - GENDER: : FEMALE
Passenger 6	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

REFER ATTACHED * TYPE OF ACCIDENT :- 3P REVERSED

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

SKV6714M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UDAYAN MUKHERJEE

NRIC/Passport Number

S2578460Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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.
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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. 12903321R

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

On 21/1/19 at about 2130hrs while I Veh A stopped to alight my passengers; Veh B who was stopped at a unit entrance and suddenly reversed and collided on to the right centre portion of my stationary vehicle.

DECLARATION

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

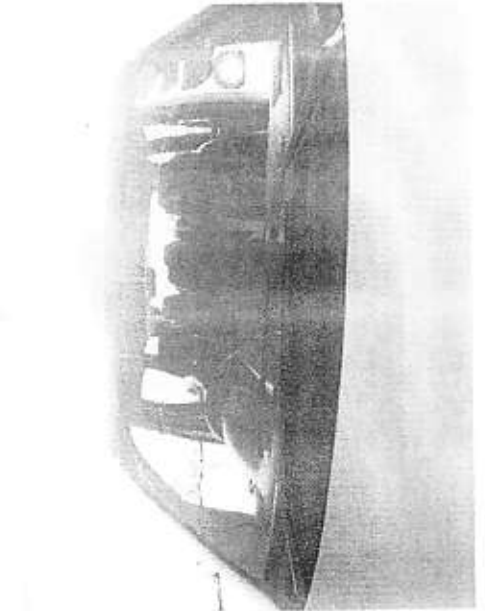
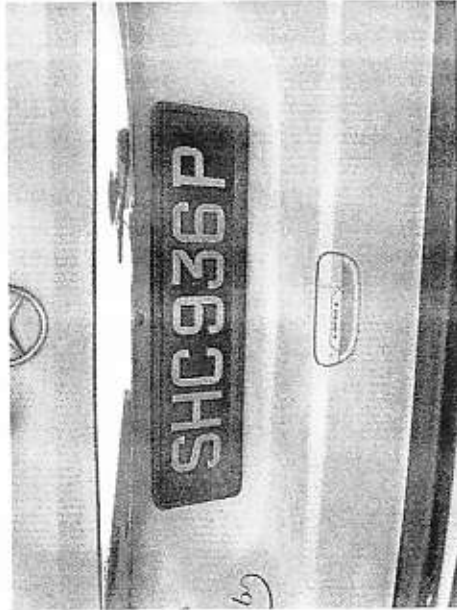
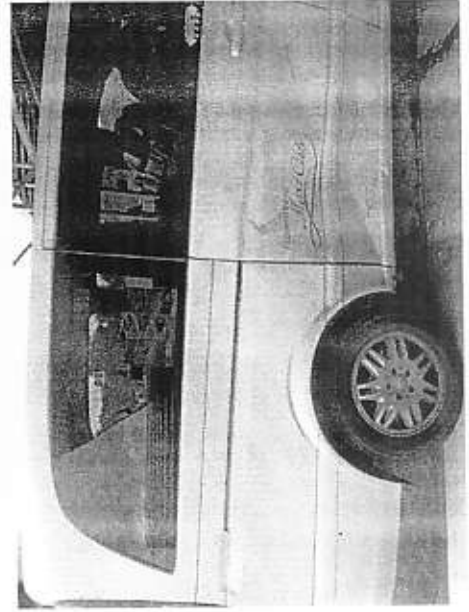
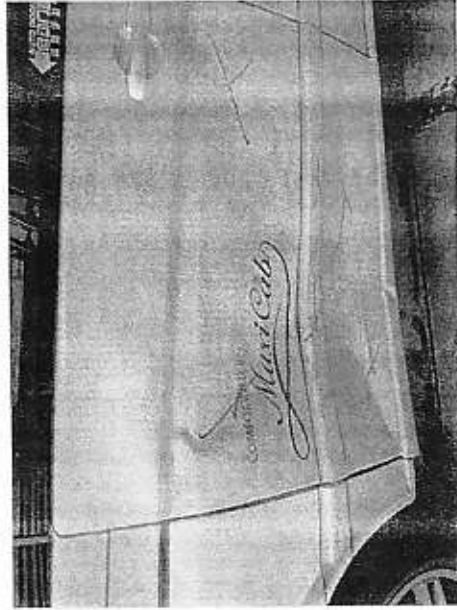
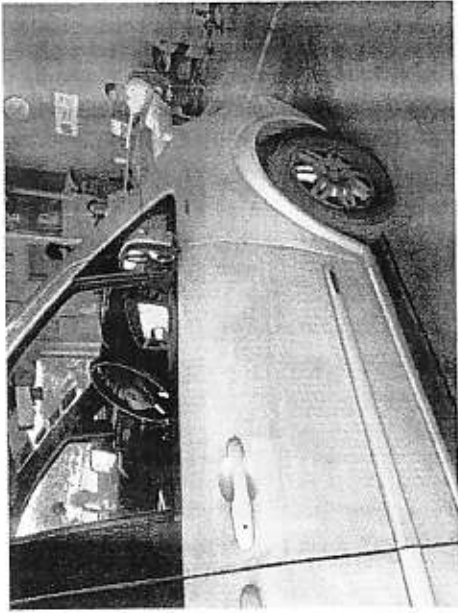
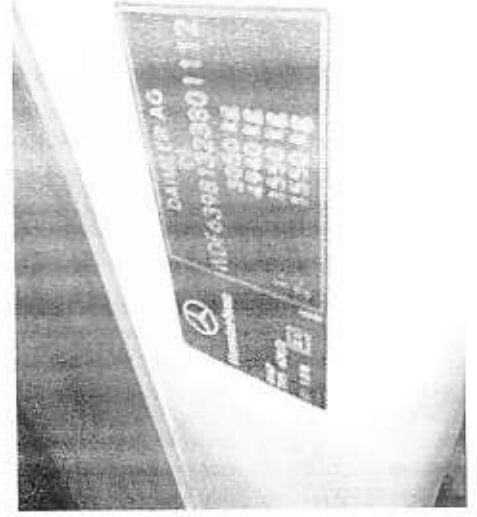
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 1992030213

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.:

COMFORT TRANSPORTATION PTE LTD



Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305262457

CUSTOMER

R/MS CITYCAB PTE LTD
 CUSTOMER NO. 7010070
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 TEL (R) 65551188 (O)
 (P)

SCOUT CARD NO.

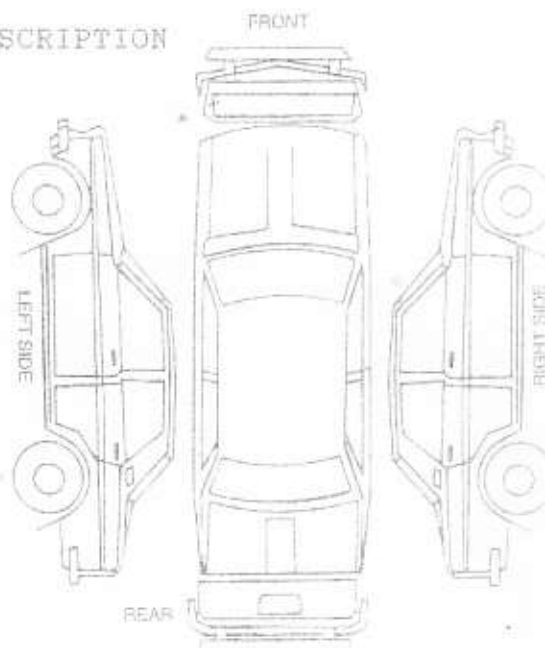
REGN NO:	SHC 936P	MILEAGE
MAKE:	MERCEDES BENZ	FUEL E.....1/2.....F
MODEL	VIANO CDI 2.2L	DATE/TIME IN 21.01.2019 21:30
YR OF MANU.	10.10.2013	TARGET DATE
CHASSIS CODE	WDF63981323801112	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 21.01.2019
 NATURE: 3P 21.01.2019

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Vehicle No.: SHC 936P CHIANG

Exit Pass

Vehicle No.: SHC 936P

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

DATE 23/1/2019 9:19

Har Kark 225/60R16C

23/1/2019 9:19 *Tobino*
Cheng

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Door Shell Sliding, RH <i>Kot</i>			\$ 2,370.18
	Door Protector Sliding (RH) <i>Revised</i>			\$ 125.10
	SUB TOTAL			\$ 2,495.28
	LESS 20%			\$ 499.06
	DISCOUNTED TOTAL			\$ 1,996.22
	MAXICAB' Sticker (RH)			\$ 80.00
	COMFORTDELGRO' Sticker (RH)			\$ 80.00
				\$ 160.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Transfer Of Sliding Door			\$ 150.00 <i>50</i>
	TOTAL LABOUR			\$ 900.00
	ESTIMATE TOTAL			\$ 3,056.22
<p><i>Kalin IKK</i></p> <p><i>M 23/1/19 1040h</i></p> <p><i>2 Pys</i></p> <p><i>U/S</i></p> <p><i>Atha Raman pth</i></p> <div style="border: 1px solid black; padding: 5px;"> <p>LMV Repaired by _____</p> <p>On _____ at _____</p> <ul style="list-style-type: none"> • To owner _____ • To driver _____ • To passenger _____ • Third party _____ • No other _____ • Supplier is subject to _____ <p>Acknowledged _____</p> <p>Signature _____</p> <p>Date: _____</p> </div>				
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 Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	21/01/2019
Vehicle Reg. No.:	SHC936P	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	MERCEDES-BENZ VIANO, 2.1 D CDI2.2 EL (A)	Vehicle Reg. Date:	10/10/2013
Vehicle Colour:	WHITE	Gen Condition:	GOOD
Engine No:	65194031535417	Chassis No:	WDF63981323801112
Odometer:	0 KM		
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	2,156.22
Miscellaneous Items	10.00
Labour	830.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,996.22
+ GST 7.00% (S\$)	209.74
Nett Amount (S\$)	3,205.96

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 23 Jan 2019)**Parts:** M1-MPV MERCEDES-BENZ VIANO 2.1 D CDI2.2 EL (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC936P/23/01/2019 11:00**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		*DOOR SHELL SLIDING RH	20.00	0.00	*2,370.18 FLDD
2	1		*DOOR PROTECTOR RH	20.00	0.00	*125.10 FL DE
3	1		*MAXI CAB STICKER	0	0.00	*80.00 FS n/c
4	1		*COMFORT DELGRO STICKER	0	0.00	*80.00 FS n/c

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

Sub Total (S\$)**2,655.28****- List Item Discount on L Items (S\$)****499.06****Total Parts (S\$)****2,156.22**

ComfortDelGro Engineering Pte Ltd/SHC936P/23/01/2019 11:00, 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 200	400.00
2	SPRAY PAINTING	New 200	300.00
3	TUFF KOTE	New 20	50.00
4	TRANSFER DOOR PART RH	New 50	80.00
Gross Labour Cost (S\$)			830.00

ComfortDelGro Engineering Pte Ltd/SHC936P/23/01/2019 11:00. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Our Job Ref No : 305262457
Date : 08/02/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHC936P
Fax :
21.01.2019

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

1. The repair job shall bill to: TOKIO MARINE SKV6714M
 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 \$2,100.00
 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 : Kahl
Date : 18/2/19

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:

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/TMI19001548/K1QD3N2

Date: 19/02/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT110617
Claimant Vehicle No :	SHC936P	Insured Vehicle No :	SKV6714M
Date of Loss:	21/01/2019	Nature of Claim:	TP
		Claim No:	M1900474

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC936P	Engine No:	65194031535417
Make & Model:	MERCEDES-BENZ VIANO, 2.1 D CDI2.2 EL (A)	Chassis No:	WDF63981323801112
Reg. Date:	10/10/2013 (Man. Year: 2013)	Odometer:	559494 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:	Average

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	2,156.22	2,156.22	0.00	0.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	830.00	470.00	360.00	43.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,996.22	2,636.22	360.00	12.02
Approved Total (Overridden) (S\$)		2,100.00		
(S\$)	2,996.22	2,100.00	896.22	29.91
+ GST 7.00/7.00% (S\$)	209.74	147.00	62.74	29.91
Nett Amount (S\$)	3,205.96	2,247.00	958.96	29.91

INSPECTION

Date of Assignment:	23/01/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	23/01/2019	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: 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: 19 Feb 2019)
Parts:	M1-MPV	MERCEDES-BENZ VIANO 2.1 D CDI2.2 EL (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC936P)	
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		*DOOR SHELL SLIDING RH	Dented	2,370.18 FL	*2,370.18 FL
2	1		*DOOR PROTECTOR RH	Deformed	125.10 FL	*125.10 FL
3	1		*MAXI CAB STICKER	Necessary	80.00 FS	*80.00 FS
4	1		*COMFORT DELGRO STICKER	Necessary	80.00 FS	*80.00 FS

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

Sub Total (S\$)	2,655.28	2,655.28
- List Item Discount on L Items 20.00/20.00% (S\$)	499.06	499.06
Total Parts (S\$)	2,156.22	2,156.22

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 (\$\$)			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	TUFF KOTE	New	50.00	20.00
4	TRANFER DOOR PART RH	New	80.00	50.00
Gross Labour Cost (\$\$)			830.00	470.00

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