

22/03/2002

ASS. REC. BY:

REF: CS / GAU9001828 / Nsd3er

Special Instruction:

Surveyor

Naz

ASSIGNMENT (Office)

From (Person):

Keluyra

of

GA1

Date/Time:

28/01/2019 4:17pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 8865C

Insured:

FBF 1833B

at Workshop m/s

Comfort Delgro

Tel:

of

59 Layang Drive

Policy No:

Claim No:

CL MOMUM 000000 438

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/01/2019

CA / REV / REP. / REV 24 HRS

Lupa

H.O.D. Endorsement:

Date/Time:

28/01/2019 4:40pm

Person Contacted:

Keluyra

Vehicle ~~(IN)~~ OUT

Date/Time

Action/Instruction (✓) Estimate

SHD 8865C - CS / A71150114084 / RJ10352

DUA: 15082015

FBF 1833B - CS / GA118012034 / RJ10352

DUA: 250618

30/01/19 @ 14:41 p.m. revised PA to keluyra via email.

Surveyor: NA2

REF:

C11AG

CHANG 39

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect 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.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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: 5110886J2 Yr Regn: 12 SEP 2017

Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: MERCEDES ES C.C. 2143Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 753.141 T/Radi: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2120022AG80237

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 11

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

TOYO / YOKO or WESTLIFE

Front

Rear

R/Bal. 5 mm R/Bal. 6 mmL/Bal. 5 mm L/Bal. 6 mmD.O.A. 26/1/19 D.O.I. 28/1/19Survey held at CDCE LOYANG

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

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

Date / Time Action / Instruction

26/2/19 FINALIZED LUMP SUM REPAIR \$5400.00 / 4 DAYS
(45,158.06 Ret - 49%)

RECEIVED 28 FEB 2019

28/2/2019

Date/Time, File Pass to?

28/02/19

1) Typist
Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 5,400/- / 1/5)Days Of Repair: 4Resurvey No. of Trip: 1Survey Fee: 350

Transportation:

Add Fee: ☐ Site Insp (\$ _____) \$ + RS \$ _____☐ Interview (\$ _____) Photos☐ Tech. Invo (\$ _____) Others☐ Weekend (\$ _____)

TOTAL

350

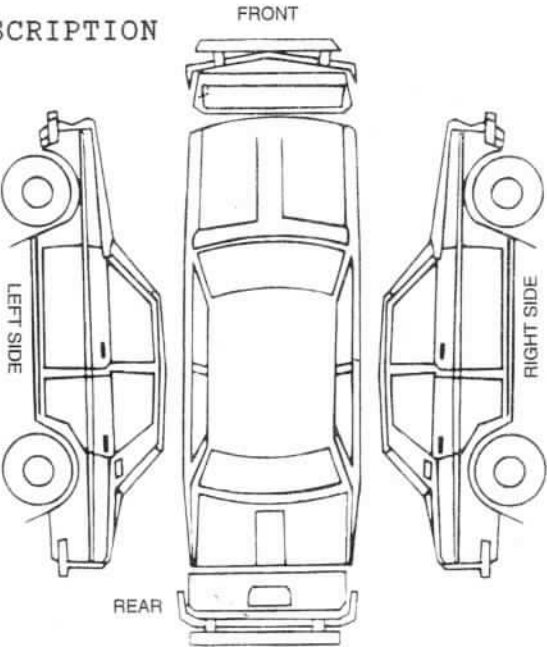
Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order: 3893499	JC NO.: 305263694
STOMER	REGN NO.: SHD8865C	MILEAGE	
/MS CITYCAB PTE LTD	MAKE: MERCEDES BENZ	FUEL	
STOMER NO. 7010070	MODEL E220CDI (E5)	E.....1/2.....F	
DRESS 383 SIN MING DRIVE	YR OF MANU. 12.09.2012	DATE/TIME IN 26.01.2019 04:00	
Singapore SINGAPORE 575717	CHASSIS CODE WDD2120022A680237	TARGET DATE	
65551188 (R) (P)		COMPLETION DATE/TIME:	
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 26.01.2019
NATURE: 3P 26.01.19

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

at:

to:

File No.:

SHD8865C

JU

CHANG

Vehicle No.:

SHD8865C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 30 January 2019 2:41 PM
To: 'Ngian, Kelvyna'
Cc: 'Ng, Sharon'; SUR; assignments; Admin-D (LKKAuto)
Subject: RE: TP survey DOA.26.01.19 SHD8865C with your insured FBF1833B -GIAG
Attachments: SHD 8865C - Preli Advise.pdf

Dear Kelvyna,

Enclosed preliminary revised of vehicle SHD 8865C.

Kindly provide us the claim no.

Thank you.

Best Regards,

Shirley Hiew | 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)

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Monday, 28 January 2019 4:46 PM
To: 'Ngian, Kelvyna' <Kelvyna.Ngian@sg.gaig.com>
Cc: SUR <sur@lkkauto.com>; 'Ng, Sharon' <Sharon.Ng@sg.gaig.com>; assignments <assignments@lkkauto.com>
Subject: RE: TP survey DOA.26.01.19 SHD8865C with your insured FBF1833B -GIAG

Dear Kelvyna,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Ngian, Kelvyna [mailto:Kelvyna.Ngian@sg.gaig.com]
Sent: Monday, 28 January, 2019 4:17 PM
To: 'SUR' <sur@lkkauto.com>; 'Catherine Chong (LKK Auto)' <admin-d@lkkauto.com>; 'Admin A' <admin-a@lkkauto.com>; Ng, Sharon <Sharon.Ng@sg.gaig.com>
Subject: TP survey DOA.26.01.19 SHD8865C with your insured FBF1833B -GIAG

Hi team

To TP survey, insured not reported

Catherine Chong (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Monday, 28 January, 2019 4:17 PM
To: 'SUR'; 'Catherine Chong (LKK Auto)'; 'Admin A'; Ng, Sharon
Subject: TP survey DOA.26.01.19 SHD8865C with your insured FBF1833B -GIAG
Attachments: img-128120734-0001.pdf

Hi team

To TP survey, insured not reported

Thanks
Kelvyna

From: Jumani Bin Masudin <jumanibm@cdge.com.sg>
Sent: Monday, January 28, 2019 3:54 PM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; Ng, Sharon <Sharon.Ng@sg.gaig.com>
Subject: [External] Re: DOA.26.01.19 SHD8865C with your insured FBF1833B -GIAG

To

Officer in charge

Please assign LKK consultants

Best Regards

Jumani Masudin

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

From: Jumani Bin Masudin <jumanibm@cdge.com.sg>
Sent: Monday, January 28, 2019 12:13 PM
To: General Claims <GeneralClaims@sg.gaig.com>
Cc: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: [External] DOA.26.01.19 SHD8865C with your insured FBF1833B -GIAG

TO

Officer in charge

Best Regards

Jumani Masudin

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

From: ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>
Sent: Monday, 28 January 2019 12:07 PM
To: Jumani Bin Masudin
Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 9
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570
Device Location:

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SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 30 January 2019

Our Ref: CS/GAI19001828/Nsd3

The Motor Claims Department
Great American Insurance Company

Dear Sir/Madam,

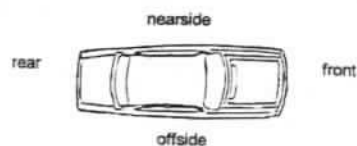
INITIAL INSPECTION REPORT OF VEHICLE NO. SHD 8865C.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 28/01/2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>9,358.06</u> .
Revised Estimate Amount	: S\$ <u>6,458.06</u> .
"Check" Items Amount	: S\$ _____.
Market Value	: S\$ _____.
LTA Reimbursement Value	: S\$ _____.
Nett Value	: S\$ _____.

Description of Damage:

The vehicle sustained damages at the n/s portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 4 Days

Yours faithfully,
Muhammad Nazril
Automotive Assessor

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	26/01/2019 09:39
Date Of Accident	26/01/2019 04:00
Exact Location Of Accident	PIE TWDS CITY AND SIMEI AVE SLIP RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD8865C
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	GOH SONG BOON
NRIC No	S1797574I
Date Of Birth	19/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83321968
Fax Number	
Contact Number	
Email Address	SAMGOH67@GMAIL.COM

Address	BLK 204 PASIR RIS STREET 21 #05-300
Postcode	510204
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	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF1833B
Vehicle Make/Model/Colour	MOTORCYCLE (Yamaha T135)
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	S9906302E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties KERB
Vehicle Category NA/UNKNOWN
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GOH SONG BOON
Approximate Age
Injuries Sustain LEFT SHOULDER
Injured person in which vehicle? SHD8865C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

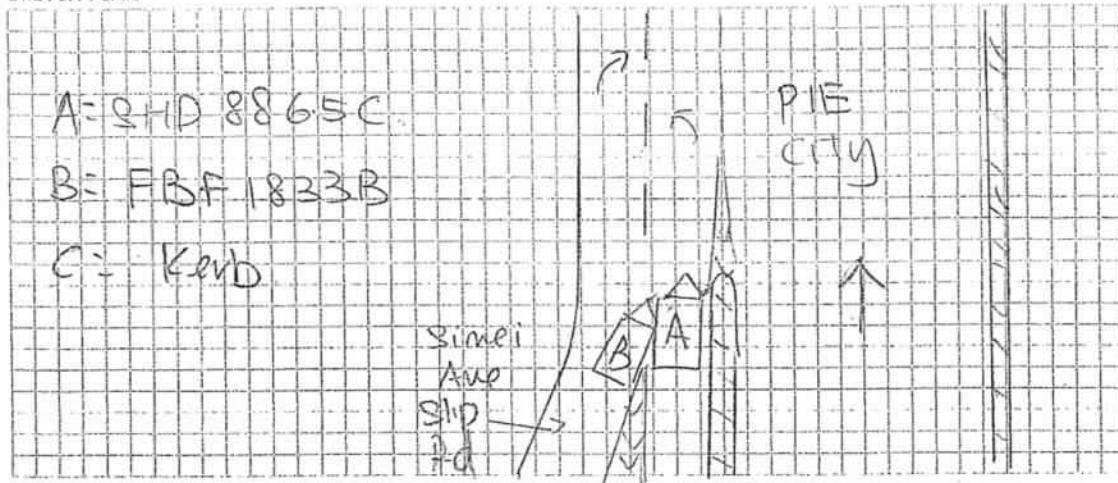
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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 26/1/19 at about 04:00 hrs, I was driving at above said location with no pax. Suddenly veh B dashed out encroached into my lane in speedy manner. As the place take too fast, I could not take evasive action to prevent collision. Veh B hit and grazed onto my taxi left front portion towards left rear portion. I felt pain on my left shoulder will consult doctor later on. In the midst I attempt to avoid collision, my taxi swerved to right and hit onto a kerb.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

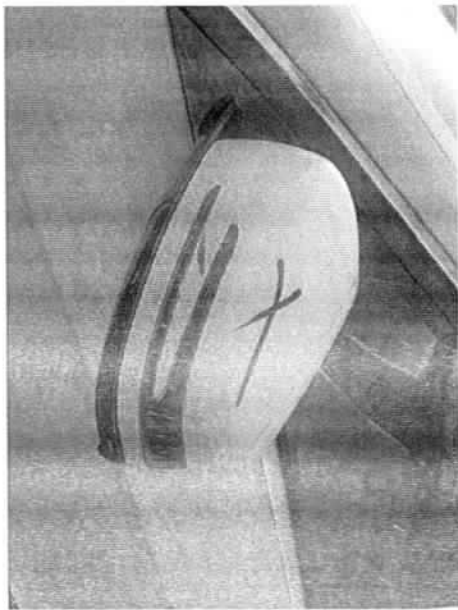
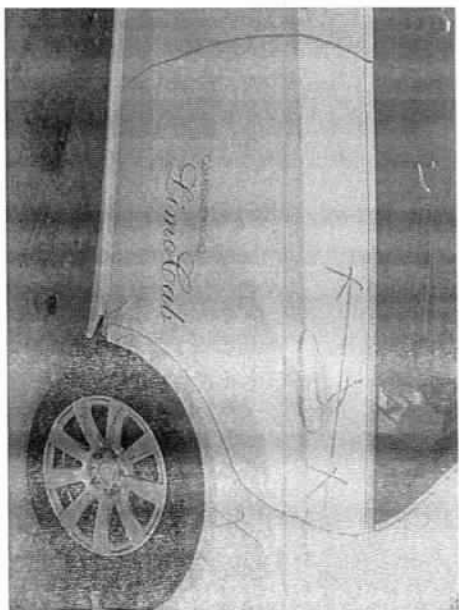
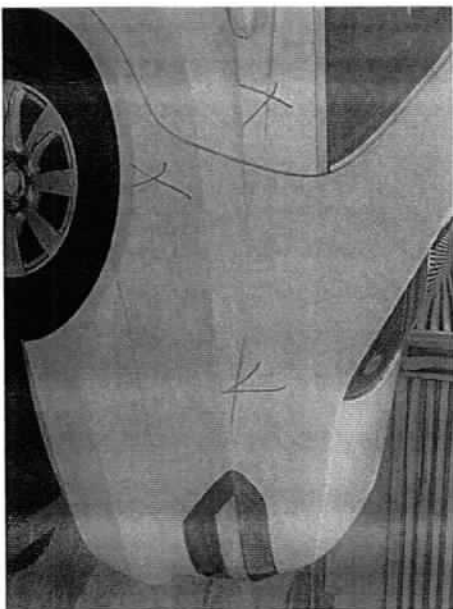
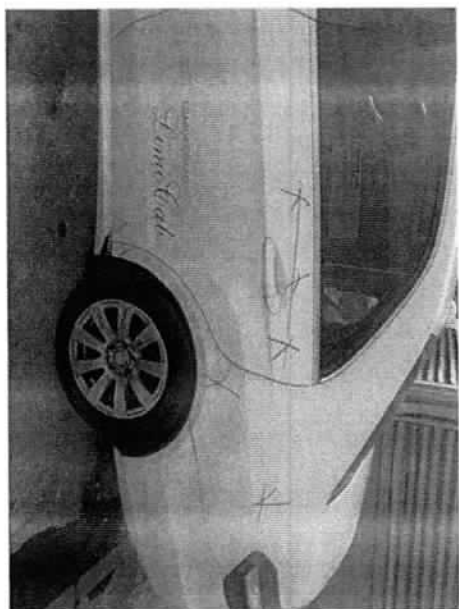
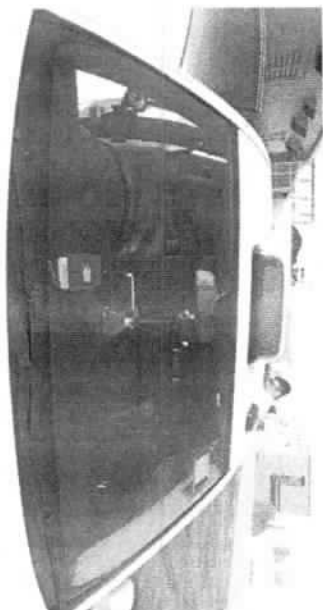
Policyholder's Signature
Date & Time:

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

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

Loke Wei Yiong

26/1/19





JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>26/01/2019</u> Time Received: <u>0430</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr. Koh.</u> Contact No. <u>83321968</u> Vehicle No. <u>SHD 8865C</u> Make / Model / Colour: <u>Mert2</u> Email: _____		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
7. Location: <u>1470 Bedok North Ave 4 Main Road</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Others: _____		6. Parts Replaced/Remarks: _____ _____	
10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input checked="" type="checkbox"/> Not tested			
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>Xoly</u> Vehicle No. <u>YN3901F</u> Time Dispatch: <u>0430</u> Time of Arrival: <u>0500</u> Time Completed: <u>0530</u>		# : Cracked X : Dented / : Scratched O : Missing <u>[Signature]</u> Signature of Customer	
13. Cash Invoice No. _____			

Cash Invoice Details (if applicable)

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

26/01/2019 Date 0500 Time [Signature] Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard _____ Date & Time of Arrival _____ Signature of Attending Staff/Guard _____

REPAIR ESTIMATE*

DATE 28/1/2019 11:54

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Fender, Frt/LH			\$ 996.08
	Fender Splashshield , Frt/LH (Front)			\$ 257.00
	Wheel Rim, (LH/RH)		\$ 1,250.00	\$ 2,500.00
	Tyre 205/60R16 Yokohama			\$ TN 480.00
	Mirror Glass, Frt/LH			\$ 380.00
	Mirror Cover Frt/LH			\$ 350.00
	Mirror Housing W/Signal Lamp, Frt/LH			\$ 890.00
	Mirror Motor Assy, Frt/LH			\$ 920.00
	Side Panel Garnish, LH			\$ 624.00
	Side Panel Garnish Lower Clip			\$ 6.00
	Side Panel Garnish Top Clip			\$ 7.00
	SUB TOTAL		5760.08	\$ 7,410.08
	LESS 20%			\$ 1,482.02
	DISCOUNTED TOTAL		4,608.06	\$ 5,928.06
	Rear Door Comfort Limo Cab Logo			\$ 60.00
	Labour Charge			
	Panel Beating			\$ 1,600.00
	Spray Painting Charge			\$ 1,500.00
	Wiring Charge			\$ 50.00
	Towing Charges - pingdolly			\$ 150.00
	Tuff Kote			\$ 50.00
	FRT Wheel Alignment			\$ 120.00
	TOTAL LABOUR		2,090	\$ 3,370.00
	ESTIMATE TOTAL			\$ 9,358.06
				10,558.06
	NAZ LKK 28/1/19 1650 PP L/S 4 DMS BEFORE PAINT PHOTO			
	LKK Auto Consultants hence notify the Repairer of the following:			
	To resurvey before/after spray painting			
	To display damaged part(s) during resurvey			
	Parts prices are subject to confirmation			
	Third party survey is on a "Without Prejudice" basis			
	No illegal modification(s) is allowed			
	Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company			
	Acknowledged by Repairer			
	Signature:			
	Date:			
	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.			

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.

70-2000

COMFORTDELGRO ENGINEERING

Our Job Ref No 305263694
Date : 20/02/2019

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

FINALIZATION FORM

To : LKK Fax :
Attn : NAZ
: SHD8865C Date of Accident : 26.01.19

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

1. The repair job shall bill to: GREAT AMERICAN --- FBF1833B
###
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) N
Total for Lumpsum repair cost after Less: 20% \$6,350.00 \$5,400.00
Final Lumpsum Repair cost _____
3. Estimated normal period for repairs: 4 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 : [Signature]
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : [Signature]
Name : NAZ-LKK
Date : 26/2/19

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

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI19001828/Nsd3e2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 04-03-2019	
		Code : GAI	
1. Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	FBF 1833B	Veh. Inspected
			SHD 8865C
	Policy No.		Coverage (\$)
			0.00
	Claim No.	CLMOMVM000000438	Excess (\$)
			0.00
	Assign From	KELVYNA	Assign Date
			28/01/2019
2. Vehicle Particulars & Condition			
	Make & Model	MERCEDES BENZ E 220 CDI	c.c
			2143
	Engine No.	HIDDEN	Year of Reg.
			2012
	Chassis No.	WDD2120022A680237	Colour
			WHITE
	Odometer	752141	Steering
			IN ORDER
	Brakes	IN ORDER	Modification
			STANDARD ALLOY RIM
	General	FAIR	
3. Conditions of Tyres			
		Size	Make
			Balance
	R/H Front Tyre	205/60 R16	WEST LAKE
			5 mm
	L/H Front Tyre	205/60 R16	WEST LAKE
			5 mm
	R/H Rear Tyre	205/60 R16	WEST LAKE
			6 mm
	L/H Rear Tyre	205/60 R16	WEST LAKE
			6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
	Accident Date	26/01/2019	Inspection Date
			28/01/2019
	Survey held at	COMFORTDELGRO ENGINEERING PTE LTD	
		59 LOYANG DRIVE	
		SINGAPORE 508969	
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
	ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8865C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FENDER, FRT / LH	DEFORMED	996.08	996.08
1	FENDER SPLASHSHIELD, FRT / LH (FRONT)	BUCKLED	257.00	257.00
2	WHEEL RIM, (LH/RH) @\$1250.00	CUT	2,500.00	2,500.00
1	TYRE 205/60R16 YOKOHAMA	TORN / CUT	480.00	480.00
1	MIRROR GLASS, FRT / LH	SERVICEABLE	380.00	-
1	MIRROR COVER FRT / LH	SERVICEABLE	350.00	-
1	MIRROR HOUSING W/SIGNAL LAMP, FRT / LH	SCRATCHED	890.00	890.00
1	MIRROR MOTOR ASSY, FRT / LH	SERVICEABLE	920.00	-
1	SIDE PANEL GARNISH, LH	CRACKED	624.00	624.00
1	SIDE PANEL GARNISH LOWER CLIP	NECESSARY	6.00	6.00
1	SIDE PANEL GARNISH TOP CLIP	NECESSARY	7.00	7.00
	LESS 20% DISCOUNT		-1,482.02	-1,152.02
			5,928.06	4,608.06
	<u>SPECIAL NETT ITEMS</u>			
1	REAR DOOR COMFORT LIMO CAB LOGO (SN)	NECESSARY	60.00	60.00
1	FRT RH WHEEL RIM (SN) (ADDITIONAL)	NOT NECESSARY	1,250.00	-
			1,310.00	60.00
	<u>LABOUR</u>			
	PANEL BEATING.		1,600.00	800.00
	SPRAY PAINTING CHARGE.		1,500.00	1,000.00
	WIRING CHARGE.		50.00	30.00
	TOWING CHARGES - KING DOLLY.		150.00	150.00
	TUFF KOTE.		50.00	50.00
	FRT WHEEL ALIGNMENT.		120.00	60.00
			-	-
			-	-
			-	-
			3,470.00	2,090.00
	GRAND TOTAL		10,708.06	6,758.06

Report Ref No. CS/GAI19001828/Nsd3e2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,400.00
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Report Ref No. CS/GAI19001828/Nsd3e2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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