

SW/1001

Director: Kelvin

REF:

CC3/MI19003530/KITd352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

Inspired Vehicle No: _____

at Workshop n/s _____

at _____

Insured: **SJT 9107T**

Policy No: **MJ001339**

Claims No: **MI901122**

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: _____ days Res.: Yes or No

Turn Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

_____ **SHD 67812 - X**

_____ **SJT 9107T - X**

27/2/19 **Confined PIP \$ 610 / 2 Pys.**

(Red: 3829.28! 86%)

RECEIVED 28 FEB 2019

Veh No: **SHD 67812** Yr Regn: **8 Apr, 2016**

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

Truck / Trailer or

Make: **Mercedes Benz E22** cc **2148**

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

Sp. Reading: **524857** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **WPD2120012B308922**

Gen. Cond: Good / F / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: **225/55R16**

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

TOYO / YOKO or **ti ti comfort**

Front: _____ Rear: _____

R/Bal. **6** mm R/Bal. **6** mm

L/Bal. **6** mm L/Bal. **6** mm

D.O.A. **22/2/19** D.O.I. **25/2/19**

Survey field at **CDGE (Layang)**

Des. of Damages: Fnt / Rear / O/S / N/S / VIC / Roof/Top or

O/S front.

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

Date/Time, File Pass to?

☐ : Prel. Report

1) **27/2 Typist**

☒ : Final Report

Date/Time, File Return to?

2)

Report Format

0

OD

610

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp 15

☐ : Interview 15

☐ : Tech. Insp 15

☐ : Transport 15

Survey Fee:

Transportation:

S + RS 31

Photos

Other

250

10

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 GlA 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	23/02/2019 10:56
Date Of Accident	22/02/2019 23:05
Exact Location Of Accident	BENDEMEER RD TOWARDS GEYLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6781Z
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	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	AW LENG CHUAN
NRIC No	S1575281E
Date Of Birth	25/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1983
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96349314
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	216 03-873 ANG MO KIO AVENUE 1
Postcode	560216
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?	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

SEE ATTACH.

Attachment(s)

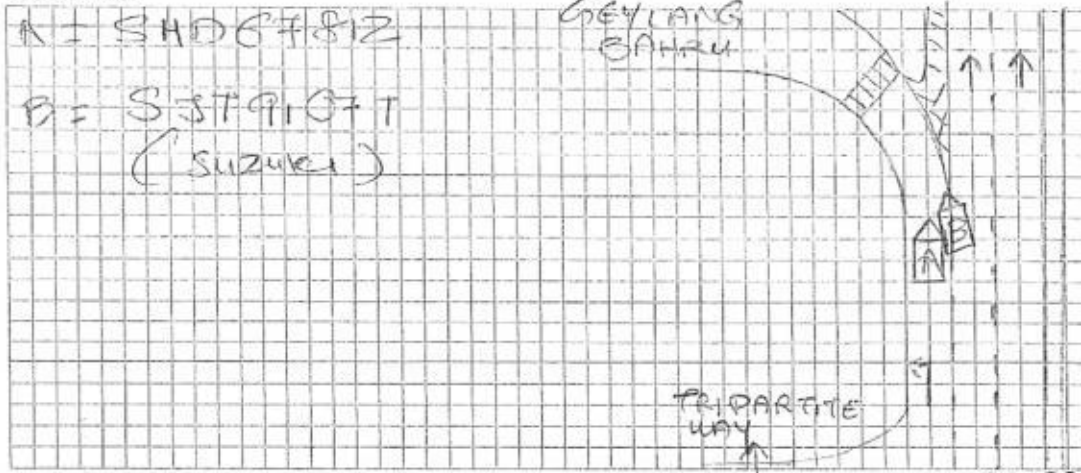
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT9107T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO JING ZHI
NRIC/Passport Number	S8901355J
Contact Number	97290945
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT REAR DOOR

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1103 pm I EXITING OUT FROM PIE TO BENDEMEER ROAD to toward Geylang Bahru to drop my PAX

About 1105 pm I was filtering from Bendemeer Road to Geylang Bahru about to turn in to Geylang Bahru vehicle B ~~encro~~ encroached into my lane and hit my light front.

DECLARATION

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

COMFORT TRANSPORTATION PVT. LTD.
CO. REG. NO. 199303821R

Olivia Wendy

On Behalf of the Signatory

Driver's Signature

Reporting Centre Personnel's Signature

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. 199303821R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 23 FEB 2019

Lot: R20

COMFORTDELGRO ENGINEERING PTE LTD

Date: 25.02.2019

REPAIR ESTIMATE

TOKIO Marine C/P/P

Time: 11:53:09

Page: 1

LKK - Kalvin

TS

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

JOB NO : 305271978
REGN NO : SHD6781Z
MILEAGE : 0000000000
MAKE : MERCEDES BENZ
MODEL : E220CDI(E6)
DATE OF REGN : 08.04.2016
DATE/TIME IN : 25.02.2019 09:55
ACCIDENT DATE : 22.02.2019

Tyre -> Giti Comfort 228
225/55 R16

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0202-2292-A	FRONT BUMPER	1	1,890.50	20.00	1,512.40	X repair
0002 04-01-0202-0573-A	FRT FENDER RH	1	996.10	20.00	796.88	X repair
0003 04-01-0202-2232-G	FRT WHEEL RIM RH	1	1,250.00	20.00	1,000.00	X repair old rim
						SUB-TOTAL : 3,309.28

JOB NATURE

0000 L	TP MERIMEN	10.00	—
0001 PB	PANEL BEATING	500.00	200
0002 SP	SPRAYPAINT CHARGE	500.00	400
0003 L	WHEEL ALIGNMENT	120.00	X 70
		SUB-TOTAL : 1,130.00	

TOTAL : 4,439.28

MVA NAME & SIGNATURE
DATE:

SURVEYOR NAME & SIGNATURE
DATE:

AUTHORISED: YES / NO

Kalvin LKK
25/2/19 1230h
2 hrs.
P/P
After Repair photo

Two Consultants hence notify the Repairer of the following:

- To survey, estimate and prepare
- To prepare and submit a repair estimate
- Parts prices are subject to change
- Third Party survey is done on a "no-fault" basis
- No repair estimate is valid without a survey
- Supply of parts and materials is subject to availability and is subject to final approval of the Insurance Company

Acknowledged by Repairer
Signature:
Date:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305271978
Date : 27/02/19

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHD6781Z

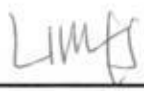
Fax :
Date of Accident : 22-Feb-19


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

1. The repair job shall bill to: TOKIO MARINE --- SJT9107T
2. The finalized amount shall be:
 - (a) Spare Parts after List discount NIL
 - (b) Labour Charges \$610.00
 - Total for Part-By-Part Repair Cost \$610.00**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

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.

We confirm the estimates and finalized amount

Signature : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 27/2/19

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		NO		
3. Survey Fees	*****			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

JOB NO : 305271978
REGN NO : SHD6781Z
MILEAGE : 0000000000
MAKE : MERCEDES BENZ
MODEL : E220CDI(E6)
DATE OF REGN : 08.04.2016
DATE/TIME IN : 25.02.2019 09:55
ACCIDENT DATE : 22.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	TP MERIMEN	10.00
0001 PB	PANEL BEATING	200.00
0002 SP	SPRAYPAINT CHARGE	400.00

SUB-TOTAL : 610.00

TOTAL : 610.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Feb 2019 Sendback Est	25 Feb 2019 14:45 S\$4,439.28	26 Feb 2019 16:54 Edit Adj Rpt	S\$610.00 Edit Estimates	S\$610.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	TAY KENG GHIM , ID: S7370482J		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHD6781Z	Date of Loss:	22/02/2019 23:00 - :59 [34 Months and 14 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1901122	Policy/Cover Note No.:	MJ001339 (Third Party Only) Coverage: 25/09/2018 - 27/05/2019
Vehicle Reg. No. (Insured):	SJT9107T	Policy No. (Claimant):	
		Excess:	S\$2,500.00
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 Telma Gomez - 65926402]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 07/03/2019]		

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

SHD6781Z (M1901122)
[SJT9107T]
TP
COMFORT TRANSPORTATION PTE LTD
Feb 22 2019 11:00PM
[TAY KENG GHIM]
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter

View View in Browser ▼

Assessment Reports

1 per page ▼ ☒

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	25/02/19 14:45	Repairer Estimates	1	Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	25/02/19 16:11	Accident Statement From: SC - Reg. No: SJT9107T, Claimant: TAY KENG GHIM	1	Load HTM	

Photos/Images

3 per page ▼ ☒

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
10	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
11	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
12	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
13	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
14	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
15	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
16	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
17	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
18	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
19	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
20	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
21	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
22	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
23	27/02/19 08:21	General View	1	Load JPG	<input checked="" type="checkbox"/>
24	27/02/19 08:36	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
25	27/02/19 08:36	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
26	27/02/19 08:36	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
27	27/02/19 08:36	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>

Documentation

1 per page ▼ ☒

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)		Thumbnail	Print
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Assessment Reports			1 per page ▼	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	01/03/19 16:03	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee	Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	25/02/19 14:46	E-filed GIA report	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/TMI19003530/K1TD3S2

Date: 04/03/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MJ001339

Claimant Vehicle No : SHD6781Z

Insured Vehicle No : SJT9107T

Date of Loss: 22/02/2019

Nature of Claim: TP

Claim No: M1901122

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD6781Z

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

Engine No: 65192433223143

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

Chassis No: WDD2120012B308922

Colour: White

Odometer: 524857 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:	Giti 6 mm	Rear Left Side:	Giti 6 mm
Front Right Side:	Giti 6 mm	Rear Right Side:	Giti 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,309.28	0.00	3,309.28	100.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,120.00	600.00	520.00	46.43
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,439.28	610.00	3,829.28	86.26
+ GST 7.00/7.00% (S\$)	310.75	42.70	268.05	86.26
Nett Amount (S\$)	4,750.03	652.70	4,097.33	86.26

INSPECTION

Date of Assignment: 26/02/2019 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 25/02/2019 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: DENISE TAY KWEE CHENG

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: 04 Mar 2019)

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

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

Print Code: (Unsubmitted, no print-code for SHD6781Z)

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		*FRT BUMPER	Repair	1,890.50 FL	*- FL
2	1		*FRT FENDER RH	Repair	996.10 FL	*- FL
3	1		*FRT WHEEL RIM RH (GRAZED)	Old Damage	1,250.00 FL	*- FL
					Sub Total (S\$)	4,136.60
					- List Item Discount on L Items 20.00/20.00% (S\$)	827.32
					Total Parts (S\$)	3,309.28

F=Franchise part. 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 (\$\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	500.00	200.00
2	SPRAY PAINTING	New	500.00	400.00
3	WHEEL ALIGNMENT	New	120.00	0.00
Gross Labour Cost (\$\$)			1,120.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >