

ASSIGNMENT

REF: CS/CTI 19005141 / Dtd 3n2

per of Instruction

Surveyor

Bryan

ASSIGNMENT (Office)

From (Person)

Chong Bunsen

CTI

Date/Time

2/13/19 @ 8:54am

Estimated Cost

Bill to

OD / TP / WS / TP RES / OD RES / EVA / INV / MYTCS

To Inspect Vehicle No.

SHB 6710P
Chunni Motor
AMIC Autopoint #01-05/06

Insured

GBA 200K
GS425119

at Workshop no.

Tel.

of

Policy No.

Claim No.

Sum Insured

Excess

Make of Veh.

D.O.A.

18/03/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time

11-31am @ 2/13/19

Person Contacted

Lym

Vehicle

IN/OUT

Date/Time

Action/Instruction () Estimate

SHB 6710 P - CS/FCI 19001967 / R/sd 3n2

D.O.A - 28/1/2019

GBA 200K - CS3/CTI 19003726 / d3

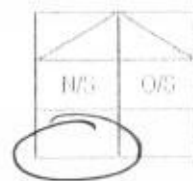
D.O.A - 22/2/2019

COE 2022 April

Policy No. _____ Date _____
Type of Vehicle _____
OD / TP / WS / TP RES / OD RES / EVA / HV / MV
Vehicle Model No. _____
at Work / Shop No. _____
at _____
Insurance _____
Policy No. _____
Claim No. _____
Sum Insured _____ Excess _____
(Claimant's Record)
Make of Vehicle _____

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Set or Market Value _____
IDV, Accident Report Consistent? : Yes or No
GIA / PR Seen Consistent? : Yes or No
Est. Repairs: 14843 days Res. : Yes or No
Lump Sum 20 % 3 Val. Yes or No
CA / REV / REP. / 24 HRS
Date _____ Person Contacted _____
Vehicle: IN / OUT



Vehicle No. **SHB 6710 P** at _____ April 2014
Type: M/Cat / M/Cycle / Bus / Van / Lorry / Car / Prime Mover /
Truck / Trailer or
Make: **Mercedes Benz Viano** C.C. **2143**
Colour: **White** A/C Insured / Std / Nil / NA
Up Reading **482022** O/D/O/S Insured / Std / Nil / NA
Eng No. **65194031602008**
Chassis No. **WDF63981323811812**
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Good / Jammed / Leaked / Burnt or
Brake: Good / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: **225/60 R16**
R: **- 1 -**
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Hankook**
Front Rear
R/Bal. **S** mm R/Bal. **S** mm
L/Bal. **S** mm L/Bal. **S** mm
D.O.A. **18/03/2019** D.O.I. **21/03/2019**
Survey held at **Chunni AMC**
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear H/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	China Teiping GBA 200K

18/14/19 Jnpul L/S 18000/- with 14 days of rep (Ref: 14991-51; 450b)

RECEIVED 24 APR 2019
RECEIVED 15 MAY 2019

Date/Time: File Para to? ☐ : Prel. Report
n **18/14 Typist** ☒ : Final Report
Date/Time: File Return to?
Report Format :
Lump Sum / LB L/S **18000/-**
Add Fee: ☐ Site Insp. (\$) ☐ Interview (\$) ☐ Tech. fees (\$) ☐ Workshop (\$) ☐
Days Of Repair: **14**
Resurvey No. of Trip: _____
Survey Fee _____
Transportation _____
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Nivitha (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Thursday, 21 March 2019 8:54 AM
To: Chunni Motor
Cc: assignments
Subject: RE: Accident involving veh no: SHB 6710P & GBA 200K on 18.03.19

Without Prejudice

Dear Sir,

We will appoint LKK.

Dear LKK,

Pls pri.

Regards,
Chong Boon Sen
Claims Executive
Claims

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower
Singapore 079909
Co. Reg. No. 200208384E
DID: 63896171
Fax: 62247175
Email: boonsen.chong@sg.cntaiping.com
Website: www.sg.cntaiping.com

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From: Chunni Motor [mailto:chunnimotor@gmail.com]
Sent: Wednesday, 20 March, 2019 5:05 PM
To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Subject: Re: Accident involving veh no: SHB 6710P & GBA 200K on 18.03.19

Dear Sir,

We appoint Henry Ng

Thank you

Regards,
Chunni Motor Work P/L

On Wed, Mar 20, 2019 at 5:02 PM Chong Boon Sen <boonsen.chong@sg.cntaiping.com> wrote:

Without Prejudice

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

ADRIAN LING
Kelvin Ang
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN
XING QUO QIANG
KENNETH KONG
SIMON HO
CHUA WEIJIE
MARCUS CHUA
HENRY NG

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Regards,

Chong Boon Sen

Claims Executive

Claims

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower

Singapore 079909

Co. Reg. No. 200208384E

DID: 63896171

Fax: 62247175

Email: boonsen.chong@sg.cntaiping.com

Website: www.sg.cntaiping.com

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From: Chunni Motor [mailto:chunnimotor@gmail.com]

Sent: Wednesday, 20 March, 2019 4:48 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Subject: Accident involving veh no: SHB 6710P & GBA 200K on 18.03.19

Dear Sir/Mdm,

We refer the above mentioned matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly survey at AMK Autopoint, Soon Hock Motor, #01-05/06.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 6542 7162

Thank you for your kind assistance.

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

ADRIAN LING
Kelvin Ang
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN
XING QUO QIANG
KENNETH KONG
SIMON HO
CHUA WEIJIE
MARCUS CHUA
HENRY NG

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Regards,

Chong Boon Sen

Claims Executive

Claims

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower

Singapore 079909

Co. Reg. No. 200208384E

DID: 63896171

Fax: 62247175

Email: boonsen.chong@sg.cntaiping.com

Website: www.sg.cntaiping.com

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From: Chunni Motor [mailto:chunnimotor@gmail.com]

Sent: Wednesday, 20 March, 2019 4:48 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Subject: Accident involving veh no: SHB 6710P & GBA 200K on 18.03.19

Dear Sir/Mdm,

We refer the above mentioned matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly survey at AMK Autopoint, Soon Hock Motor, #01-05/06.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 6542 7162

Thank you for your kind assistance.

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For more information please visit <http://www.symanteccloud.com>

MCD619036965 / ComfortDnGro Engineering Pte Ltd - Layan
 ENTRY DATE & TIME: 20/03/2019 14:52
 SUBMITTED BY: Catherine Per May Juan

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 20/03/2019 16:09

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	20/03/2019 14:52
Date Of Accident	18/03/2019 09:40
Exact Location Of Accident	SENGKANG EAST AVE X SENGKANG CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6710P
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	VIANO
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	LIM BOON KHENG
NRIC No	S0123589C
Date Of Birth	02/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90929582
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 121 10-422 RIVERVALE DRIVE
 Postcode 540121
 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? YES
 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? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] SENGKANG NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 GBA200K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver MASRINAWATI BINTE MOHAMED MAJAB
 NRIC/Passport Number S8118234E
 Contact Number 87764512
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT LEFT
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM BOON KHENG
Approximate Age	66
Injuries Sustain	NECK,SHOULDER,HEADACHE
Injured person in which vehicle?	SHB6710P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN**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.

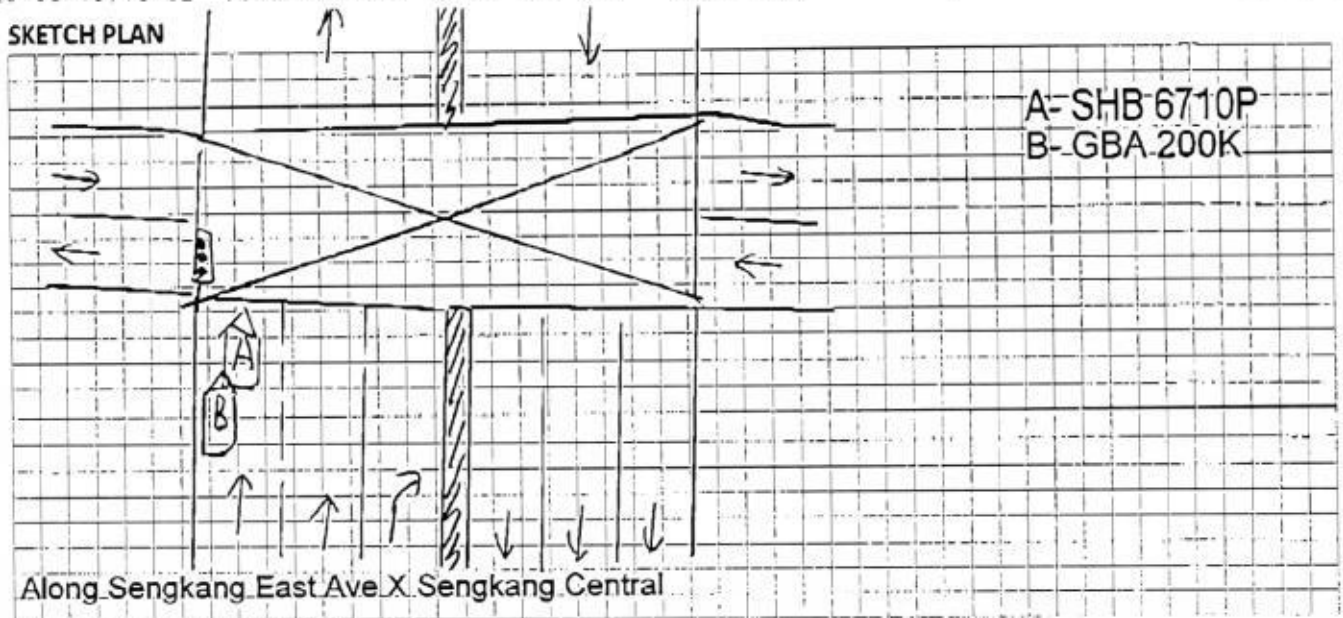
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19.03.2019 @ 1540HRS

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachement: T/20190318/2170

DECLARATION

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

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19.03.2019 @ 1540HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. June



**SINGAPORE
POLICE FORCE**



T/20190318/2170

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190318/2170

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2019 20:41		Vide Report No.: F/20190318/0058		Station Diary No.: 197	
Informant's Particulars					
Name of Informant: LIM BOON KHENG			Address: APT BLK 121 RIVERVALE DRIVE #10-422 SINGAPORE 540121		
ID Type / ID No.: NRIC NO / S0123589C			Contact No.: Home/Office: Mobile: 90929582		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 02/08/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/03/2019 09:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SENGKANG EAST AVENUE SENGKANG CENTRAL Lamp Post Number: 73				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA200K	Van	TOYOTA	HIACE AUTO	Silver		0
SHB6710P	Car	MERCEDES BENZ	VIANO 2.2 CDI TREND LONG	White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190318/2170

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190318/2170

CONTINUATION OF REPORT

Driver			
Name	MASRINAWATI BINTE MOHAMED MAJAB	ID No.	S8118234E
Related Vehicle	GBA200K (Van)	Contact No.	87764512
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM BOON KHENG	ID No.	S0123589C
Related Vehicle	SHB6710P (Car)	Contact No.	90929582
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/03/2019	Date Discharge	18/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 18/03/2019 at about 0935hrs, I was driving my taxi SHB6710P along Sengkang East Avenue. As I was approaching the junction of Sengkang East Avenue and Sengkang Central, the traffic light turns red as such I step on the brake to slow down. As my vehicle was stopping, I suddenly felt a bump from the rear. I then came out from my vehicle and noticed a van has hit the rear of my vehicle. I discovered that there were damages to the rear and left side of my vehicle bumper but my neck started to feel pain and also felt headache as such I called for the ambulance. When the ambulance arrived, I was then conveyed to the Sengkang Hospital and was given 5 days of MC due to the pain on my neck and headache.

**SINGAPORE
POLICE FORCE**

T/20190318/2170

3 of 3

Report No. T/20190318/2170

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 MUHAMMAD FAIRUZ ZAMEEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/03/2019 20:41

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Classification Of Case:

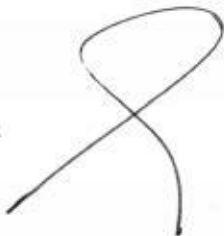
SN 085

Authentication Stamp
NP158

Signature:

Singapore Police Force

SHB 6710P

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			S 2,000.00 1000/-
	Spray Painting Charge			S 1,500.00 1000/-
	Wiring Charge			S 50.00 30/-
	Towing Charges			S 50.00 20/-
	Tuff Kote			S 100.00 40/-
	Remove/Refix Cushion & Upholstery Rear			S 150.00 80/-
	Remove/Refix Rear Windscreen Glass (sealant)			S 150.00 80/-
	Remove/Refix Reverse Sensor			S 120.00 40/-
	Remove/Refix Tail Gate Glass			S 120.00 20/-
	Diagnostic & Resetting To Erase Fault Code			S 480.00 180/-
	TOTAL LABOUR			S 4,720.00
	ESTIMATE TOTAL			S 25,761.01
	21/03/2019 @ 1530hrs		21355.76	
	LKA Auto			
	2/5hrs @ 13/14 days.		Supp 4107.00	
	<u>mya</u>		25462.76	
	LKA Auto		4/318000/-	
				
	<p><u>LKK Auto Consultants</u> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p>		32791.51	
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.				

/ Ah Meng

CHUNNI MOTOR WORK PTE LTD**REPAIR ESTIMATE***

VEHICLE NO : SHB 6710P (Supplementary)

DATE : 21.03.2019

MAKE :

TEL : 6542 5119

MODEL : MERCEDES BENZ VIANO (REAR)

FAX : 6542 6039

pls ignore
earlier
copy

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Airbag Control Unit activated			\$ 2,380.00
	Front Safety Belt (LH/RH) o/s activation n/s rva		\$ 1,850.00	\$ 3,700.00
	Rear Bumper Side Top Cover (RH) broken n/s			\$ 165.00
			4230.00	
	SUB TOTAL			\$ 6,245.00
	LESS 10%		3807.00	\$ 624.50
	DISCOUNTED TOTAL			\$ 5,620.50
	Labour Charge			
	Diagnostic & Resetting SRS Airbag System copied			\$ 550.00
	Remove/Refix Safety Belt			\$ 380.00
	Diagnostic & Resetting To Erase Fault Code copied		300.00	\$ 480.00
	TOTAL LABOUR			\$ 1,410.00
	ESTIMATE TOTAL			\$ 7,030.50
			4107.00	

21/03/2019

2kk Auto

8

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.

LKK Auto Consultants Pte Ltd (Co.Reg.No.199607196R)

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/CT119005141/DTD3N2

Date: 16/05/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	
Claimant Vehicle No :	SHB6710P	Insured Vehicle No :	GBA200K
Date of Loss:	18/03/2019	Nature of Claim:	TP Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB6710P		
Make & Model:	MERCEDES-BENZ VIANO, 2.1 D CDI Ambiente (W639) (A)	Engine No:	65194031602008
Reg. Date:	24/04/2014 (Man. Year: 2013)	Chassis No:	WDF63981323811812
Colour:	White	Odometer:	482022 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	225/60R16	Rear Tyre Size:	225/60R16
Front Left Side:	Hankook 5 mm	Rear Left Side:	Hankook 5 mm
Front Right Side:	Hankook 5 mm	Rear Right Side:	Hankook 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	26,661.51	22,712.76	3,948.75	14.81
Miscellaneous Items	0.00	0.00	0.00	
Labour	6,130.00	2,750.00	3,380.00	55.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	32,791.51	25,462.76	7,328.75	22.35
Approved Total (Overridden) (S\$)		18,000.00		
(S\$)	32,791.51	18,000.00	14,791.51	45.11
+ GST 7.00/7.00% (S\$)	2,295.41	1,260.00	1,035.41	45.11
Nett Amount (S\$)	35,086.92	19,260.00	15,826.92	45.11

INSPECTION

Date of Assignment:	24/04/2019	
Date Inspected:	21/03/2019 Inspected At:	Chunni Motor Work Pte Ltd (HQ) Blk 10 Ang Mo Kio Industrial Park 2A, #03-19 AMK Autopoint Singapore 568047

Estimated Period of Repair: 14.0 days

Adjuster: BRYAN TANI

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: 16 May 2019)
Parts:	M1-MPV	MERCEDES-BENZ VIANO 2.1 D CDI Ambiente (W639) (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB6710P)	
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	Broken	1,372.00 FL	*1,372.00 FL
2	1		*BUMPER L/H SIDE,RR	Broken	583.00 FL	*583.00 FL
3	1		*CROSSMEMBER REAR	Broken	680.00 FL	*680.00 FL
4	1		*CROSSMEMBER STAY REAR (2 PCS)	N/s Bent/O/s Not Necessary	285.00 FL	*142.50 FL
5	1		*TAIL GATE ASSY	Buckled	3,951.98 FL	*3,951.98 FL
6	1		*TAIL GATE TRIM COVER UPPER	Broken	320.00 FL	*320.00 FL
7	1		*TAIL GATE WEATHERSTRIP	Deformed	195.00 FL	*195.00 FL
8	1		*TAIL GATE MERCEDES STAR LOGO	Necessary	75.00 FL	*75.00 FL
9	1		*TAIL GATE 2.2 LOGO	Necessary	78.00 FL	*78.00 FL
10	1		*TAIL GATE CDI LOGO	Necessary	78.00 FL	*78.00 FL
11	1		*TAIL GATE VIA NO LOGO	Necessary	95.00 FL	*95.00 FL
12	1		*TAIL GATE LOCK	Damaged	273.40 FL	*273.40 FL
13	1		*TAIL GATE LOCK OUTER HANDLE	Bent/Damaged	175.54 FL	*175.54 FL
14	1		*TAIL GATE STEP GARNISH	Deformed/Broken	210.00 FL	*210.00 FL
15	1		*TAIL GATE BOTTOM HANDLE	Bent	115.00 FL	*115.00 FL
16	1		*TAIL LAMP ASSY LOWER,LH	Broken	750.00 FL	*750.00 FL
17	1		*TAIL LAMP REFLECTOR UPPER,LH	Broken/Dislodged	280.00 FL	*280.00 FL
18	1		*REAR FENDER (LH)	Buckled	3,188.00 FL	*3,188.00 FL
19	1		*REAR FENDER PROTECTOR (LH)	Not Necessary	390.00 FL	*- FL
20	1		*REAR PANEL	Dented	680.00 FL	*680.00 FL
21	1		*REAR PANEL GARNISH	Deformed	1,280.00 FL	*1,280.00 FL
22	1		*REAR WINDSCREEN GLASS	Shattered	1,273.98 FL	*1,273.98 FL
23	1		*REAR FLOOR STEP PANEL	Not Necessary	1,070.00 FL	*- FL
24	2		*TAIL LAMP TOP COVER (LH/RH)	Not Necessary	770.00 FL	*- FL
25	1		*TAIL GATE TRIMBOARD LOWER	Mounting Broken	750.00 FL	*750.00 FL
26	1		*REAR SIDE CENTRE LOCK	Bent/Damaged	620.00 FL	*620.00 FL
27	1		*REAR AIRCON BLOWER UNIT	Housing Broken	3,380.00 FL	*3,380.00 FL
28	1		*FRONT SAFETY BELT (LH/RH)	Os Activated/Ns Not Necessary	3,700.00 FL	*1,850.00 FL
29	1		*REAR BUMPER SIDE TOP COVER (RH)	Not Necessary	165.00 FL	*- FL
30	1		*AIRBAG CONTROL UNIT	Activated	2,380.00 FL	*2,380.00 FL
31	1		*REVERSE SENSOR	Damaged	288.00 FS	*288.00 FS
32	1		*REAR BUMPER RUBBER MAT	Deformed	50.00 FS	*50.00 FS
33	1		*TAIL GATE MAXICAB LOGO	Necessary	30.00 FS	*30.00 FS
34	1		*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS

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

Sub Total (\$\$)	29,577.90	25,190.40
- List Item Discount on L Items 10.00/10.00% (\$\$)	2,916.39	2,477.64
Total Parts (\$\$)	26,661.51	22,712.76

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	2,000.00	1,000.00
2	SPRAY PAINTING CHARGE	New	1,500.00	1,000.00
3	WIRING CHARGE	New	50.00	30.00
4	TOWING CHARGES	New	50.00	0.00
5	TUFF KOTE	New	100.00	40.00
6	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	80.00
7	REMOVE/REFIX REAR WINDSCREEN GLASS (SEALANT)	New	150.00	80.00
8	REMOVE/REFIX REVERSE SENSOR	New	120.00	40.00
9	REMOVE/REFIX TAIL GATE GLASS	New	120.00	0.00
10	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	180.00
11	DIAGNOSTIC & RESETTING SRS AIRBAG SYSTEM	New	550.00	150.00
12	REMOVE/REFIX SAFETY BELT	New	380.00	150.00
13	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	0.00
Gross Labour Cost (\$\$)			6,130.00	2,750.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >