

ASS. REC. BY:

REF: (S2/MSG 190090781) JC d302

Special Instruction:

Surveyor: Huixi JiaASSIGNMENT (Office)From (Person): Jowyn Tay Mei Lingof MSGDate/Time: 8.5.19 10.11 a.m

Estimated Cost: \_\_\_\_\_

Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SLS 1133BInsured: YN 3551Lat Workshop m/s Chong Hin AutoTel: 98157053of 22 Woodland Link #101-14Policy No: 29067573mkfClaim No: 592685

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_

(Client's Record)

D.O.A. 3.6.2019

CA / REV / REP. / REV 24 HRS

"wp"

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 8.5.19 10.42 a.mPerson Contacted: mr chongVehicle IN/OUT

Date/Time	Action/Instruction	Estimate (X)
	SLS 1133B-X	
	YN 3551L-X	

REF: Hwee Jie

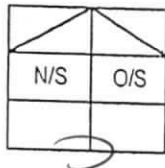
REF: M516

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop n/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 Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No. SLS 1133B Yr Regn: 19 Jan 2009  
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Mercedes C200 c.c. 1796  
Colour: Black A/C: Insured / Std / NI / NA  
Sp. Reading: 115247 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: WDD2040412A223530  
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 A/Rim or  
Tyre Size: F: 225/40 R18  
R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or \_\_\_\_\_

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>3/5/19</u>		D.O.I. <u>8/5/19</u>

Survey held at Chong Hin Auto

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

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

Date / Time	Action / Instruction
	PRS
	Range: \$3000 - \$4000 4 days
	<u>10/5/2019</u>

Date/Time. File Pass to? ☐ : Preli. Report  
1) ☐ : Final Report

Days Of Repair: 4  
Resurvey No. of Trip: \_\_\_\_\_

Date/Time. File Return to?  
2)

Report Format: PRS  
Lump Sum / I.B.I. (\$) \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech. Invs (\$)  
☐ : Weekend (\$)

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
) \$ + PS. \$  
) Photos  
) Others

TOTAL

120
11
131

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 May 2019 15:38		08 May 2019 10:11 Assign				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All																				
<b>CLAIM SUBFOLDER DETAILS</b>			<b>[Created by insurer]</b>																					
Insured:	<b>BEN FOODS (S) PTE LTD, Co. Reg. No.: 196900017H</b>																							
Main Claimant:	<b>CHANG CHOY LING FLORENCE, ID: S1535223Z</b>																							
Vehicle Reg. No.:	<b>SLS1133B</b>	Date of Loss:	03/05/2019 00:00 - :59 [123 Months and 14 Days From LTA Reg Date (Man Yr)]																					
Claim Type:	<b>TP</b>	Policy/Cover Note No.:	29067573MKF Coverage: 01/01/2019 - 31/12/2019																					
Vehicle Reg. No. (Insured):	<b>YN3551L</b>	Policy No. (Claimant):																						
		Excess:																						
Repairer:	<b>Chong Hin Auto Services (HQ) 22 Woodlands Link, #01-14, 738734 Woodlands - Tel:</b>																							
Handling Insurer:	<b>MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jowyn Tay Mei Ling - 6643 1307]</b>																							
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 09/05/2019]</b>																							
Driver/Custodian (Insured):	<b>MUHAMMAD RAMDAN MUK MININ BIN MAHAD (), NRIC: S9801964B Email:</b>																							
Adj Asg. Remarks:	<b>SURVEY DISAGREE ON SJE - ASSIGN LKK. LIABILITY: 100% CONTACT: MR CHONG 9815 2053/6758 2035</b>																							
<b>ASSOCIATED MAIL RECEIVED</b>			<a href="#">View All</a>	<a href="#">Compose Case Mail</a>																				
There are no mail for this case.																								
<div> <div> <div></div> <div>ALL ASSOCIATED TASKS</div> </div> <div> <div>View All</div> <div>Search Tasks</div> <div>Create New Task</div> <div>Complete</div> </div> </div> <table border="1"> <thead> <tr> <th>Due Date</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Handler</th> <th>Assigned By</th> <th>Completed On</th> <th>Created On</th> <th>Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table>					Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	No results.									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?															
No results.																								

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	5223Z
<b>Vehicle Details</b>	
Vehicle No.:	SLS1133B
Vehicle to be Exported:	No
Intended Deregistration Date:	09 May 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 200 KOMPRESSOR
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	27195031126390
Chassis No.:	WDD2040412A223530
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$43,089.00
Original Registration Date:	19 Jan 2009
First Registration Date:	19 Jan 2009
Transfer Count:	2
Actual ARF Paid:	\$43,089.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	18 Jan 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$31,335.00
COE Rebate Amount:	\$30,366.00
<b>Total Rebate Amount:</b>	<b>\$30,366.00</b>

The information contained herein is correct as at 09 May 2019

OK

## 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	03/05/2019 17:02
Date Of Accident	03/05/2019 08:05
Exact Location Of Accident	ALONG CORPORATION RD TWRDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS1133B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHANG CHOY LING FLORENCE
NRIC No	S1535223Z
Email Address	HILEOS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91507768
Alternative Phone No	OTHERS-91507768
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	C 200 KOMPRESSION
Exact Purpose for which vehicle was being used at time of accident	PVT USE
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	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106589874
Cover Note Number	29/12/2018- 28/12/2019
<b>Driver</b>	
Name of Driver	WONG JUN JIE (HUANG JUNJIE)
NRIC No	S8531653B
Date Of Birth	28/09/1985
Occupation	INDOOR
Date Of Driving Pass	24/04/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97587768
Fax Number	
Contact Number	
EMail Address	TRINITARIAN.2809@GMAIL.COM

Address	BLK 639 CHOA CHU KANG ST 64 #04-17
Postcode	680639
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	
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 SKETCH ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DRIVER WILL SUBMIT DIRECTLY TO NTUC
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3551L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD RAMDAN MUKMININ BIN MAHAD
NRIC/Passport Number	S9801964B
Contact Number	90220019
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SLS 1133 B  
INSURER : NTUC  
DATE & TIME: 3/5/19 4.05 A.M.

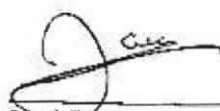
### IMPORTANT NOTICE

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.
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5. Any fake reporting may be referred to the Police for investigation.
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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.

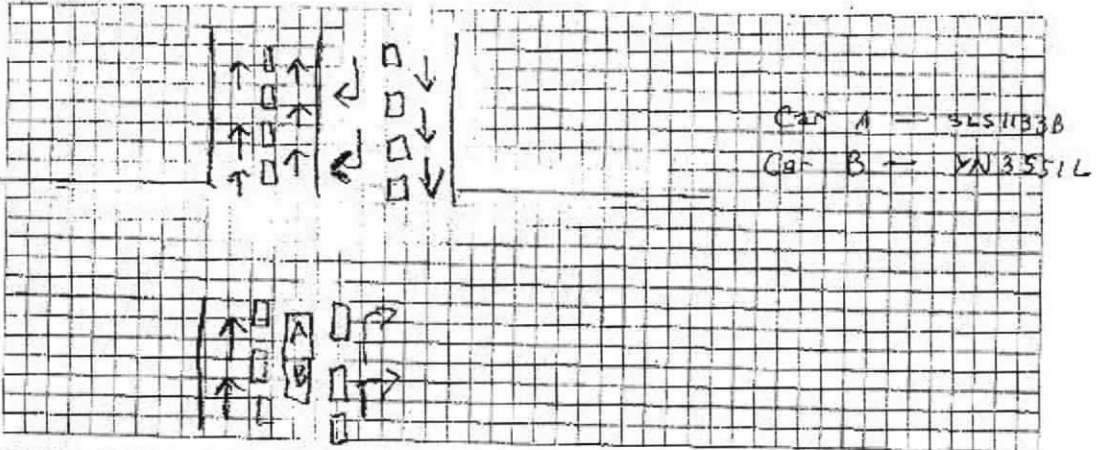
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 3<sup>rd</sup> May 19  
4.50 pm

efreda 3-5-19  
Reporting Centre Personnel's Signature  
Name: WJL  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A (SLS1133B) stopped at traffic light junction upon red light. Car A was at a complete stop. Car B (YN3551L) could not stop in time and rear-ended into Car A, causing car A to move slightly forward due to the impact. There was no impact with other motor vehicles or road users from the moving forward.

Car A will be sent to Chang Hin Auto Services for repair works.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 3<sup>rd</sup> May 2019 4.50pm

Reporting Centre Personnel's Signature  
Name: efreda 3-5-19 WL

GIRRSK SketchPlanForm\_V3 ( ) Claim Own Policy (x) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	07 May 2019 15:38		08 May 2019 10:11 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured: <b>BEN FOODS (S) PTE LTD</b> , Co. Reg. No.: 196900017H									
Main Claimant: <b>CHANG CHOY LING FLORENCE</b> , ID: S1535223Z									
Vehicle Reg. No.: <b>SLS1133B</b>		Date of Loss: 03/05/2019 08:00 - :59 [123 Months and 14 Days From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / 592685</b>		Policy/Cover Note No.: 29067573 (Comprehensive) Coverage: 01/01/2019 - 31/12/2019							
Vehicle Reg. No. (Insured): <b>YN3551L</b>		Policy No. (Claimant):							
		Excess:							
Repairer: <b>Chong Hin Auto Services (HQ)</b> 22 Woodlands Link, #01-14, 738734 Woodlands - Tel:									
Handling Insurer: <b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Jowyn Tay Mei Ling</b> - 6643 1307]									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>ONG HWEE JIE</b> ] ... [Imm.Advice due 09/05/2019]									
Driver/Custodian (Insured): MUHAMMAD RAMDAN MUK MININ BIN MAHAD (), NRIC: S9801964B Email:									
Adj Asg. Remarks: SURVEY DISAGREE ON SJE - ASSIGN LKK. LIABILITY: 100% CONTACT: MR CHONG 9815 2053/6758 2035									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

**\*SLS1133B (592685)**  
**[YN3551L]**  
**TP**  
**CHANG CHOY LING FLORENCE**  
**May 3 2019 8:00AM**  
**[BEN FOODS (S) PTE LTD]**  
**Chong Hin Auto Services**

<a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a>		
<b>Photos/Images</b>			3 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
2	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
3	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
4	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
5	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
6	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
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8	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
9	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
10	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
11	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
12	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
13	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
14	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
15	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
16	09/05/19 09:21	General View		Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>		
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	07/05/19 15:39	PRS Notice		Load PDF	
2	07/05/19 15:40	SLS1133B GIA Rpt		Load PDF	
3	07/05/19 15:58	SURVEY DISAGREE ON SJE - ASSIGN LKK		Load PDF	
4	07/05/19 16:04	LIST OF SURVEYORS FROM TP		Load PDF	

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>		<a href="#">Reset</a>   <a href="#">Save</a>   <a href="#">Print</a>
There are no document checklists configured.		
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>		

# 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: CS3/MSG19008078/JCD3E2

Date: 10/06/2019

### REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 29067573

Claimant Vehicle No : SLS1133B

Insured Vehicle No : YN3551L

Date of Loss: 03/05/2019

Nature of Claim: TP Claim No: 592685

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLS1133B

Make &amp; Model: MERCEDES-BENZ C200, 1.8 Kompressor (A)

Engine No: 27195031126390

Reg. Date: 19/01/2009 (Man. Year: 2008)

Chassis No: WDD2040412A223530

Colour: Black

Odometer: 115247 km

Engine Capacity: 1796 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: 225/40 R18

Rear Tyre Size: 225/40 R18

Front Left Side: Michelin 6 mm

Rear Left Side: Michelin 6 mm

Front Right Side: Michelin 6 mm

Rear Right Side: Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

### INSPECTION

Date of Assignment: 08/05/2019

Date Inspected: 08/05/2019 Inspected At:

Chong Hin Auto Services (HQ)  
22 Woodlands Link, #01-14  
Singapore 738734

Estimated Period of Repair: 4.0 days

Adjuster: ONG HWEE JIE

Manager: CELINE FONG

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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.  
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000.00 -\$4,000.00

## REPAIR DETAILS

### Reference

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 10 Jun 2019)
<b>Parts:</b>	143	MERCEDES-BENZ C200 1.8 Kompressor (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SLS1133B)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.
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< END OF ESTIMATES >