

ASS. REC. BY:

REF: CS/MSG 19009863/ K14d3n2 Special Instruction:

Survivor: Kalvin

ASSIGNMENT (Office)

From (Person): Pauline Tham

of MS19

Date/Time: 4.6.19 11.49 AM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 850 C

Insured: SLQ 91866

at Workshop m/s Comfort delgro

Tel: 9324 0811

of 59 Loyang Drive

Policy No: 29114756 MKF

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 03/06/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 4.6.19 12p.m

Person Contacted: kwok ang

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 850 C - CS 3 / PCI 18019245 / Kcd 352
	SLQ 91866 - X
7/6/2019 @ 9:33am - Revised via menimen preli advise	

D.O.A. - 13/10/2018

Estimate Cost:

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

To Inspected Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Van No:

SHC 850 C

Regn:

25 July 2013

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

Truck / Trailer or

Make:

Maruti Suzuki

c.c 2147

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

906023

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LPD2120022A758805

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F:

205/60R16

R:

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

TOYO / YOKO or

Wet Grip

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 3/6/19

D.O.I. 4/6/19

Survey held at

LDHE (Logan)

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

8/5 Rear

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

Date / Time	Action / Instruction
12/6/19	Thus up \$1650 / 3 Pys (Red: 10/20.40' 85%) MSZK

RECEIVED 13 JUN 2019

41  
12/6/2019

Date/Time, File Pass to?

1) 12/6 Typist

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum / I.B.I: (\$ 1650)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

Photos

Others

TOTAL

200
11
211

Note: This document has not been finalised.  
**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

To: MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Pauline Tham

Date: 07 Jun 2019

**Preliminary Advice**

Insured Vehicle No	: SLQ9186G	Accident Date	: 03/06/2019
TP Vehicle No	: SHC850C	Assignment Date	: 04/06/2019
Make	: MERCEDES-BENZ E220	Est. Duration of Repair	: 3.00
Date of Inspection	: 04/06/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages o/s rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	11,770.40
Revised Amount	:S\$	2,060.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,060.00

Lump Sum Repair	:S\$
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**Total Loss Consideration**

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

**Remarks**

- ( ) The vehicle is economical/not economical for repair.
- ( x ) The above survey was conducted on a 'without prejudice' basis.

## ...CLAIM SUBFOLDER...(New Assignment)

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	03 Jun 2019		04 Jun 2019 11:49 <a href="#">Assign</a>				<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:	GRAB RENTALS PTE LTD, Co. Reg. No.: 201617200G																							
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G																							
Vehicle Reg. No.:	SHC850C	Date of Loss:	03/06/2019 10:00 - :59 [70 Months and 9 Days From LTA Reg Date (Man Yr)]																					
Claim Type:	TP	Policy/Cover Note No.:	29114756MKF (Comprehensive) Coverage: 01/02/2019 - 31/01/2020																					
Vehicle Reg. No. (Insured):	SLQ9186G	Policy No. (Claimant):																						
		Excess:																						
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300																							
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by <b>Pauline Tham</b> - 6594 2545]																							
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... <b>[Imm.Advice due 05/06/2019]</b>																							
Driver/Custodian (Insured):	MUHAMMAD SHAHMEE BIN NORDIN (29 / Male) , NRIC: S8935492G Email:																							
Adj Asg. Remarks:	Car in. OI: Grab. Liab: dispute. Contact: Lim Kwok Eng @ 6214 8355/ 9824 0811. on WP. Please contact us ASAP if you cannot attend this assignment. Manual assigned to LKK via email on 04/06/19																							
<b>ASSOCIATED MAIL RECEIVED</b>			<a href="#">View All</a>   <a href="#">Compose Case Mail</a>																					
There are no mail for this case.																								
<div> <b>ALL ASSOCIATED TASKS</b> </div> <div> <a href="#">View All</a>   <a href="#">Search Tasks</a>   <a href="#">Create New Task</a>   <a href="#">Complete</a> </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.																								

## 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	03/06/2019 14:00
Date Of Accident	03/06/2019 10:20
Exact Location Of Accident	FINLAYSON GREEN TWDS MARINA BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC850C
<b>Insured/Policyholder</b>	
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	TAN TIONG SENG
NRIC No	S6803696H
Date Of Birth	01/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1987
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81856789
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 448 TAMPINES STREET 42 #10-56
Postcode	520448
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)	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	SLQ9186G
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD SHAMEE BIN NORDIN
NRIC/Passport Number	S8935492G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

**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.
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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.

CITYCAB PTE LTD  
CO. REG. NO. 1995023399

Policyholder's Signature  
Date & Time:

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

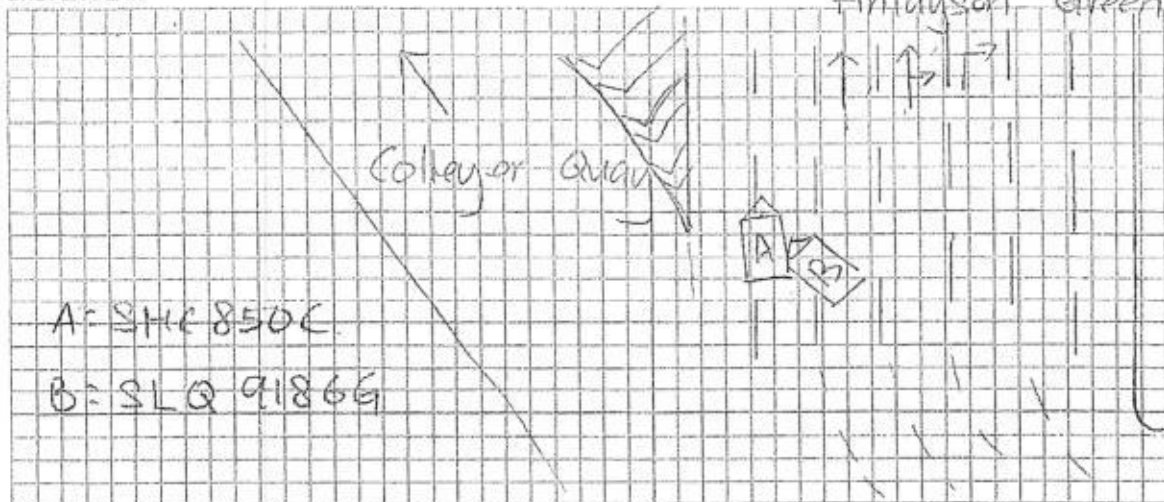
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Loke Wai Yeng

3/6/19



## SKETCH PLAN



A: SHK 850C

B: SLQ 9186G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 3/6/19 at about 10:20 hrs, I was driving at above said location without pax onboard. Suddenly veh B come at from right hand side and encroached into my lane. As it took place so fast, I could not take evasive action to prevent the collision. Veh B it front left portion collided onto the right rear portion of my taxi. Both of us then alighted to take photo and exchange particulars. No injury reported in this accident.


## DECLARATION

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

CITYCAB PTE LTD  
REG. NO. 199502339GPolicyholder's Signature  
Date & Time:

GIARMIC SketchPlanForm\_V3

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

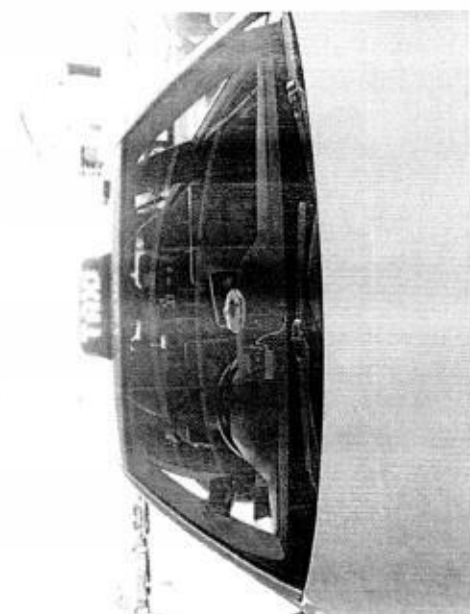
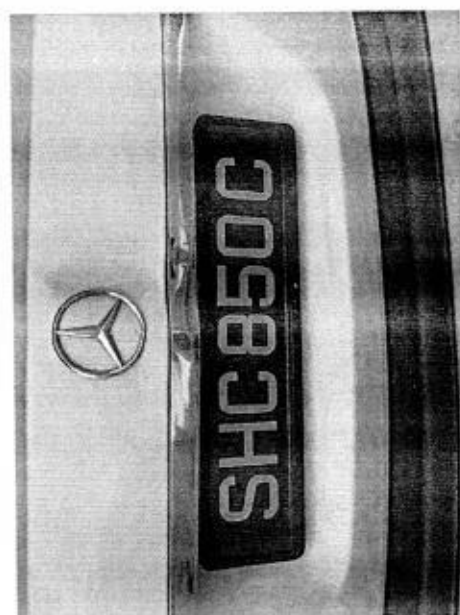
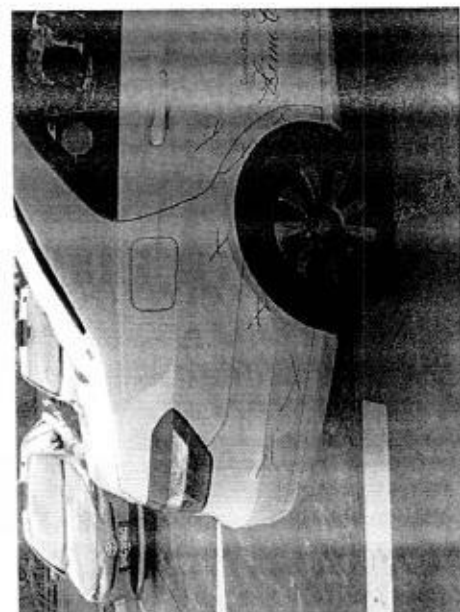
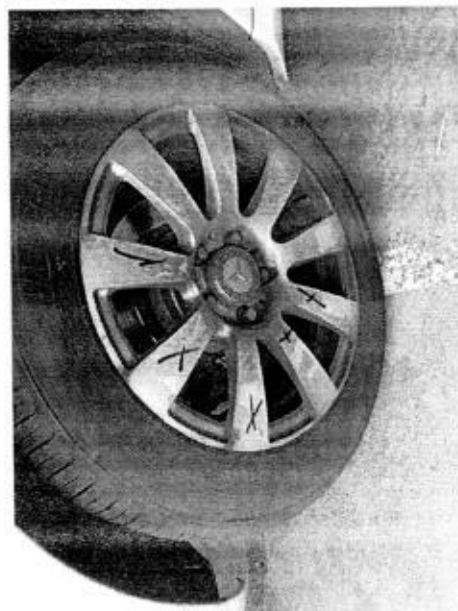
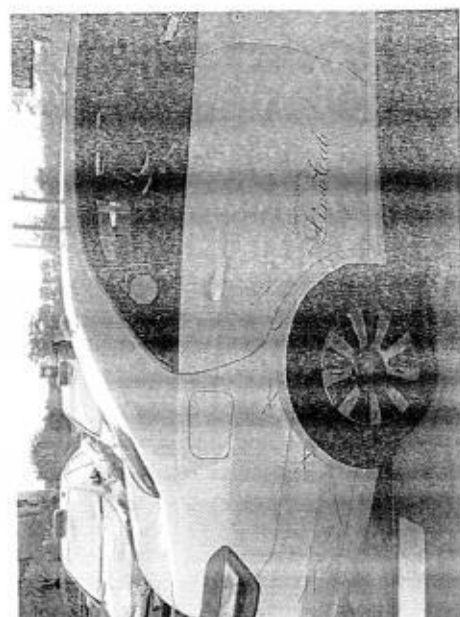
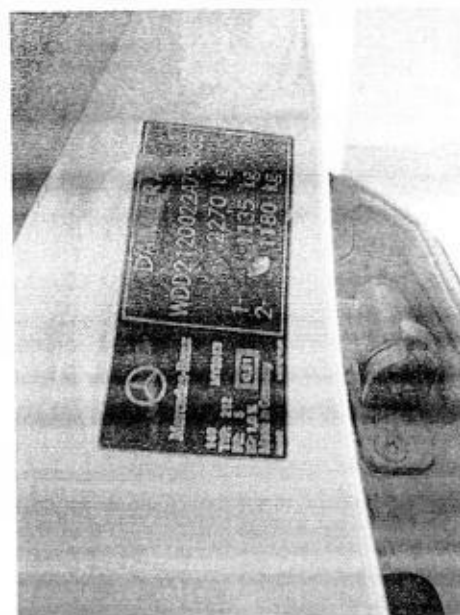
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Loke Wan Yeng

3/6/19

2





## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 850R

DATE 3/6/2019 15:55

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X rep</i>			\$ 1,510.00
	Rear Bumper Bracket Lower (LH/RH) <i>X 500</i>	\$	135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>X 500</i>	\$	125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>X 500</i>	\$	115.00	\$ 230.00
	Rear Fender (RH) <i>X rep</i>			\$ 2,980.50
	Rear Fender Splash Shield (RH) <i>X 500</i>			\$ 195.00
	Rear Windscreen Glass C/W Moulding <i>X 500</i>			\$ 1,845.00
	Rear Door (RH) <i>X rep</i>			\$ 2,870.00
	Rear Tyre Rim (RH) <i>horizontal</i>			\$ 1,250.00
	<b>SUB TOTAL</b>			<b>\$ 11,400.50</b>
	<b>LESS 20%</b>			<b>\$ 2,280.10</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 9,120.40</b>
	Rear Windscreen Sealant <i>X</i>			\$ 180.00
	Rear Door Comfort Limo Cab Logo <i>horizontal</i>			\$ 60.00
				<b>\$ 240.00</b>
	<b>Labour Charge</b>			
	Panel Beating			<del>\$ 800.00</del>
	Spray Painting Charge			<del>\$ 900.00</del>
	Wiring Charge			<del>\$ 30.00</del>
	Tuff Kote			<del>\$ 50.00</del>
	Remove/Refix Cushion & Upholstery Rear			<del>\$ 150.00</del>
	Remove/Refix Rear Windscreen Glass (sealant)			<del>\$ 120.00</del>
	Remove/Refix Reverse Sensor			<del>\$ 120.00</del>
	Transfer Of Door			<del>\$ 120.00</del>
	Frt Wheel Alignment			<del>\$ 120.00</del>
	<b>TOTAL LABOUR</b>			<b>\$ 2,410.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 11,770.40</b>

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.

L/Sun

MSIG

Nett  
Nett

600  
X 17  
X 17  
X 17  
X 17  
X 17  
X 17

*Kahar 11/11/19*  
*4/6/19*  
*3 B3*  
*4/5*  
*Atte*  
*Repon*

No illegal  
Supplementary  
is subject to final approval by insurance company  
Acknowledged by Repairer  
Signature  
Date:

COMFORTDELGRO

Date/Time: 03.06.2019 15:50 Page : 1

Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.: 305300705

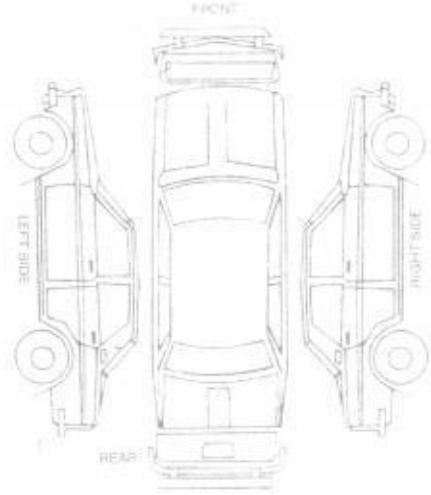
OWNER	REGN NO.	MILEAGE
CITYCAB PTE LTD	SHC 850C	
7010070	MAKE :	FUEL
383 SIN MING DRIVE	MERCEDES BENZ	E.....1/2.....F
Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
65551188	E220CDI (E5)	03.06.2019 11:40
(R)	YR OF MANUF	TARGET DATE
(P)	25.07.2013	
	CHASSIS CODE	COMPLETION DATE/TIME
	WDD2120022A758805	

MSIG

Accident Date: 03.06.2019  
NATURE: 3P 03.06.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Lodgement Slip		Exit Pass	
No.:	SHC 850C LKE	Vehicle No.:	SHC 850C
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	

Service Advisor  
turned to Service Reception upon collection

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305300705  
Date 10.06.19

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

## FINALIZATION FORM

To LKK

Fax:

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC850C CCPL

03.06.19

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

1. The repair job shall bill to: **MSIG** **SLQ9186G**
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges
  - Total for Part-By-Part Repair Cost**
  - (c) Lumpsum Repair (if applicable)
  - Total for Lumpsum repair cost after Less: 20%
  - Final Lumpsum Repair cost** **\$1,650.00**

3. Estimated normal period for repairs: 3 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 KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN ANG

Date : 12/6/19

## 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:

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG19009863/K1TD3N2

Date: 13/06/2019

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29114756
Claimant Vehicle No :	SHC850C	Insured Vehicle No :	SLQ9186G
Date of Loss:	03/06/2019	Nature of Claim:	TP
		Claim No:	595489

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHC850C	Engine No:	65192431512838
Make & Model:	MERCEDES-BENZ E220, 2.0 (A)	Chassis No:	WDD2120022A758805
Reg. Date:	25/07/2013 (Man. Year: 2013)	Odometer:	906023 km
Colour:	White		
Engine Capacity:	2143 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	9,360.40	1,060.00	8,300.40	88.68
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,410.00	1,000.00	1,410.00	58.51
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>11,770.40</b>	<b>2,060.00</b>	<b>9,710.40</b>	<b>82.50</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,650.00</b>		
<b>(S\$)</b>	<b>11,770.40</b>	<b>1,650.00</b>	<b>10,120.40</b>	<b>85.98</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>823.93</b>	<b>115.50</b>	<b>708.43</b>	<b>85.98</b>
<b>Nett Amount (S\$)</b>	<b>12,594.33</b>	<b>1,765.50</b>	<b>10,828.83</b>	<b>85.98</b>

## INSPECTION

Date of Assignment:	04/06/2019	
Date Inspected:	04/06/2019 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 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

<b>Reference</b>	
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 13 Jun 2019)
<b>Parts:</b> 143	MERCEDES-BENZ E220 2.0 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC850C)
<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

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*REAR BUMPER	Repair	1,510.00 FL	*- FL
2	2	*REAR BUMPER BRACKET LOWER (LH/RH)	Serviceable	270.00 FL	*- FL
3	2	*REAR BUMPER BRACKET TOP (LH/RH)	Serviceable	250.00 FL	*- FL
4	2	*REAR BUMPER RETAINER MOUNTING (LH/RH)	Serviceable	230.00 FL	*- FL
5	1	*REAR FENDER (RH)	Repair	2,980.50 FL	*- FL
6	1	*REAR FENDER SPLASH SHIELD (RH)	Serviceable	195.00 FL	*- FL
7	1	*REAR WINDSCREEN GLASS C/W MOULDING	Serviceable	1,845.00 FL	*- FL
8	1	*REAR DOOR (RH)	Repair	2,870.00 FL	*- FL
9	1	*REAR TYRE RIM (RH)	Grazed	1,250.00 FL	*1,250.00 FL
10	1	*REAR WINDSCREEN SEALANT	Not Necessary	180.00 FS	*- FS
11	1	*REAR DOOR COMFORT LIMO CAB LOGO	Necessary	60.00 FS	*60.00 FS
				<b>Sub Total (\$\$)</b>	<b>11,640.50 1,310.00</b>
				<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>2,280.10 250.00</b>
				<b>Total Parts (\$\$)</b>	<b>9,360.40 1,060.00</b>

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

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
<b>Labour Items</b>				
1	PANEL BEATING	New	800.00	400.00
2	SPRAY PAINTING CHARGE	New	900.00	600.00
3	WIRING CHARGE	New	30.00	0.00
4	TUFF KOTE	New	50.00	0.00
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	0.00
6	REMOVE/REFIX REAR WINDSCREEN GLASS (SEALANT)	New	120.00	0.00
7	REMOVE/REFIX REVERSE SENSOR	New	120.00	0.00
8	TRANSFER OF DOOR	New	120.00	0.00
9	FRT WHEEL ALIGNMENT	New	120.00	0.00
Gross Labour Cost (S\$)			2,410.00	1,000.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >