

ASS. REC. BY:

REF: CS/TMI/1010042/K11d3⁵ Special Instruction:Assigner: Kalvin

ASSIGNMENT (Office)

Minimen

From (Person): Jeffrey Tayof TMIDate/Time: 7/6/19 @ 10:12am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 82012

Insured:

GBF 6234J

at Workshop m/s:

Comfort Delgro

Tel:

62148300

of

54 Layong Drive

Policy No:

MJ001454

Claim No:

M1904154

Sum Insured:

Excess:

Make of Veh:

D.O.A.

5/6/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 11:26am 7/6/19

Person Contacted:

Pury

Vehicle:

☒ IN ☐ OUT

Date/Time	Action/Instruction	Estimate
	SHC 82012-CC3/AXA/2001467/H123C341	DOA: 18/01/2012
	GBF 6234J-X	

(03/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: _____

Veh No: SHC 82012 Yr Regn: 6 May 2015

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

Truck / Trailer or

Make: Mercedes Benz E220 C.C. 2143Colour: White A/C: Insured / Std / NI / NASp. Reading: 534362 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2120012B15 6048Gen. Cond: Good / Car / Poor / BurntSteering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STO / Rim orTyre Size: F: 225 / 60 R16

R: _____

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

TOYO / YOKO or Verde

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 5/6/19 D.O.I. 6/6/19Survey held at CPGE (Loyang)

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

16 front.

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

Date / Time	Action / Instruction
18/6/19	Hand cps \$ 7450 / 20%. (Red: 3316.72; 36%) To Kin 4

RECEIVED 18 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report

1) 18/6 Typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1Report Format: TPLump Sum / I.B.I. (\$) 7450Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 250

Transportation: _____

S + RS, SI _____

Photos _____

Others _____

TOTAL

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Jun 2019 Sendback Est	07 Jun 2019 08:14 S\$9,527.48	07 Jun 2019 10:12 Assign				New Assignment Cancel Case

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
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CLAIM SUBFOLDER DETAILS

Insured:	PAN PACIFIC VAN & TRUCK LEASING PTE LTD, Co. Reg. No.: 201511635R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8201Z	Date of Loss:	05/06/2019 18:00 - :59 [48 Months and 30 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1904154	Policy/Cover Note No.:	MJ001454 (Comprehensive) Coverage: 15/10/2018 - 14/10/2019
Vehicle Reg. No. (Insured):	GBF6239J	Policy No. (Claimant):	
		Excess:	S\$1,500.00
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 Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 18/06/2019]		

ASSOCIATED MAIL RECEIVED

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There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
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[Complete](#)

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	06/06/2019 13:20
Date Of Accident	05/06/2019 18:10
Exact Location Of Accident	ORCHARD RD X GRANGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8201Z
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	WANG SWEE NAN
NRIC No	S0238875H
Date Of Birth	20/03/1946
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1965
Driving Experience	54 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91056628
Fax Number	
Contact Number	
Email Address	TONY.6352@YAHOO.COM.SG

Address	6 06-08 PETIR ROAD
Postcode	678267
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

SEE ATTACH.

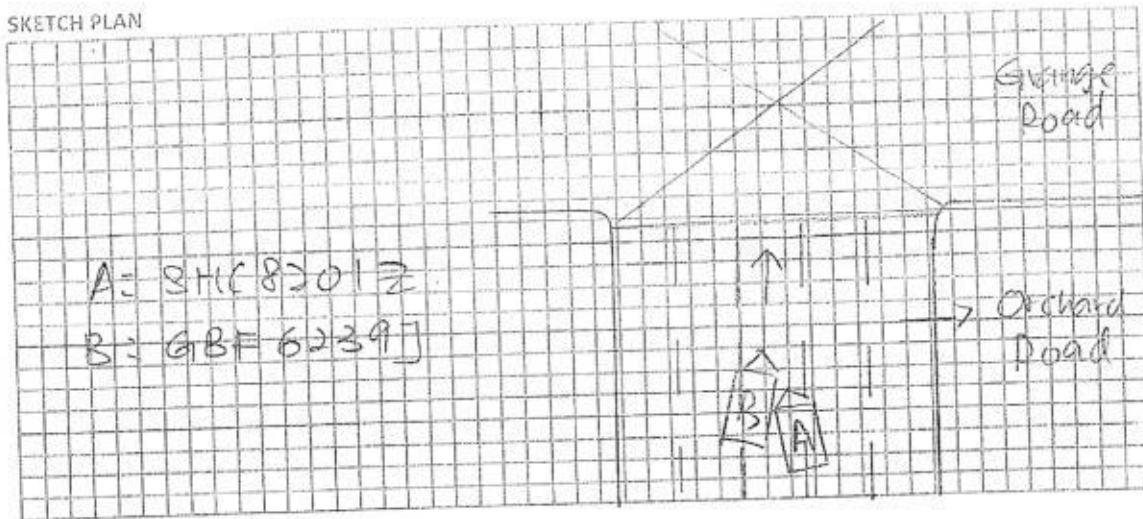
Attachment(s)

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	GBF6239J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/6/19 at about 18:10 hrs. I was driving at above said location without pax. I switched on signal to alert other road users of my intention. I slowly filter to left after I ensured traffic is clear. In the midst, veh B come out from second lane and it hit right rear portion but it grazed onto the front left portion of my taxi. No injury reported in this accident.

DECLARATION

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

UMFORT TRANSPORTATION PTE LTD
CO REG. NO. 198303821R
Policyholder's Signature
Date & Time:

Driver's Signature
If driver is not the policyholder

Reporting Centre Personnel's Signature
Name: Loke Wei Yeng

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.

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

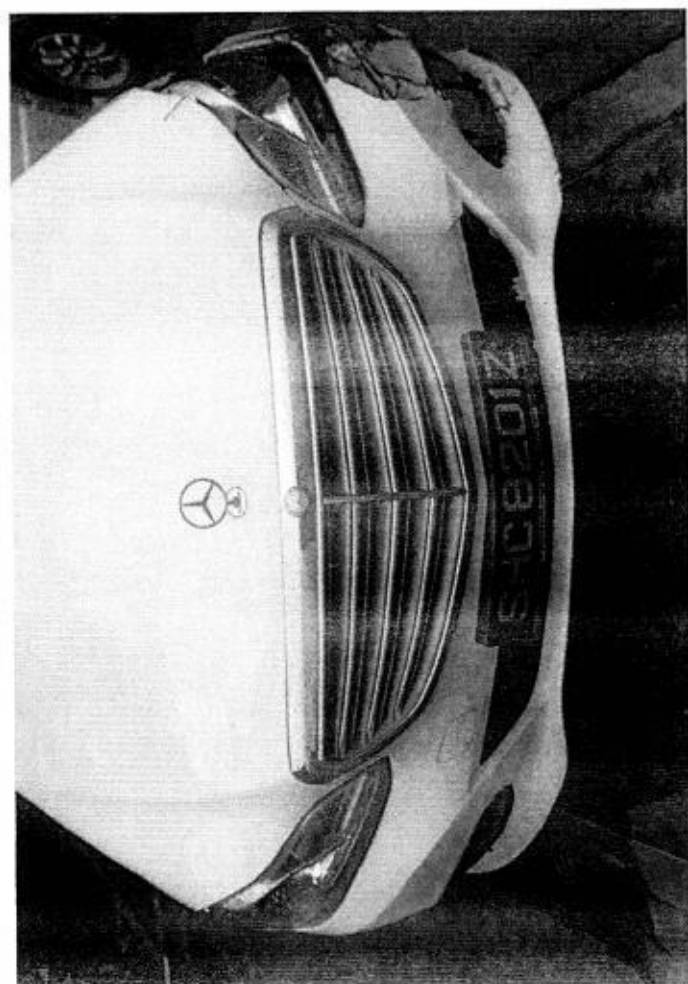
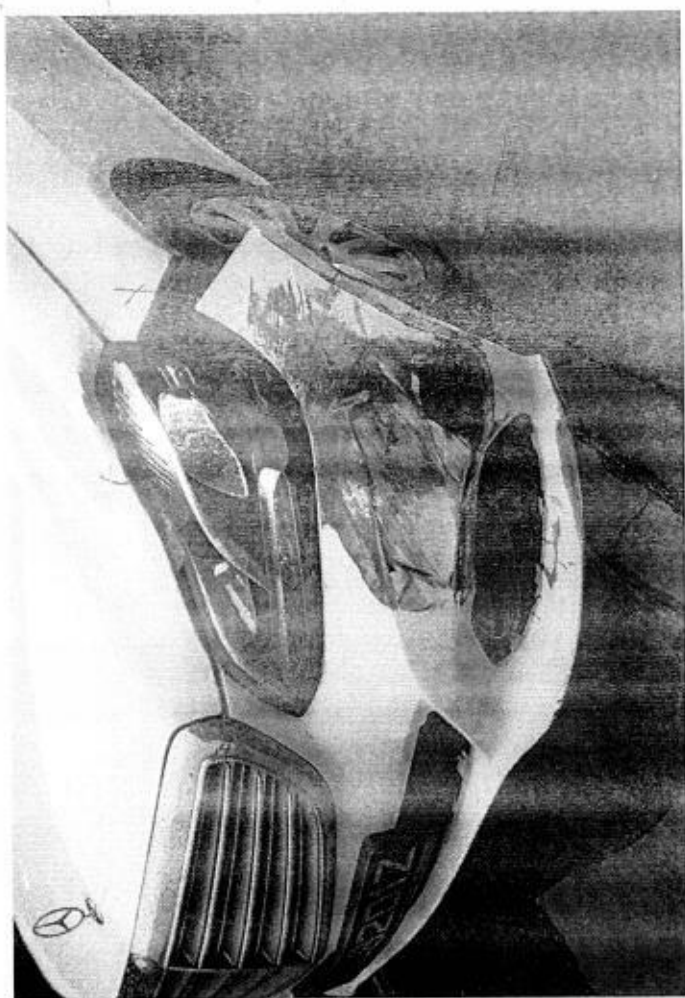
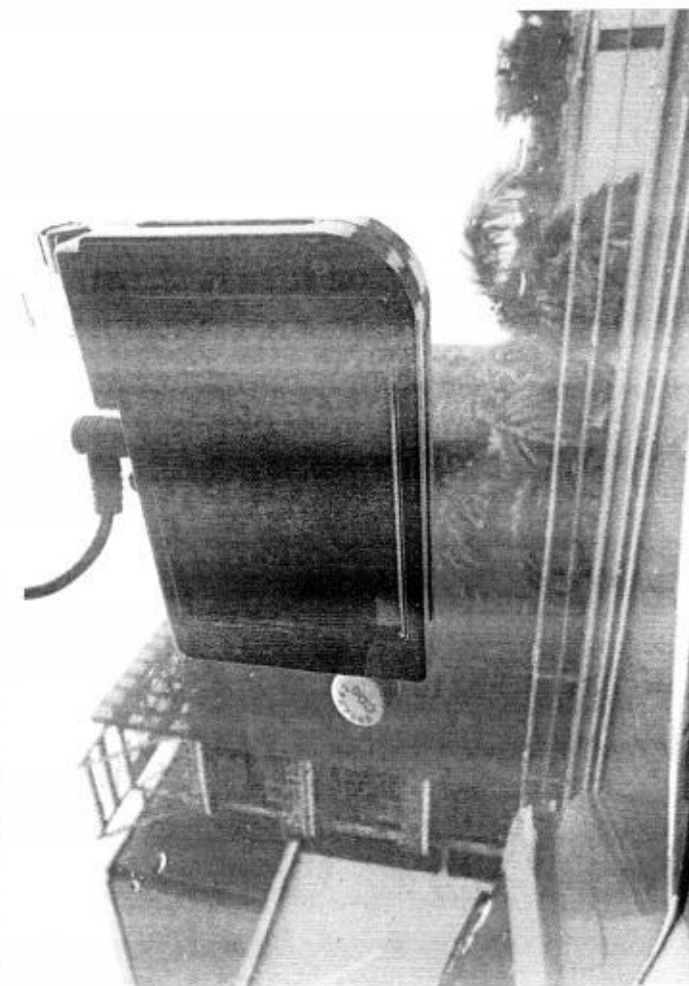
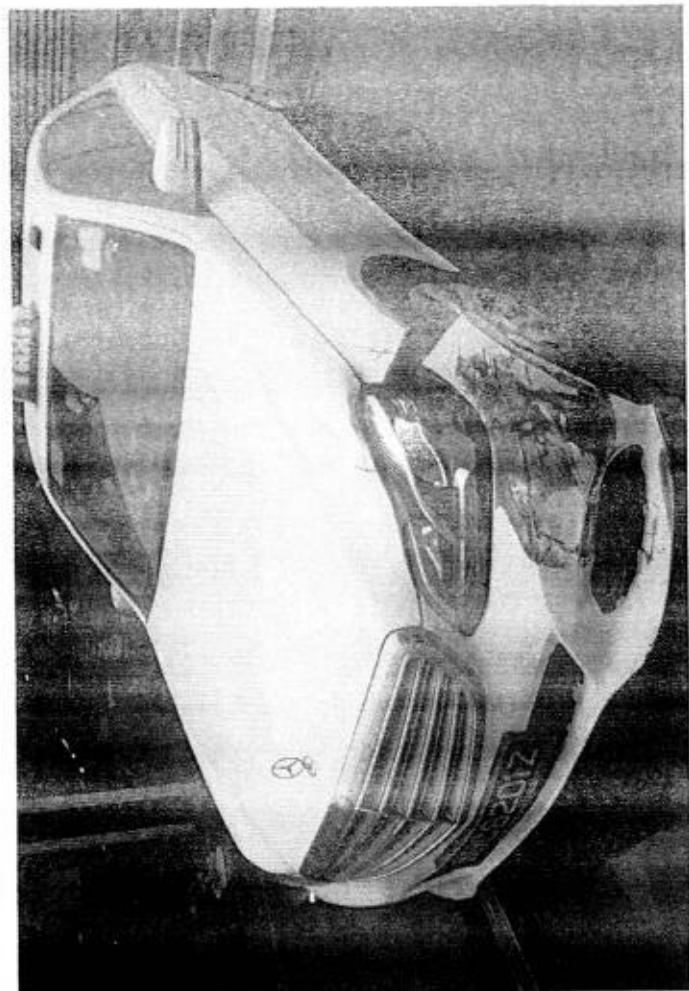
Policyholder's Signature
Date & Time:

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

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

Loke Wei Yeng

6/6/19



Tokio Marine - Lfr
LKK - Kalvin

DATE 06/06/2019 1430

MODEL : E220

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will

COMFORT DELGRO ENGINEERING

VEHICLE : SHC8201Z TYPE OF CLAIM : TP
 MODEL : MERC E6 SURVEY BY : LKK-KALVIN
 JOB NO : 305301145 DATE : 06/06/19

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	HEADLAMP CONTROL UNIT LH	1	1025.30	<i>Shaded</i>
	* Last Entry *			
1	Checking & perform programming, on line SCN coding & learning process for LH Headlamp Control Unit.	1	430.00 ³⁵⁰	nett

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305301145

Date : 14/06/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8201Z

Date of Accident : 05-Jun-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 --- GBF6239J

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

\$7450.00

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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 18/6/19

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:

COMFORT DELGRO ENGINEERING

VEHICLE : SHC8201Z TYPE OF CLAIM : TP
 MODEL : MERC E6 SURVEY BY : LKK-KALVIN
 JOB NO : 305301145 DATE : 06/06/19

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	HEADLAMP CONTROL UNIT LH	1	1025.30	<i>shute</i>
	* Last Entry *			
1	Checking & perform programming, on line SCN coding & learning process for LH Headlamp Control Unit.	1	430.00 350	nett <i>← Labour</i>

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Jun 2019 Sendback Est	07 Jun 2019 08:14 S\$9,527.48	07 Jun 2019 10:12 Edit Adj Rpt	S\$7,450.00 Edit Estimates	S\$7,450.00 View Rpt		Pending for Survey Report Cancel Case
Supp #1	17 Jun 2019 15:19	17 Jun 2019 15:23 S\$1,250.24	17 Jun 2019 15:23			(Combined)	Combined with Main Uncombine Suppl.

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	PAN PACIFIC VAN & TRUCK LEASING PTE LTD, Co. Reg. No.: 201511635R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8201Z	Date of Loss:	05/06/2019 18:00 - :59 [48 Months and 30 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1904154	Policy/Cover Note No.:	MJ001454 (Comprehensive) Coverage: 15/10/2018 - 14/10/2019
Vehicle Reg. No. (Insured):	GBF6239J	Policy No. (Claimant):	
		Excess:	S\$1,500.00
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 Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 18/06/2019]		

ASSOCIATED MAIL RECEIVED

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There are no mail for this case.

ALL ASSOCIATED TASKS

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Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

SHC8201Z (M1904154)

[GBF6239J]

TP

COMFORT TRANSPORTATION PTE LTD

Jun 5 2019 6:00PM

[PAN PACIFIC VAN & TRUCK LEASING PTE LTD]

ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
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[Compose New Letter](#)
View [View in Browser](#) ▼

Assessment Reports

1 per page ▼ ☒

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	07/06/19 08:14	Repairer Estimates		Load HTM	
2	17/06/19 15:23	Repairer Estimates Suppl. #1		Load HTM	

Photos/Images

3 per page ▼ ☒

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	10/06/19 09:15	General View		Load JPG	<input checked="" type="checkbox"/>
2	10/06/19 09:15	General View		Load JPG	<input checked="" type="checkbox"/>
3	10/06/19 09:15	General View		Load JPG	<input checked="" type="checkbox"/>
4	10/06/19 09:15	General View		Load JPG	<input checked="" type="checkbox"/>
5	10/06/19 09:15	General View		Load JPG	<input checked="" type="checkbox"/>
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7	10/06/19 09:15	General View		Load JPG	<input checked="" type="checkbox"/>
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29	10/06/19 09:15	General View		Load JPG	<input checked="" type="checkbox"/>
30	10/06/19 09:22	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
31	10/06/19 09:22	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDeIGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
32	10/06/19 09:22	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
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48	14/06/19 08:44	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
49	14/06/19 08:44	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDeIGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	07/06/19 08:15	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: <input type="checkbox"/> Repairer <input type="checkbox"/> 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: CS/TMI19010042/K1TD3S2

Date: 24/06/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MJ001454

Claimant Vehicle No : SHC8201Z

Insured Vehicle No : GBF6239J

Date of Loss: 05/06/2019

Nature of Claim: TP

Claim No: M1904154

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHC8201Z**

Make & Model: MERCEDES-BENZ E220, 2.1 D CDI BlueEFFICIENCY (A) Engine No: 65192432695351

Reg. Date: 06/05/2015 (Man. Year: 2015) Chassis No: WDD2120012B156048

Colour: White Odometer: 534382 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: Fair Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition: Good

CONDITION OF TYRES

Front Tyre Size: 225/55 R16 Rear Tyre Size: 225/55 R16

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	8,696.72	7,979.12	717.60	8.25
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	2,070.00	1,370.00	700.00	33.82
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	10,777.72	9,360.12	1,417.60	13.15
Approved Total (Overridden) (S\$)		7,450.00		
(S\$)	10,777.72	7,450.00	3,327.72	30.88
+ GST 7.00/7.00% (S\$)	754.44	521.50	232.94	30.88
Nett Amount (S\$)	11,532.16	7,971.50	3,560.66	30.88

INSPECTION

Date of Assignment: 07/06/2019 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 06/06/2019 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)

Estimated Period of Repair: 3.0 days 59 Loyang Drive

Singapore 508969

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: 24 Jun 2019)

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

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

Print Code: (Unsubmitted, no print-code for SHC8201Z)

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	Cracked	1,890.50 FL	*1,890.50 FL
2	1		*FRT BUMPER BRKT LH	Cracked	95.00 FL	*95.00 FL
3	1		*FRT BUMPER FRAME LH	Serviceable	168.00 FL	*- FL
4	1		*FRT BUMPER GRILLE LH	Serviceable	240.50 FL	*- FL
5	1		*HEADLAMP LH	Cracked	2,380.00 FL	*2,380.00 FL
6	1		*HEADLAMP PANEL LH	Cracked	480.00 FL	*480.00 FL
7	1		*FRT FENDER LH	Buckled	996.10 FL	*996.10 FL
8	1		*FRT FENDER SHIELD LH-FRT	Cracked	257.00 FL	*257.00 FL
9	1		*FRT FENDER SHIELD LH-REAR	Serviceable	198.00 FL	*- FL
10	1		*BONNET	Buckled	2,850.00 FL	*2,850.00 FL
11	1		*FRT BUMPER CENTRE GRILLE	Serviceable	290.50 FL	*- FL
Supplementary #1						
12	1		*HEADLAMP CONTROL UNIT LH	Shorted	1,025.30 FL	*1,025.30 FL

F=Franchise part, L=ListItemDisc.

Sub Total (\$\$)	10,870.90	9,973.90
- List Item Discount on L Items 20.00/20.00% (\$\$)	2,174.18	1,994.78
Total Parts (\$\$)	8,696.72	7,979.12

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)	11.00	11.00
Sub Total (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	840.00	400.00
2	SPRAY PAINTING	New	750.00	600.00
3	TUFF KOTE	New	50.00	20.00
<u>Supplementary #1</u>				
<u>Labour Items</u>				
4	Checking & perform programming,online SCN coding & learning process for LH headlamp control unit.	New	430.00	350.00
Gross Labour Cost (\$\$)			2,070.00	1,370.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >