

ASS. REC. BY:

REF: CS/CT119013570/R19f302

Special Instruction:

SURVIVOR RASUL

ASSIGNMENT (Office)

From (Person): Ong Chin Kat

of CT1

Date/Time: 2.8.19 14.07pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: XE 712T

Insured: GBH 7430E

at Workshop m/s Accord Auto

Tel: 92740999

of BIK 1009 Bukit Merah Low 3A01-80

Policy No: DMCVSN18287018000

Claim No: SNM19D203569C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 29.7.2019

CA / REV / REP. / REV 24 HRS

Date/Time: 2.8.19 2.40p.m

Person Contacted: Celia

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	XE 712T - x
	GBH 7430E - x
	Rasul finalised final fig \$1060, 3 days.
	(Red \$300, 22%)
	no lump sum.

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 of 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.

Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 CIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Rem: Yes or No
 Turn 5000: _____ % : Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **XE 7127 (TR8800)** Yr Regn: **2015 / Jun**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **MERCEDES BENZ AXOR C1836** C.C. **11967**
 Colour: **MULTI** A/C: Insured / Std / NI / NA
 Sp. Branding: - T/Audio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **W099440322 L774257**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: **In order** / Jammed / Leaked / Burnt or
 Brake: **In order** / Jammed / Leaked / Burnt or
 Mod: **4x4** / S/Rim / STD A/Rim or
 Tyre Size: F: **10.00 R20**
 R: _____
 BS / DUH / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
 TOYO / YOKO or **CEAT**
 Front: _____ Rear: _____
 R/Bal. **8** mm R/Bal. **8/8** mm
 L/Bal. **8** mm L/Bal. **8/8** mm
 D.O.A. **29/07/19** D.O.I. **02/08/19**
 Survey held at **No. 51 GULAK**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

RECEIVED 13 SEP 2019

[Signature]
 12/9/2019

Diagn. Time, File Pass-In?

☐

: Prof. Report

13/9 12:45 PM

☐

: Final Report

Diagn. Time, File Return-In?

7)

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee:

☐

Site Insp. (\$)

☐

Interview (\$)

☐

Tech. Insp. (\$)

☐

Weekend (\$)

Report Format:

WERTP

Lump Sum / L.B.F. (\$)

1060

Survey Fee:

Transportation:

1) ... + ...

Photos

Others

TOTAL

220

220

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Aug 2019		02 Aug 2019 14:07 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	DA JIANG CONSTRUCTION & ENGINEERING PTE LTD, Co. Reg. No.: 201819152W								
Main Claimant:	PO SAN TRANSPORTATION PTE LTD, Co. Reg. No.: 200822834N								
Vehicle Reg. No.:	XE712T	Date of Loss:	29/07/2019 15:00 - :59 [49 Months and 12 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM19D203569C02	Policy/Cover Note No.:	DMCVSN18287018000						
Vehicle Reg. No. (Insured):	GBH7430E	Policy No. (Claimant):	D19MTHCVE001498						
		Excess:	S\$0.00						
Repairer:	- Not Applicable - (-)								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]								
Claimant's Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 15/08/2019]								
Driver/Custodian (Insured):	EUGENE WEY (35 / Male) , NRIC: S84083472 Email:								
Adj Asg. Remarks:	contact celia to arrange SJE survey, contact no 9274 0999 / avclaims@mycarworkshop.com.sg, thank you								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3

#01-80 SINGAPORE 159723

TEL:62715133/62717433 FAX:62749715

ESTIMATE REPAIR

Pg1

China Taiping Insurance(Singapore) Pte Ltd

Date: 1.8.2019

Owner's Name : Po San Transportation Pte Ltd

Vehicle No : XE712T

Claim Type: Third Party Claim

Vehicle Make & Model : Mercedes Benz Axor C 1836LS 3600 Auto ABS

Chassis No: WDB9440322L774297

Registration Date : 17 Jun 2015 (YOM 2013) COE Expiry Date 16 Jun 2025

DOA: 29.7.2019

No	Description	Unit		(S)
Special Nett For Trailer Repair TRA8800L (45ft)				
1	TAILLAMP SET (Canter) <i>CRH</i>	1	S	120.00
2	NEW TWISTLOCK <i>CRH</i>	1	S	180.00
3	HOUSING BOLT & LOCKNUT <i>NE</i>	1	S	20.00
4	REAR BUMPER (4 x 4 x 8ft x 4.5mm) <i>bf</i>	1	S	240.00
Labour				
1	Equipments & Labour Charge For Checking Lighting, Knocking and Straightening of Twistlock Housing ,Major Jacking , Straightening , Patching and Welding of I/Beam Damage,Cutting, Welding, Changing Rear Bumper Damage Parts and Paint Works	1	S	800.00 500
<i>Forme</i> <i>13/8/19</i> <i>Ap 20010068</i> <i>3 days</i> <i>4/5</i> <i>P/P</i> <i>02/08/19 @ 1645</i>				
Letik Auto Consultants hence notify the Repairer of the following: - 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				
Acknowledged by Repairer Signature: _____ Date: _____				
			Total (A): S	1,360.00

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	30/07/2019 16:59
Date Of Accident	29/07/2019 15:45
Exact Location Of Accident	JALAN BUROH BEFORE SPC ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE712T
Insured/Policyholder	
Name Of Registered Owner	PO SAN TRANSPORTATION PTE LTD
Co Reg No	200822834N
Email Address	ACCOUNTS@POSAN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62422262

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	AXOR C 1836LS 4X2 3600 AUTO ABS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTHCVE001498
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RASYIDE BIN BUHARI
NRIC No	S8930816Z
Date Of Birth	06/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	07/06/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94595780
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

My veh was park stationary along Jalan buroh when veh b suddenly hit against my rear. Minor damages to my chassis and no injury involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7430E
Vehicle Make/Model/Colour	TOYOTA / DYNA 150 5MT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

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 Authorized 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 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 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

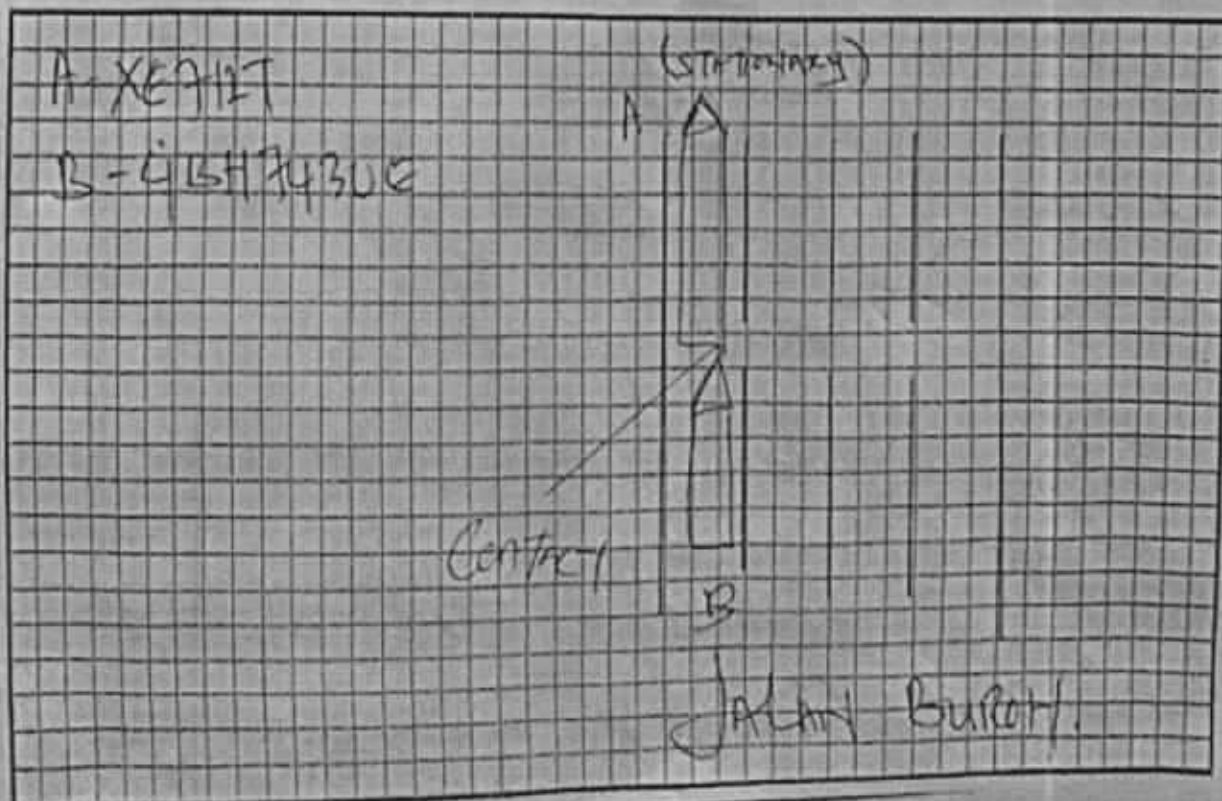
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.
 - (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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMED SHARIL
BIN SATAR
Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

My veh was park stationary along Jalan buroh when veh b suddenly hit against my rear. Minor damages to my chassis and no injury involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Accident Photo



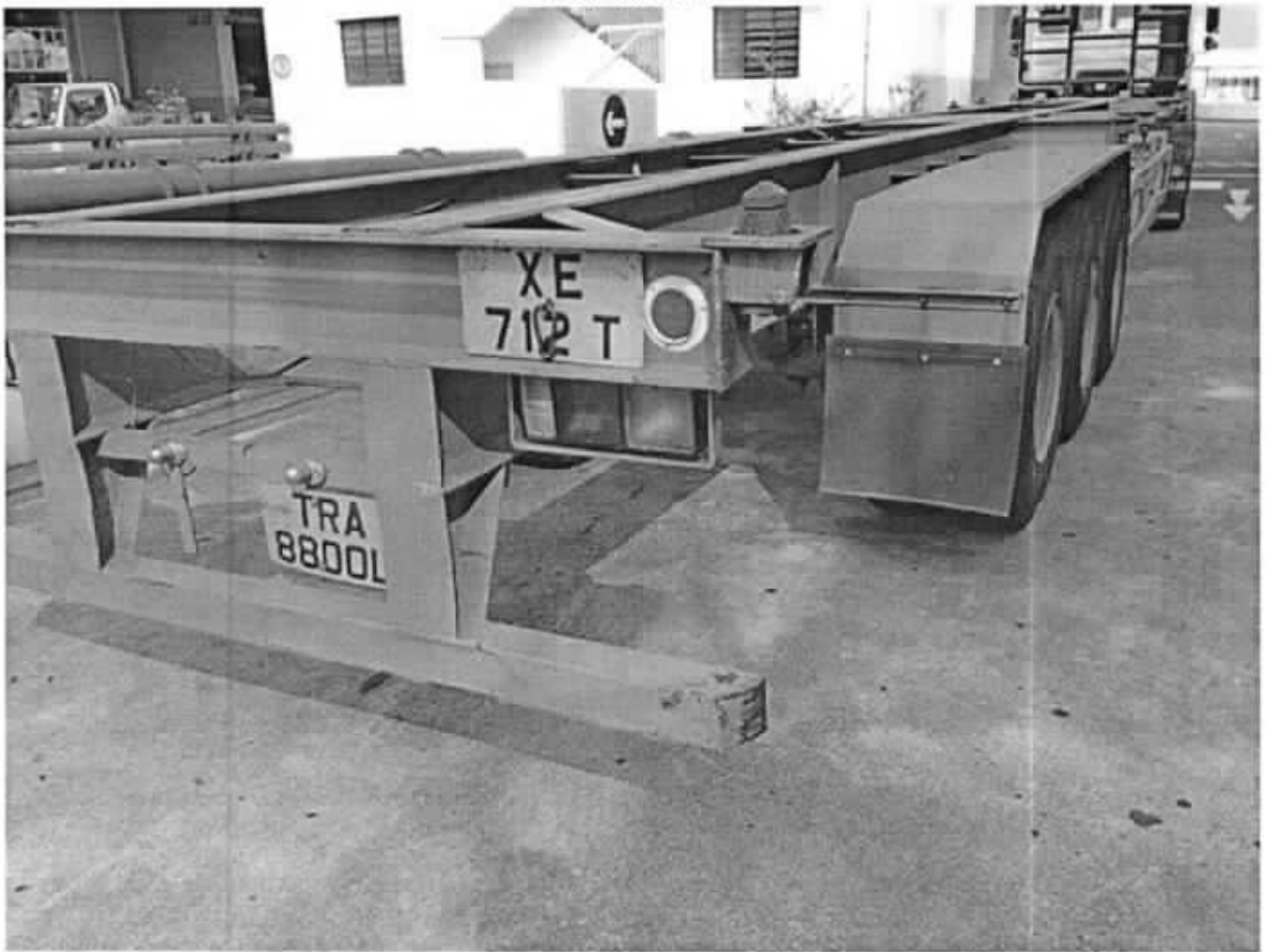
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8930816Z



Name

MUHAMMAD RASYIDE BIN
BUHARI

Race

BOYANESE

Date of birth

06-09-1989

Sex

M

Country of birth

SINGAPORE

S8930816Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8930816Z

Name

MUHAMMAD RASYIDE BIN
BUHARI

Birth Date 06 Sep 1989

Issue Date 07 Jun 2012



002074964K

Identification Card

4053798



NRIC No. S8930816Z

Date of issue
19-05-2007

APT BLK 813A Choa Chu Kang Ave 7 #11-537
SINGAPORE 681813

NRIC No: S8930816Z Date: 15/04/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

- | | |
|---------|---|
| Class 3 | Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver, and motor tractors/vehicles $\leq$ 2500 kg |
| Class 4 | Heavy motor cars and motor tractors $>$ 2500 kg |

07 Jun 2012

27 Feb 2014

S8930816Z

S/No. 9000202784

NP 428A



Licence No: S8930816Z

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Aug 2019		02 Aug 2019 14:07 Edit Adj Rpt	S\$1,060.00 Edit Estimates	S\$1,060.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	DA JIANG CONSTRUCTION & ENGINEERING PTE LTD, Co. Reg. No.: 201819152W								
Main Claimant:	PO SAN TRANSPORTATION PTE LTD, Co. Reg. No.: 200822834N								
Vehicle Reg. No.:	XE712T	Date of Loss:	29/07/2019 15:00 - :59 [49 Months and 12 Days From LTA Reg Date (Man.Yr)]						
Claim Type:	TP / SNM19D203569C02	Policy/Cover Note No.:	DMCVSN18287018000						
Vehicle Reg. No. (Insured):	GBH7430E	Policy No. (Claimant):	D19MTHCVC001498						
		Excess:	S\$0.00						
Repairer:	- Not Applicable - (-)								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]								
Claimant's Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 15/08/2019]								
Driver/Custodian (Insured):	EUGENE WEY (35 / Male) , NRIC: S8408347Z Email:								
Adj Asg. Remarks:	contact celia to arrange SJE survey. contact no 9274 0999 / avclaims@mycanworkshop.com.sg; thank you								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*XE712T (SNM19D203569C02)
[GBH7430E]

TP

PO SAN TRANSPORTATION PTE LTD

Jul 29 2019 3:00PM

[DA JIANG CONSTRUCTION & ENGINEERING PTE LTD]

Upload Documents			Upload Photos			Compose New Letter			View			View in Browser		
Assessment Reports									1 per page			☒		
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)							Thumbnail			Print		
1	30/07/19 21:23	Accident Statement							Load HTM					
Photos/Images									3 per page			☒		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)							Thumbnail			Print		
1	12/09/19 13:14	General View							Load JPG			☒		
2	12/09/19 13:14	General View							Load JPG			☒		
3	12/09/19 13:14	General View							Load JPG			☒		
4	12/09/19 13:14	General View							Load JPG			☒		
5	12/09/19 13:14	General View							Load JPG			☒		
6	12/09/19 13:14	General View							Load JPG			☒		
7	12/09/19 13:14	General View							Load JPG			☒		
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26	12/09/19 13:14	General View							Load JPG			☒		
27	12/09/19 13:14	General View							Load JPG			☒		
28	12/09/19 13:14	General View							Load JPG			☒		
29	12/09/19 13:14	General View							Load JPG			☒		
30	12/09/19 13:14	General View							Load JPG			☒		
31	12/09/19 13:14	General View							Load JPG			☒		
32	12/09/19 13:14	General View							Load JPG			☒		
33	12/09/19 13:14	General View							Load JPG			☒		
34	12/09/19 13:14	General View							Load JPG			☒		
35	12/09/19 13:14	General View							Load JPG			☒		
36	12/09/19 13:14	General View							Load JPG			☒		
37	12/09/19 13:14	General View							Load JPG			☒		
38	12/09/19 13:14	General View							Load JPG			☒		
39	12/09/19 13:15	Reinspection Photo							Load JPG			☒		
40	12/09/19 13:15	Reinspection Photo							Load JPG			☒		

Assessment Reports			1 per page	☒
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)	Thumbnail	Print
41	12/09/19 13:15	Reinspection Photo		☒
42	12/09/19 13:15	Reinspection Photo		☒
43	12/09/19 13:15	Reinspection Photo		☒
44	12/09/19 13:15	Reinspection Photo		☒
Documentation			1 per page	☒
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	02/08/19 14:06	INSD GBH7430E GIA REPORT		☒
2	02/08/19 14:06	PRS EMAIL		☒

Linked Accident Report Documents

Assessment Reports			1 per page	☒
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)	Thumbnail	Print
1	30/07/19 21:23	Accident Statement		☒
Photos/Images			3 per page	☒
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)	Thumbnail	Print
1	30/07/19 17:05	Accident Photo		☒
2	30/07/19 17:05	Accident Photo		☒
3	30/07/19 17:05	Accident Photo		☒
4	30/07/19 17:05	Accident Photo		☒
5	30/07/19 17:05	Accident Photo		☒
6	30/07/19 17:05	Accident Photo		☒
7	30/07/19 17:05	Accident Photo		☒
8	30/07/19 17:05	Accident Photo		☒
9	30/07/19 17:05	Accident Photo		☒
10	30/07/19 17:05	Accident Photo		☒
11	30/07/19 21:17	Identification Card		☒
12	30/07/19 21:17	Identification Card		☒
Documentation			1 per page	☒
No	Finalized On	Ajax Mars Pte Ltd (Bukit Merah)	Thumbnail	Print
1	30/07/19 17:05	Common Statement		☒
2	30/07/19 21:17	Sketch Plan		☒

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: ☐ 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/CTI19013570/R1QF3E2

Date: 24/09/2019

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMCVSN18287018000

Claimant
Vehicle No : XE712TInsured
Vehicle No : GBH7430E

Date of Loss: 29/07/2019

Nature of Claim: TP

Claim
No: SNM19D203569C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: XE712T

Make & Model: MERCEDES-BENZ ACTROS, 11.9 D Putzmeister
BSF 46.16 H (M)

Engine No: 45794800270914

Reg. Date: 17/06/2015 (Man. Year: 2013)

Chassis No: WDB9440322L774297

Colour: Multi-colour

Odometer: 0 km

Engine Capacity: 11967 cc

Market Value/New Car

N/A

Price:

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: 10.00 R20 Rear Tyre Size: 10.00 R20 (D)

Front Left Side: Ceat 8 mm Rear Left Side: Ceat 8/8 mm

Front Right Side: Ceat 8 mm Rear Right Side: Ceat 8/8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	560.00	560.00	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	800.00	500.00	300.00	37.50
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,360.00	1,060.00	300.00	22.06
+ GST 7.00/7.00% (S\$)	95.20	74.20	21.00	22.06
Nett Amount (S\$)	1,455.20	1,134.20	321.00	22.06

INSPECTION

Date of Assignment: 02/08/2019

Date Inspected: 02/08/2019 Inspected At:

ACCORD AUTO SERVICES PTE LTD
BLK 1009 BUKIT MERAH LANE 3
#01-80
SINGAPORE 159723

Estimated Period of Repair: 3.0 days

Adjuster: MOHD RASUL

Manager: SHIAU CHAN

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:	(Last Synchronised: 24 Sep 2019)	
Parts:	N/A	MERCEDES-BENZ ACTROS 11.9 D Putzmeister BSF 46.16 H (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for XE712T)	
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		*SET TAILLAMP (CANTER)	Cracked	120.00 FS	*120.00 FS
2	1		*NEW TWISTLOCK	Cracked	180.00 FS	*180.00 FS
3	1		*HOUSING BOLT & LOCKNUT	Necessary	20.00 FS	*20.00 FS
4	1		*REAR BUMPER (4 X 4 X 8FT X 4.5MM)	Bent	240.00 FS	*240.00 FS

F=Franchise part. S=SpcNett.

Total Parts (S\$) **560.00** **560.00**

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
<u>Labour Items</u>				
1	EQUIPMENTS & LABOUR CHARGE FOR CHECKING LIGHTING, KNOCKING AND STRAIGHTENING OF TWISTLOCK HOUSING, MAJOR JACKING, STRAIGHTENING, PATCHING AND WELDING OF 1/BEAM DAMAGE, CUTTING, WELDING, CHANGING REAR BUMPER DAMAGE PARTS AND PAINT WORKS	New	800.00	500.00
Gross Labour Cost (\$\$)			800.00	500.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >