

ASS. REC. BY:

REF:

CS/TM19017681/Ksd302

Special Instruction:

Surveyor: KalvinASSIGNMENT (Office)

Merimen

From (Person): Hoteng Bungizaof TM1Date/Time: 8/10/19 9:08am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 963K

Insured:

SGG 2247Y

at Workshop m/s

Comfortdelgro

Tel:

62148300.

of

sa layang drive

Policy No: M1901482

Claim No:

M1907812

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

5/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 9:37am 8/10/19

Person Contacted:

ar.din

Vehicle IN / OUT

Date/Time

Action/Instruction

Isolmold ✓

SHC 963K rca / AIG 18005292 / R/puqj2

DUA: 18/3/2018

SGG 2247Y-X

8/10/19

Send preli revised via merimen

Surveyor: KalvinREF:                     

## ASSIGNMENT

From:                      Date:                     Estimated Cost:                     

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

To Insp'd Vehicle No:                     at Workshop m/s                     of                     Insured: 89G 2247YPolicy 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 NoGIA / PR Seen:                      Consistent? : Yes or NoEst. Repairs:                      days Res.: Yes or NoLum Sum:                      % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:                      Person Contacted:                      Vehicle: IN / OUTVeh No: SHC 963K Yr Regn: 11 Oct 2013Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz Viano c.c. 2143Colour: White A/C: Insured / Std / NI / NASp. Reading: 724319 T/Radio: Insured / Std / NI / NAEng/No:                     C/No: W1F639813.23802956Gen. Cond: Good / Fair / Poor / BurntSteering: In order / 6 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/60R16CR:                     

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

TOYO / YOKO or PirelliFront                      Rear                     R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 5/10/19 D.O.I. 7/10/19Survey held at C/DGE (Loyang)

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

O/S Front

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

Date / Time	Action / Instruction
15/10/19	Chk 45 \$ 1250 / 2 Days.
	( \$ 576.92 Red - 32% )

RECEIVED 17 OCT 2019

Date/Time, File Pass to?

17 15/10/19

1) Typist

Date/Time, File Return to?

2)                     ☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$                     )☐ : Interview (\$                     )Survey Fee: 250Transportation:                     S + RS SIPhotos                     

11

261

L/S \$ 1,250/-

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Oct 2019 15:44 Sendback Est	07 Oct 2019 15:47 S\$1,826.92	08 Oct 2019 09:08 Assign				<b>New Assignment</b> Cancel Case

Main

Reference

Claim Details

Documents

Show All

## CLAIM SUBFOLDER DETAILS

Insured:	CCPL, Co. Reg. No.: 199502839G		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHC963K	Date of Loss:	05/10/2019 14:00 - :59 [71 Months and 24 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1907812	Policy/Cover Note No.:	MT101482 (Third Party Only) Coverage: 05/05/2019 - 04/05/2020
Vehicle Reg. No. (Insured):	SGG2247Y	Policy No. (Claimant):	
		Excess:	S\$0.00
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 Ho Teng Boon Eliza]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 17/10/2019]		

## 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.									

# 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:	Tokio Marine Insurance Singapore Ltd 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046	From:	LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
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Attn: Ho Teng Boon Eliza Date: 08 Oct 2019

## Preliminary Advice

Insured Vehicle No	: SGG2247Y	Accident Date	: 05/10/2019
TP Vehicle No	: SHC963K	Assignment Date	: 08/10/2019
Make	: MERCEDES-BENZ VIANO CDI	Est. Duration of Repair	: 2
Date of Inspection	: 7/10/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

## Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	1,826.92
Revised Amount	:S\$	1,572.52
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,572.52

Lump Sum Repair :S\$

## 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 repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.

( ) The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

( X ) Other comments :The above survey was conducted on a 'Without Prejudice' basis.

## 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	07/10/2019 08:54
Date Of Accident	05/10/2019 13:50
Exact Location Of Accident	PIE TWDS CTE
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC963K
<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	VIANO (CDI 2.2 EU5) 2013
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	KOH ADRIAN
NRIC No	S7508878G
Date Of Birth	27/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508565
Fax Number	
Contact Number	
Email Address	HDC7000@GMAIL.COM

Address	BLK 209C PUNGGOL PLACE #14-1264
Postcode	823209
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### 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	SGG2247Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SIN LEK
NRIC/Passport Number	S9113886G
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

WHOLE LH SIDE

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.
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.

CITYCAB PTE LTD  
CO. REG. NO. 190502839G

Policyholder's Signature  
Date & Time:

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

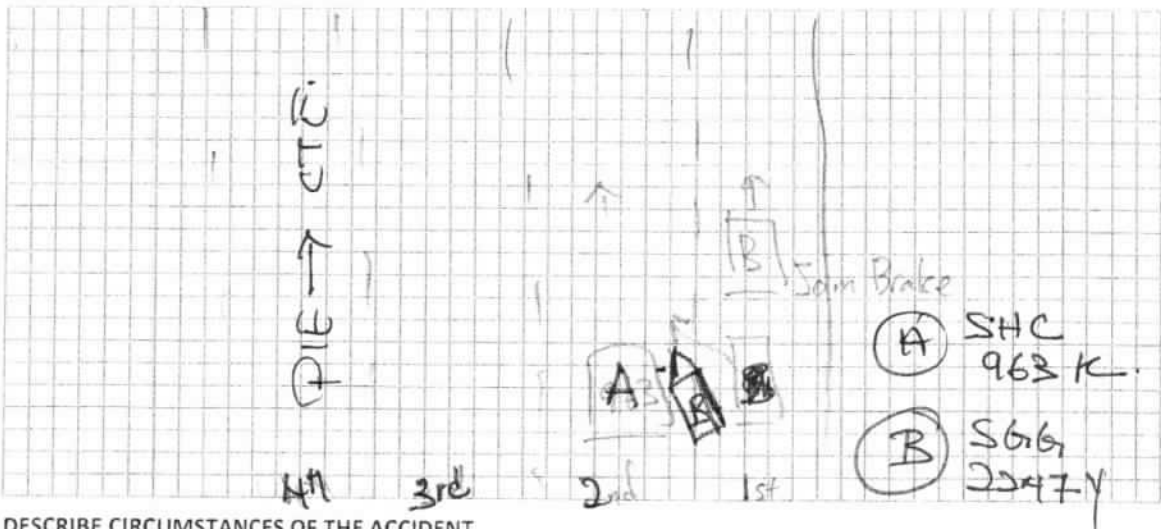
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

STAMP HERE





SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIE To CTE<sup>(City)</sup> Expressway, I driving 2nd lane. when suddenly the car from 1st lane come over to my lane & cause my side mirror damage. I taken picture and submitted and also the car number plate/viden. I have 2 passenger in my car during the incident. the passengers not injury.

\* Car: SGG 2247Y \* Toyota ALTIS

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 190602839G

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.:

member of COMFORTDELGRO

Date/Time: 07.10.2019 14:11

Page : 1

Team: ARC Repair TP(CFSO)1

**JOB CARD**

Sales Order:

JC NO.: 305339505

OWNER

CITYCAB PTE LTD

7010070

OWNER NO.

383 SIN MING DRIVE  
Singapore SINGAPORE 575717

65551188

(O)

(R)

(P)

IDENTIFICATION CARD NO.

REGN NO.:

SHC 963K

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL

VIANO CDI 2.2L

DATE/TIME IN

07.10.2019 12:00

YR OF MANU

11.10.2013

TARGET DATE

CHASSIS CODE

WDF63981323802956

COMPLETION DATE/TIME:

JOB DESCRIPTION

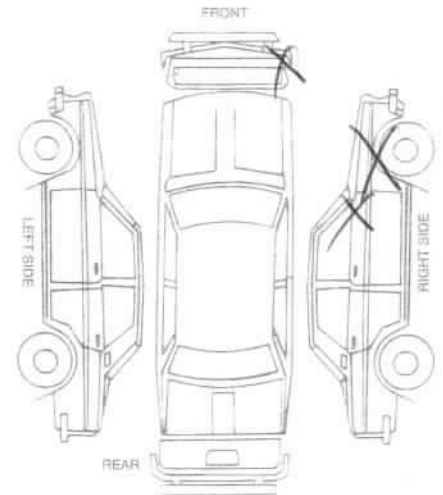
Accident Date: 05.10.2019

NATURE: 3P 05.10.19

S/NO

LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.: SHC 963K

LIMITS

Vehicle No.:

SHC 963K

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Tokio Marine

Tyre Pirelli 225/60R16C (4S)

Lkr-kalvin.

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305339505  
 REGN NO : SHC 963K  
 MILEAGE : 0000000000  
 MAKE : MERCEDES BENZ  
 MODEL : VIANO CDI 2.2L  
 DATE OF REGN : 11.10.2013  
 DATE/TIME IN : 07.10.2019 12:00  
 ACCIDENT DATE : 05.10.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0203-0594-G	WING MIRROR RH	1	889.10 20.00 711.28
0002	04-01-0203-0023-G	WING MIRROR LWR COVER RH	1	46.00 20.00 36.80
0003	04-01-0203-0898-G	WING MIRROR LAMP RH	1	118.00 20.00 94.40 X
0004	04-01-0203-2065-G	WING MIRROR COVER RH	1	66.80 20.00 53.44

SUB-TOTAL : 895.92

## JOB NATURE

0000	PB	PANEL BEATING
0001	SP	SPRAYPAINT-Frt Bumper/Fender RH.
0002	L	WIRING CHECK
0003	20-05	TP MERIMEN

~~400.00~~ 360  
~~500.00~~ 400  
~~20.00~~ 11  
 11.00

SUB-TOTAL : 931.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Tokio Marine  
LKK - kalvin

Date: 07.10.2019

Time: 14:29:33

Page: 2

*p B*

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305339505  
REGN NO : SHC 963K  
MILEAGE : 0000000000  
MAKE : MERCEDES BEN.  
MODEL : VIANO CDI 2.2L  
DATE OF REGN : 11.10.2013  
DATE/TIME IN : 07.10.2019 12:00  
ACCIDENT DATE : 05.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

*Limfs*

TOTAL : 1,826.92

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE  
DATE :

*Kalvin LKK*

*7/10/19 1510 hr*

*2 hrs*

*U/s*

*After Repair p LL*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Their survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary survey must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer

Signature:

Date:

Our Job Ref No : 305339505

Date : 10/10/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC 963K

Date of Accident : 05-Oct-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 --- SGG2247Y

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%

\$1,250.00

**Final Lumpsum Repair cost****\$1,250.00**

3. Estimated normal period for repairs: 2 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 amountSignature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 15/10/19

## 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:

## ...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 Oct 2019 15:44 <a href="#">Sendback Est</a>	07 Oct 2019 15:47 <b>S\$1,826.92</b>	08 Oct 2019 09:08 <a href="#">Edit Adj Rpt</a>	<b>S\$1,250.00</b> <a href="#">Edit Estimates</a>	<b>S\$1,250.00</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>									
Insured:	CCPL, Co. Reg. No.: 199502839G								
Main Claimant:	CCPL								
Vehicle Reg. No.:	SHC963K	Date of Loss:	05/10/2019 14:00 - :59 [71 Months and 24 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1907812	Policy/Cover Note No.:	MT101482 (Third Party Only) Coverage: 05/05/2019 - 04/05/2020						
Vehicle Reg. No. (Insured):	SGG2247Y	Policy No. (Claimant):							
		Excess:	S\$0.00						
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 Ho Teng Boon Eliza]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 17/10/2019]								
<b>ASSOCIATED MAIL RECEIVED</b> <a href="#">View All</a> <a href="#">Compose Case Mail</a>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

SHC963K (M1907812)  
[SGG2247Y]

TP

CCPL

Oct 5 2019 2:00PM

[CCPL]

ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

**View** [View in Browser](#)

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	07/10/19 15:47	Repairer Estimates		Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	08/10/19 09:09	Accident Statement <small>From: SC - Reg. No: SGG2247Y, Claimant: ANG BOON CHEOW</small>		Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	08/10/19 14:56	Adjuster Immediate Advice		Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
2	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
3	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
4	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
5	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
6	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
7	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
8	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
9	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
10	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
11	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
12	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
13	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
14	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
15	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
16	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
17	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
18	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
19	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
20	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
21	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
22	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
23	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
24	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
25	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
26	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
27	10/10/19 08:00	General View		Load JPG	<input checked="" type="checkbox"/>
28	10/10/19 08:56	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
29	10/10/19 08:56	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
30	10/10/19 08:56	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
31	10/10/19 08:56	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
32	10/10/19 08:56	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
33	10/10/19 08:56	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
34	10/10/19 08:56	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
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Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	07/10/19 15:47	E-filed GIA report	1	Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>
<div></div>
<b>Show Remarks To:</b> <input type="checkbox"/> Repairer <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: CS/TMI19017681/K1SD3E2

Date: 21/10/2019

### REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd Policy No: MT101482  
**Claimant** SHC963K **Insured Vehicle No :** SGG2247Y  
**Vehicle No :** SHC963K **Nature of Claim:** TP **Claim No:** M1907812  
**Date of Loss:** 05/10/2019

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHC963K**  
 Make & Model: MERCEDES-BENZ VIANO CDI, 2.1 (A) Engine No: 65194031594628  
 Reg. Date: 11/10/2013 (Man. Year: 2013) Chassis No: WDF63981323802956  
 Colour: White Odometer: 724319 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: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition: Good

### CONDITION OF TYRES

Front Tyre Size: 225/60R16C Rear Tyre Size: 225/60R16C  
 Front Left Side: Pirelli 7 mm Rear Left Side: Pirelli 7 mm  
 Front Right Side: Pirelli 7 mm Rear Right Side: Pirelli 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	895.92	801.52	94.40	10.54
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	920.00	760.00	160.00	17.39
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>1,826.92</b>	<b>1,572.52</b>	<b>254.40</b>	<b>13.93</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,250.00</b>		
(S\$)	1,826.92	1,250.00	576.92	31.58
<b>+ GST 7.00/7.00% (S\$)</b>	127.88	87.50	40.38	31.58
<b>Nett Amount (S\$)</b>	<b>1,954.80</b>	<b>1,337.50</b>	<b>617.30</b>	<b>31.58</b>

### INSPECTION

Date of Assignment: 08/10/2019 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)  
 Date Inspected: 07/10/2019 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)  
 59 Loyang Drive  
 Singapore 508969  
 Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: Hiew May Fung

*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

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 21 Oct 2019)
<b>Parts:</b>	143	MERCEDES-BENZ VIANO CDI 2.1 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC963K)	
<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		*WING MIRROR RH	Cracked	889.10 FL	*889.10 FL
2	1		*WING MIRROR LWR COVER RH	Cracked	46.00 FL	*46.00 FL
3	1		*WING MIRROR LAMP RH	Serviceable	118.00 FL	*- FL
4	1		*WING MIRROR COVER RH	Cracked	66.80 FL	*66.80 FL

F=Franchise part. L=ListItemDisc.

<b>Sub Total (S\$)</b>	<b>1,119.90</b>	<b>1,001.90</b>
<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	223.98	200.38
<b>Total Parts (S\$)</b>	<b>895.92</b>	<b>801.52</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<b>Miscellaneous Items</b>				
1	1	OD/TP Case (Insurer)	11.00	11.00
Sub Total (S\$)			11.00	11.00

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	400.00	360.00
2	SPRAY PAINTING	New	500.00	400.00
3	WIRING CHECK	New	20.00	0.00
Gross Labour Cost (S\$)			920.00	760.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;