at Workshop m/s  of  Sp.Reading 69 /451 T/Radio: Insured / Std  Insured:  Eng/No:  Colour  Sp.Reading 69 /451 T/Radio: Insured / Std  Eng/No:  Colour  Sp.Reading 69 /451 T/Radio: Insured / Std  Eng/No:  Colour  Eng/No:  Colour  Eng/No:  Colour  Colour  Eng/No:  Colour  Eng/No:  Colour  Eng/No:  Colour  Segm. Cond: Good / Entr / Poor / Burnt  Sum Insured:  Steering: Inorder / Jammed / Leaked / Burnt or  (Client's Record)  Make of Veh:  Modi: Nil / S/Rim / STD @Rim or	2143 . 31111/NA 31111/NA
From: Date: Veh No: SHC 8080 E Yr Regn: May Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry / Top/ Prime Mover  OD / TP / WS / TP RES / OD RES / EVA / INV / MV  To Insped Vehicle No: Make: More of Sp. Reading 69 / 451 T/Radio: Insured / Std  Insured: Eng/No:  Claims No. Gen. Cond: Good / Ent / Poor / Burnt  Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or  (Client's Record) Modi: Nil / S/Rim / STD OR im or	2143 . 31111/NA 31111/NA
Truck/Trailer or  To Insped Vehicle No:  at Workshop m/s  of  Insured:  Policy No.  Claims No.  Claims No.  Sum Insured:  Excess:  (Client's Record)  Make:	2143 HININA HININA
To Insped Vehicle No:  at Workshop m/s  of  Sp.Reading  Sp.Reading	ANIIN\b
at Workshop m/s  of Sp.Reading 69 1451 T/Radio: Insured / Std  Insured: Eng/No:  C/No: WOD 2120012R1686  Claims No. Gen. Cond: Good / Wit / Poor / Burnt  Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or  (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or  Make of Veh: Modi: Nil / S/Rim / STD Rim or	d/NI/NA
of         Sp.Reading         69 1451         T/Radio: Insured / Std           Insured:         Eng/No:           Policy No.         C/No:         WDD 212001281686           Claims No.         Gen. Cond: Good / Ent / Poor / Burnt           Sum In sured:         Excess:         Steering: Inorder / Jammed / Leaked / Burnt or           (Client's Record)         Brake:         Inoder / Jammed / Leaked / Burnt or           Make of Veh:         Modi:         NII / S/Rim / STD ORim or	(i
Insured:  Policy No.  Claims No.  Claims No.  Sum Insured:  Eng/No:  Gen. Cond: Good / Ent / Poor / Burnt  Steering: Inordef / Jammed / Leaked / Burnt or  (Client's Record)  Make of Veh:  Modi: NII / S/Rim / STD PRim or	'so
Claims No.  Gen. Cond: Good / Part / Poor / Burnt  Sum In swed: Excess: Steering: Inordef / Jammed / Leaked / Burnt or  (Client's Record) Brake: Inordef / Jammed / Leaked / Burnt or  Make of Veh: Modi: Nil / S/Rim / STD PRim or	50
Sum In sured: Excess: Steering: Inordef / Jammed / Leaked / Burnt or  (Client's Record) Brake: Inordef / Jammed / Leaked / Burnt or  Make of Veh: Modi: Nil / S/Rim / STD PRim or	
(Client's Record)  Brake: Ino Mer / Jammed / Leaked / Burnt or  Make of Veh:  Modi: Nil / S/Rim / STD PRim or	
Make of Veh: Modi: Nil / S/Rim / STD Rim or	
Mod. Kii rokkii roto erkiin o	
220/65164	
Tyre Size; F: 227/35/06	
(Policy Condition)	
Remark: The veh had commenced its repair at the time of inspection.  N/S  O/S  BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUI TOYO/YOKO or  TOYO/YOKO or	MI/
Bal. or Market Value: Front Rear	
IDAC Accident Rport: Consistent?: Yes or No R/Bal. 7 mm R/Bal. 7	mm .
GIA / PR Seen: Consistent?: Yes or No , L/Bal. 7 mm L/Bal. 7	mm
Est. Repairs: days Res.: Yes or No D.O.A. 21/10/19 D.O.I. 22/10/19	9
Lum Sum: % 3 Val.: Yes or No Survey held at CDAE (Loyans)	
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop of	or
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to	to collision.
Date / Time Action / Instruction	
24/10/19 Cohins 45\$1600/2 Pags, (Red. 25/6, 6/%) GZA	
-/1	
RECEIVED 2 5 OCT 2019	
	ita
Date/Time, File Pass to?  Dave Of Repair:	(6
The Trace Port Days of Repair.	250
	210
Uransportation:	
Date/Time, File Return to?         Transportation:           2)         Add Fee: : Site Insp (\$ )s+Rssi	

## Nivitha (LKK Auto)

From:

Motor Claims < motorclaims@sg.gaig.com>

Sent:

Tuesday, 22 October 2019 1:55 PM

To:

chianglc@cdge.com.sg; assignments@lkkauto.com; Admin-D (LKKAuto)

Cc:

Ng, Sharon

Subject:

FW: Our Ref:CLMOMVM00000520, SHC8080E VS FBH1624C THIRD PARTY CLAIMS

### Without Prejudice

Dear Liat Choon,

Noted on your request. Our client has not reported the accident, we will survey on a without prejudice basis.

Dear LKK,

Please accept assignment for TP survey. Thank you.

Regards

Shery Wong, Executive, Claims | P. +65 68046077 | F. +65 62353354 | shery.wong@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190





Moody's A1 (Good) Published December 2018 Standard & Poor's A+ (Strong) Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Chiang Liat Choon <chianglc@cdge.com.sg>

Sent: 22 October 2019 1:36 PM

To: Motor Claims < motorclaims@sg.gaig.com>

Subject: [External] Re: Our Ref:CLMOMVM00000520, SHC8080E VS FBH1624C THIRD PARTY CLAIMS

Hi sharon,

LKk auto consultant pls.

Best Regards
Chiang Liat Choon
Tayi Crash Bennir, Comf

Taxi Crash Repair ComfortDelGro Engineering Pte Ltd

Off: 62148314 Fax: 65468156

From: Motor Claims < motorclaims@sg.gaig.com>

Sent: Tuesday, 22 October 2019 11:50 AM

To: Chiang Liat Choon < <a href="mailto:chianglc@cdge.com.sg">chianglc@cdge.com.sg</a>

Cc: Ng, Sharon < sharon.ng@sg.gaig.com>

Subject: Our Ref:CLMOMVM000000520, SHC8080E VS FBH1624C THIRD PARTY CLAIMS

WARNING: This email originated from an external party outside ComfortDelGro. Sender of this email could not be validated and name in the "From" field may be forged.

### Without Prejudice

Dear Liat Choon,

Moving forward please email us at MotorClaims@sg.gaig.com for motor related matters Our client has not reported accident.

We append the following list of our panel surveyors:-

- 1. AJAX Adjusters & Surveyors Pte Ltd
- 2. A-PAC Adjusters & Surveyors Pte. Ltd.
- 3. Priority Services
- 4. RT Appraisal Pte Ltd
- 5. LKK Auto Consultants

Kindly let us know which SJE is selected and furnish the estimates for the survey to be carried out.

Regards

Shery Wong, Executive, Claims | P. +65 68046077 | F. +65 62353354 | shery.wong@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190





A+ (Superior)
Affirmed August 17, 2018

Moody's A1 (Good) Published December 2018 Standard & Poor's A+ (Strong) Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Chiang Liat Choon <chianglc@cdge.com.sg>

Sent: 22 October 2019 11:06 AM

To: Tan, Rachel < rachel.tan@sg.gaig.com >; Ngian, Kelvyna < kelvyna.ngian@sg.gaig.com >

Subject: [External] Fw: Scan ImageSHC8080E VS FBH1624C THIRD PARTY CLAIMS

Dear Officer In charge.

Attached herewith repair estimate & gia.

Best Regards
Chiang Liat Choon
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd
Off: 62148314 Fax: 65468156

From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

Sent: Tuesday, 22 October 2019 11:00 AM

To: Chiang Liat Choon Subject: Scan Image

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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ComfortDelGro Engineering Pte Ltd [Registration No 199506048W]

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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

ACC	IDENT	STA	EM	ENI	ı

 Date Of Report
 21/10/2019 17:11

 Date Of Accident
 21/10/2019 11:15

Exact Location Of Accident ALONG BEACH RD TOWARDS ROCHOR RD

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHC8080E

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 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-18088936MFSH

Cover Note Number

Driver

Name of Driver TAN CHWEE THIAM

 NRIC No
 \$6805872D

 Date Of Birth
 06/02/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/01/1990

Driving Experience 29 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97973354

Fax Number

Contact Number

EMail Address TAN.CT@HOTMAIL.COM

Address BLK 168C PUNGGOL FIELD #13-655

Postcode 823168

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 CHAIN COLLISION

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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

NO

ambulance?
Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO 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

FBH1624C

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

GREAT EASTERN GENERAL INSURANCE LIMITED

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

GBC4981C

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

FRT LEFT

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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.

COMECRI TRANSPORTATION PTE I TO

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: / \ BILL THE

SWAW Welchfaston, VS

1

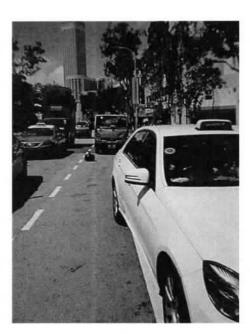
2"

# Sketch Plan Pg. 2

SKETCH PLAN		ROCHOR PI
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1 = 1 = nc	SCSC E	11111111111
	111111111111111111111111111111111111111	
O FRU	162116	
D- LPU	10246	
C morea	1624C COUCLE) CISCO	
C= GBC	49810	
22:00	AN CABSTAR QUEE	
DESCRIBE CIRCUMSTANCES OF	CAL	BEACH ED
		1.0.0
Stratement	ar por attac	Necv
DECLARATION		
/We declare the foregoing particul		Olivia Wendy
MEGIZE TACAMSPORTATION P	CE-UII)	Sind Halley (CO)
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)  Date & Time:	Name: NRIC/FIN No.: 7   (11, 1) 2.001





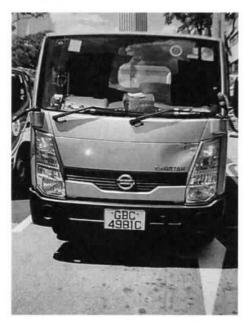














# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

### ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 55 6383 6280 Facsimile + 55 6280 9755

Workshops 59 Loyang Drive Singapore 508988 383 Sin Ming Drive Singapore 573717

59 Loyang Drive Singapore 508968
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 509285
Date/Time<sup>28 Ub</sup> 24ad 35 Oup 20289 17:37
Page: 1

JOB CARD JC NO.: 305343182 Team: ARC Repair TP(CLSO)1 Sales Order: REGN NO. SHC8080E MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD VMS. MAKE: FUEL 7010045 MERCEDES BENZ STOMER NO. 383 SIN MING DRIVE E.....F DRESS 21.16.2619 15:50 MODEL Singapore SINGAPORE 575717 E220CDI(E6) 65508755 YR OF MANUE. 05. 2015 TARGET DATE (R) (P) CHASSIS CODE WDD2120012B168650 COMPLETION DATE/TIME: COUNT CARD NO.

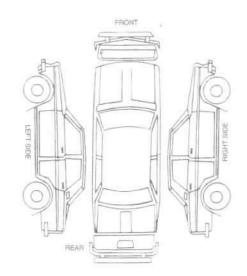
JOB DESCRIPTION

Accident Date: 21.10.2019 NATURE: 3P 21.01.2019

S/NO

LABOR CODE

DESCRIPTION



		*	
ECKED & PASSED OUT BY:		- 50	
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
wledgement Slip : b.: e No.: SHC8080E	CHIANG	Exit Pass  Vehicle No.: SHC8080E	
of Service Advisor returned to Service Reception upon coll	Signature/Date lection	Name of Service Advisor To be kept by Security Guard	Date

COMFORTDELGRO

ENGINEERING Our Job Ref No : 305343182 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 Date 23/10/19 **FINALIZATION FORM** To LKK Fax: KALVIN Attn : SHC8080E 21/10/2019 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-Z GREAT AMERICAN The repair job shall bill to: FBH1624C 2. The finalized amount shall be: Spare Parts after List discount (a) (b) Labour Charges Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost \$1,600.00 3. 2 Estimated normal period for repairs: 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: Signature: : CHIANG Name Name Tel : 62148314 Date Fax : 65468156 For Official Use Only Document Confirm By Item Attached Amount Remarks (Signature) Yes or No 1. Rental Rate P/Day YES 2. Loss of Income Paid N 3. Survey Fees 4. LTA Search Fee 7.49 Medical Fees (on behalf of driver, if applicable) Overrun Remarks:

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO: SHC 8080E

MAKE :

DATE 22/10/2019 10:01 GF AMY

Rear Bumper / CA S 1	1,510.00 1,150.00 270.00 250.00 230.00 325.00	
Rear Bumper Reinforcement X \$ 1  Rear Bumper Bracket Lower (LH/RH) X \$ 135.00 \$ \$  Rear Bumper Bracket Top (LH/RH) X \$ 125.00 \$  Rear Bumper Retainer Mounting (LH/RH) X \$ 115.00 \$	1,150.00 270.00 250.00 230.00 325.00 3,735.00	
Rear Bumper Bracket Lower (LH/RH) \$ 135.00 \$ Rear Bumper Bracket Top (LH/RH) \$ 125.00 \$ \$ 125.00 \$	270.00 250.00 230.00 325.00	
Rear Bumper Bracket Lower (LH/RH) \$ 135.00 \$ Rear Bumper Bracket Top (LH/RH) \$ \$ 125.00 \$ \$ Rear Bumper Retainer Mounting (LH/RH) \$ \$ 115.00 \$	250.00 230.00 325.00 3,735.00	
Rear Bumper Bracket Top (LH/RH) \$ 125.00 \$ \$ 115.00 \$	230.00 325.00 3,735.00	
Rear Bumper Retainer Mounting (LH/RH)   \$ 115.00   \$	325.00 3,735.00	
	3,735.00	
LESS 20% S	747.00	
DISCOUNTED TOTAL \$ 2	2,988.00	
Rear Bumper Sensor X S	388.00 N	Vatt
- 445		
Rear Bumper Rubber Mat \$	50.00 N	Nett
s	438.00	
	436.00	
Labour Charge  Labour Charge  Local Reading  Local		
Labour Charge	300	
Labour Charge Panel Beating  Lyk Auto Consultants hence The Ruparter of the following: The Ruparter of the following resurvey The Rupar	350.00	
Spray Painting Charge	250.00 2	200
Wiring Charge	30.00	×4.
Panel Beating Spray Painting Charge Wiring Charge Remove/Refix Reverse Sensor  Parel Beating To resurvey on fire and street parts) youring feature.  To resurvey on fire and street parts) youring feature.  To resurvey on fire and street parts) youring feature.  To resurvey on fire and street parts of the street parts of the resurvey end and street parts.  S S S S S S S S S S S S S S S S S S S	120,00	30
• No m	.20	
TOTAL LABOUR	750.00	
Acknowledges		
Kalan (Cac) ESTIMATE TOTAL  \$ 4  22/10/19 1 x 35/2.  2 Pags LIS After Paint phil	1,176.00	
Calun 1000		
12/12/19 1420		
1/10/11/255		
2/71		
US Me Die off		
When had but		
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.		



5b.

ESTIMATED NORMAL PERIOD FOR REPAIR:

## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

000	AT AMEDICALL	Thrombellocopies (184) Charles (180) Charles	Ref: CS/GAI190186	
GRE	AT AMERICAN IN	ISURANCE COMPANY	Ref : C5/GAT190186	46/K1113e2
#16-	MASEK AVENUE 01 CENTENNIAL GAPORE 039190		Date: 31-10-2019 Code: GAI	
1.	per new land	Policy Particula	rs :- THIRD PARTY CLAI	M
	Insured Veh.	FBH 1624C	Veh. Inspected	SHC 8080E
	Policy No.		Coverage (\$)	0.00
	Claim No.	CLMOMVM000000520	Excess (\$)	0.00
	Assign From	SHERY WONG	Assign Date	22/10/2019
2.		Vehicle Pa	rticulars & Condition	
	Make & Model	MERCEDES BENZ E220	c.c	2143
	Engine No.	HIDDEN	Year of Reg.	2015
	Chassis No.	WDD2120012B168650	Colour	WHITE
	Odometer	691451	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	225/55 R16	WEST LAKE	7 mm
	L/H Front Tyre	225/55 R16	WEST LAKE	7 mm
	R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
	L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
4.		Descri	ption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	REAR PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Gene	eral Information	
	Accident Date	21/10/2019	Inspection Date	22/10/2019
	Survey held at	at COMFORTDELGRO ENGINEERING PTE LTD		
		59 LOYANG DRIVE SINGAPORE 508969		
5a.			Remarks	
		ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS		

Estimate Days of Repair

2 Working Days



## **LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8080E

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	CRACKED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER LOWER COVER	CUT	325.00	325.00
	LESS 20% DISCOUNT		-747.00	-367.00
			2,988.00	1,468.00
	SPECIAL NETT ITEMS			
1	REAR BUMPER SENSOR (SN)	SERVICEABLE	388.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			438.00	50.00
	LABOUR			
	PANEL BEATING.		350.00	300.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			750.00	530.00
	GRAND TOTAL		4,176.00	2,048.00

RECOMMENDED COST OF LUMP SUM REPAIRS	1,600.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/GAI19018648/K1tf3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.S.

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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