COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

LKK/Kalvin

P6yP EQ INS

VEHICLE NO : SHA 1618L **DATE 9/12/2017 11:37**

MAKE :

Larry

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Headlamp (LH)			$ 1,388.00	
	Front Fender (LH)			$ 619.00	
	Front Door Mirror (LH)			$ 980.50	
	SUB TOTAL			**$ 2,987.50**	
	LESS 20%			$ 597.50	
	DISCOUNTED TOTAL			**$ 2,390.00**	
	Front Door Comfort Logo (LH)			**$ 75.00**	**Nett**
	Labour Charge			400	
	Panel Beating			$ ~~450.00~~	
	Spray Painting Charge			$ ~~500.00~~	410
	Wiring Charge			$ ~~50.00~~	20
	TOTAL LABOUR			**$ 1,000.00**	
	ESTIMATE TOTAL			**$ 3,465.00**	
Larry Ng	Kalvin 11/12/17 1015hrs 2 Days P/P Before Paint photo				

LKK Auto ... nsultants hence notify the Repai... :
• To ... be ... thing
• To ... damage ... survey
• Par... es are sub... nation
• Third party survey is on a "Without Prejudice" basis
• ... egal ... implications is ... ed
• ... surveyed and is sub... Insurance Company

Acknowledge...
Signature:
Date:

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.

COMFORTDELGRO ENGINEERING

A Member of COMFORTDELGRO

Date/Time: 09.12.2017 12:03 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.305096303

STOMER

MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

EQ INS

OUNT CARD NO.

REGN NO.: SHA1618L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 09.12.2017 08:50
YR OF MANU. 22.12.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU097268	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.12.2017
NATURE: 3P 08.12.2017

S/NO	LABOR CODE	DESCRIPTION
	LKK	

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

e No.: SHA1618L LARRY

Larry NG

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA1618L

Name of Service Advisor

Date

To be kept by Security Guard

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 Rport: 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: SHA1618L Regn: 22 Dec 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai I40 cc: 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp Reading: 120742 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: KMHCB41UMH4097268

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	8/2/17		D.O.I.	11/2/17	

Survey held at: CDGE Clyang?

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

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

Date / Time Action / Instruction

EQ
P/r

Date/Time File Pass to? : Preli. Report
: Final Report

Date/Time File Return to?

Report Format:

Lump Sum / I.B.I: $

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp. $
Interv. $
Tech. $
Weekend $

Survey Fee

Transportation

Photo

Total

15/5/2010

INS. CASE OWNER:

CC 7 /EQI1702 3567 , F2 wb3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Falvin DOI: 11/12/17 Date / Time : 11/12/17

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	YP 34897	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 08/12/17	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHA 16182 → → →

INSRS: LONE WSP: Tel : Ng. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA16182 - MK[illegible]160146244/4 DPA: 22/12/16
	YP34897 - X

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ (S$ x days)	
Loss of Income (LOI):	S$ (S$ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

SINGAPORE POLICE FORCE

T/20171208/2066

Report No. T/20171208/2066

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Staff Sgt ONG KIAN KENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2017 14:53
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:

Authentication Stamp
NP168