

INS. CASE OWNER:

Minnie Ho | CC 4 / ASM1800 7797, 11003

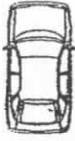
LKK: 42256
IDAC:

Surveyor: Awk DOI: ASSIGNMENT 27/4/18 Date / Time: 27/4/18

Pre-assign / CCU / FTE

SPU 5666 E

Registered in Merimen: _____



Insured Vehicle No. : _____

Claim No. : SPM00FEW *ht*

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 27/4/18

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

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

Insured Liability : % Final ? Yes / No

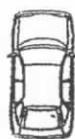
SAB 6245R → → → →



INSRS: CDH8
WSP: lorang.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SAB 6245R - 03/1/16 7009370/Meg392; 004.12/6/12</u>	Non-Reporting ltr (1st):	
<u>SPU 5666 E - x</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

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\$ _____ (\$ x _____ days)

Loss of Income (LOI): S\$ _____ (\$ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ _____

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

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: _____

08/11/13

Suresh Mr: Kalvin

REF:

12/12/13

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Work Shop No: _____

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 Surri: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 6245R Yr Regn: 14 Apr 2016

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

Truck / Trailer or _____

Make: Hyundai Ix0 C.C. 1685

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

Sp. Reading: 278480 T/Radio: Ins Std / Std / NI / NA

Eng/No: _____

C/No: 1KMHLB KIN 087175

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size; F: 205/60 R16

R: _____

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

TOYO / YOKO or Wg / dca

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 25/4/8 D.O.I. 27/4/8

Survey held at CDGE (Layang)

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

Rear

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

Date / Time	Action / Instruction
2/5/16	Check PIP \$ 47 x 72 / 2 Pp. AXA PIP

Date/Time, File Pass to? : Prell. Report : Final Report

1) Date/Time, File Return to? _____

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech _____

Survey Fee:	_____
Transportation:	_____
S + RS:	_____ SI
Photos:	_____
Other:	_____

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
 Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
 59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
 383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
 45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537
 321 Telok Road Singapore 086199

Date/Time: 26.04.2018 17:23 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305153746

CUSTOMER VMS COMFORT TRANSPORTATION PTE LTD STOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P) (O)	REGN NO: SHB6245R	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 25.04.2018 23:45
	YR OF MANU. 14.04.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU087175	COMPLETION DATE/TIME:
ACCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 25.04.2018
 NATURE: 3P 25.04.18

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHB6245R

LIMITS

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB6245R

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6245R

DATE 26/4/2018

MAKE :

MODEL : HYUNDAI i40

AXA-CP(P)

TS

1730

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X part</i>			\$ 603.60
	Rear Bumper Reinforcement ?			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)?		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket (LH/RH) ?			\$ 49.00 <i>X2</i>
	Rear Bumper Clips <i>X</i>			\$ 22.00
	Rear Bumper Sponge ?			\$ 143.40
	Rear Bumper Under Cover <i>X</i>			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00 Nett
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00 ¹⁰⁰
	Spray Painting Charge			\$ 250.00 ²⁵⁰
	Wiring Charge			\$ 50.00 ^X
	R/Refix Reverse Sensor			\$ 120.00 ^X
	TOWING charge - Tow Chik attached			60 ⁶⁰ nett
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 2,511.58

Kevin
27/4/18 1020L
2 Bys.
PIP
Ashe Rep

WKK 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:

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.

a3

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305153746

Date : 02/05/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB6245R

Date of Accident : 25-Apr-18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AXA --- SKU5666E

2. The finalized amount shall be:

(a) Spare Parts after List discount \$114.72

(b) Labour Charges \$360.00

Total for Part-By-Part Repair Cost \$474.72

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

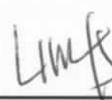
Final Lumpsum Repair cost

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 amount

Signature : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 2/5/18

Fax : 65468156

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				
3. Survey Fees	-----			
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305153746
 REGN NO : SHB6245R
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 14.04.2016
 DATE/TIME IN : 25.04.2018 23:45
 ACCIDENT DATE : 25.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0739-G REAR BUMPER SPONGE 1 143.40 20.00 114.72

SUB-TOTAL : 114.72

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

0002 23-01 TOWING FEE 60.00

SUB-TOTAL : 360.00

TOTAL : 474.72



MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :