

INS. CASE OWNER:

cc 4, AXA 1800 9831, klwa3

LKK:

IDAC:

Surveyor:

kalvin

DOI:

ASSIGNMENT

31-5-18

Date / Time:

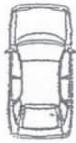
30.5-18

Registered in Merimen:

30-5-18 by BA

Pre-assign / CCU / FTE

SHF 777R



Insured Vehicle No.:

TRANS-CAR SERVICES P/L

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

5,000-00

D.O.A.:

29/05/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

C0473799

Policy No.:

Make / Model:

Place 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

SHF 4182R



INSRS:

WSP:

Tel:

Liability:

RMKS:

CP 46 10/05/18



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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:

4/18

Sent By:

hmm

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)

Q memo: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / 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 Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 4182K Yr Regn: 10 May, 2012

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

Truck / Trailer or

Make: Hyundai Santa Fe c.c. 1991Colour: Ble A/C: Insured / Std / NI / NASp. Reading: 509193 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM H6T410MCA82X604Gen. Cond: Good / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / A/Rim orTyre Size; F: 215/60R16R: 7

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

TOYO / YOKO or Maxxis

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 29/5/18 D.O.I. 31/5/18Survey held at CDE (Loyang)

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

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

Date / Time	Action / Instruction
<u>4/6/18</u>	<u>Carbunk 4/5 \$2900/3 Reps.</u>

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$ _____)

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969 24 Sengkang 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 639537
320 Telok Road Singapore 086499

A member of COMFORTDELGRO

Date/Time: 30.05.2018 15:19 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305166338

STOMER

REGN NO:
SHD4182R

MILEAGE

VMS COMFORT TRANSPORTATION PTE LTD

VARC

MAKE:
HYUNDAI

FUEL

STOMER NO. 7010045

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

DRESS 383 SIN MING DRIVE

MODEL SONATA 30.05.2018 11:15

Singapore SINGAPORE 575717

L (R) 65508755

(O)

YR OF MANU.
10.05.2012

TARGET DATE

(P)

(B)

CHASSIS CODE
KMHET41VMCA824604

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.05.2018

NATURE: 3P 29.05.2018

S/NO LABOR CODE DESCRIPTION

AXA (SHF777R-Turcab) - Rear damage

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

Vehicle No.: SHD4182R LARRY

Vehicle No.: SHD4182R

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305166338

Date : 4. Jun. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4182R

Date of Accident: 29.05.2018

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

1. The repair job shall bill to: AXA SHF777R(Transcab)

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:

Final Lumpsum Repair cost

\$2900.00

3. Estimated normal period for repairs: 3 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kaku

Name : Kaku

Date : 4/6/18

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:

Final Figure Subject to Insurance Approval