INS. CASE OWNER: CC³ QBE 1800 9899, Klwa3   LKK: IDAC:

Surveyor: AWK   **DOI:** 30/5/18   **ASSIGNMENT**   Date / Time: 30/5/18

Registered in Merimen: _____

Pre-assign / CCU / FTE
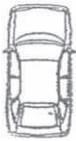
Insured Vehicle No. : SKM 461D   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 27/05/18   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

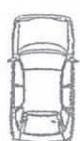Driver Tel No. : _____ (V/L: YES / NO)   Insured Liability : ___ %   **Final ? Yes / No**
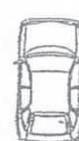
SH 7282P →

INSRS: INSRS: INSRS: INSRS:
WSP: ebGE layng.   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time		STAGE	DATE / PIC
	SH7282P, 05/111 4013154 m1gm3/63, DOA: 08/07/14	Non-Reporting ltr (1st):	
	SKM 461D - X	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:		

PRELIMINARY ADVICE Date/Time: _____   Sent By: _____

| | Post-Repair Photos: | | |
| | Others: | | |

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$ _____   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: _____

Payce 3: (Strike if N.A.) S$ ___ Name 3: _____

(08. /11/3)

Surveyor: Kalvin   REF:

From: Date:

Estimate Cost:

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

To   Inspet 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: SH 7282P   Yr Regn: 3/Dec, 2014

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

Make: Hyundai 240   c.c   1685

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

Sp.Reading   488844   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB8F1UMEU0 61542

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 / 66 R16
              R:

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm

D.O.A. 27/5/8   D.O.I. 30/5/8

Survey held at   (PGE (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	
1/6/8	Advised U/S $ 2250 / 2 days	QBE
		4/-

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 ($)
                                                     ☐ : Interview ($)
Report Format :   ☐ : Tech. Invs ($)
Lump Sum / I.B.I: ($)   ☐ : Weekend   ($)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

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
329 Ubi Road 3 Singapore 408649

Date/Time: 30.05.2018 13:22   Page : 1

Team: ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: 3828008   JC NO 305166207

CUSTOMER		REGN NO.: SH 7282P	MILEAGE
M/MS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL E...........1/2...........F
CUSTOMER NO. 7010045			
ADDRESS 383 SIN MING DRIVE		MODEL I-40	DATE/TIME IN 30.05.2018 11:50
Singapore SINGAPORE 575717			
65508755		YR OF MANU. 31.12.2014	TARGET DATE
(R) (P)	(O)		
ACCOUNT CARD NO.		CHASSIS CODE KMHLB41UMEU061542	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.05.2018
NATURE: 3P 27.05.18/C

QBE

S/NO   LABOR CODE   DESCRIPTION

CHECKED & PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

Acknowledgement Slip   ✂   Exit Pass

                                        Vehicle No.:

No.: SH 7282P   FZ QBE LKK   SH 7282P

_____   _____   _____   _____
Name of Service Advisor   Signature/Date   Name of Service Advisor   Date

To be returned to Service Reception upon collection   To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No :	305166207	
Date :	31.05.2018	

FINALIZATION FORM

To   :   LKK   Fax :

Attn :   KALVIN

Vehicle Reg No. : SH 7282P   Date of Accident :   27.05.2018

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

1. The repair job shall bill to: QBE   ---   SKM 461D

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$0.00
(b)	Labour Charges	$0.00
	Total for Part-By-Part Repair Cost	$0.00

(c.)	Lumpsum Repair (if applicable)		
	Total for Lumpsum repair cost after Less:	20%	$2,250.00
	Final Lumpsum Repair cost		$2,250.00

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 amount
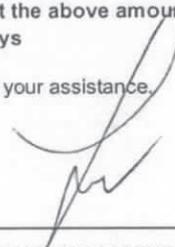
Signature :			Signature :	
Name :	FAUZY BIN MOKHTAR		Name :	Kalvin
Tel :	62148319		Date :	1/6/18
Fax :	65468156			

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks: