

INS. CASE OWNER:

JOS TAN

CC4 / ASM 180 10001 / Kluaz

LKK:

IDAC:

49133

Surveyor:

Amk

DOI:

ASSIGNMENT

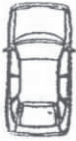
4-6-18

Date / Time:

11/6/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YP 381 U "VIRTUAL"

Claim No.:

S8M00JB3

Name of Insured:

Legend motors & leasing p/c

Policy No.:

P1847906

Insured Tel No.:

HP:

Make / Model:

Isuzu

Excess Sec II :SS

D.O.A.:

01-06-18

Place of Accident:

Balestier Rd

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

U TAN
92449322

(V/L: YES / NO)

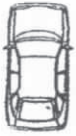
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHA4500Y



INSRS:

WSP:

Tel:

Liability:

RMKS:

CDW
60445.

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHA4500Y, X; YP381U, X
Do not finalize w TP.

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:

6/6

Sent By:

Amk

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

(08/11/13)

Q 11211: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insp'd 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 Rpt: _____ 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: SHA 4500 Y Yr Regn: 20 Sep 2016

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

Truck / Trailer or

Make: Toyota Prius C.C. 1.798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 291271 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKBJF4203530922

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size; F: 195/65R15

R: _____

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

TOYO / YOKO or Washita

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 1/6/18 D.O.I. 4/6/18Survey held at (DGE (Loyang))

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

Pen o/s

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

Date / Time

Action / Instruction

8/6/18 Control PIP \$ 2778.23/31p.AXA
PIP

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

☐ : Interview (\$ _____)

Photos _____

☐ : Tech. Invs (\$ _____)

Others _____

☐ : Weekend (\$ _____)

TOTAL

Report Format: _____

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

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305168126

CUSTOMER	REGN NO: SHA4500Y	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
CUSTOMER NO. 7010045	MODEL: PRIUS HYBRID(G4)01.	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE	DATE/TIME IN	DATE/TIME IN
Singapore SINGAPORE 575717	20.09.2016	20.09.2016 09:25
L (R) 65508755 (O)	CHASSIS CODE	TARGET DATE
(P)	JTDKB3FU203530922	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 01.06.2018

NATURE: 3P 01.06.2018

S/N LABOR CODE DESCRIPTION

AXA - taxi Right Rear damage

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA4500Y LARRY

Vehicle No.: SHA4500Y

Larry Ng

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHA 4500Y

MAKE :

MODEL : TOYOTA PRIUS

AXA

1/6/2018 11:16

DUA: 01.06.18

PP

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>x Rep</i>			\$ 889.70
REAR TRUNK LID LOGO(PRIUS) ✓			\$ 60.80
REAR TRUNK LID LOGO(HYBRID) ✓			\$ 52.40
REAR TRUNK LID LOGO(TOYOTA STAR) ✓			\$ 52.90
REAR BUMPER ✓			\$ 458.60
REAR BUMPER RE-INFORCEMENT ?			\$ 318.80
REAR BUMPER UNDER COVER ✓			\$ 552.60
REAR BUMPER SIDE RETAINER, RH ?			\$ 112.70
REAR BUMPER SPONGE <i>x</i>			\$ 143.40
REAR BUMPER TOWING COVER ✓			\$ 82.70
REAR BUMPER CLIPS ✓			\$ 22.00
SEAL, REAR BUMPER SIDE, RH ✓			\$ 148.40
TAIL LAMP ASSY (UPPER) (RH) ✓			\$ 557.90
TAIL LAMP ASSY (LOWER) (RH) ✓			\$ 548.40
SUB TOTAL			\$ 4,001.30
LESS 25%			\$ 1,000.33
DISCOUNTED TOTAL			\$ 3,000.98
REAR TRUNK LID APPS STICKER ✓			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER ✓			\$ 60.00
REAR BUMPER REVERSE SENSOR ✓			\$ 135.70
REAR BUMPER RUBBER MAT ✓			\$ 50.00
			\$ 285.70
LABOUR CHARGE			
Panel Beating			\$ 380.00 <i>200</i>
Spray Painting Charge			\$ 500.00 <i>400</i>
Wiring Charge			\$ 50.00 <i>20</i>
Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
TOTAL LABOUR			\$ 1,050.00
ESTIMATE TOTAL			\$ 4,336.68

LKK 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:

Larry Ng

Kahin (11/11/18)

4/6/18 10:30am

3 Days

P/S

Before part photo

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305168126

Date : 8. Jun. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4500Y

Date of Accident: 01/06/18

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

1. The repair job shall bill to: AXA YP381U

2. The finalized amount shall be:

(a) Spare Parts after List discount \$2,138.21³

(b) Labour Charges \$640.00

Total for Part-By-Part Repair Cost \$2,778.21³

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

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 : 

Signature : 

Name : Larry Ng

Name : K. Kalvin

Tel : 6214 8316

Date : 8/6/18

Fax : 6546 8156

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 Amount subject to Insurance Approval

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 08.06.2018

Time: 12:04:02

Page: 1

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

JOB NO : 305168126
REGN NO : SHA4500Y
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 20.09.2016
DATE/TIME IN : 01.06.2018 09:25
ACCIDENT DATE : 01.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	52.90	25.00	39.67
0002	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.40	25.00	39.30
0003	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	60.80	25.00	45.60
0004	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00		40.00
0005	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00		30.00
0006	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00		30.00
0007	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0008	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0009	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02
0010	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0011	04-01-0302-2965-G	PRIG4 FILLER-REAR BUMPER	1	148.40	25.00	111.30
0012	04-01-0302-0795-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30
0013	04-01-0302-0585-G	PRIG4 LENS & BODY RR COMB	1	557.90	25.00	418.42

COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.06.2018

REPAIR ESTIMATE

Time: 12:04:02

Page: 2

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

JOB NO : 305168126
REGN NO : SHA4500Y
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 20.09.2016
DATE/TIME IN : 01.06.2018 09:25
ACCIDENT DATE : 01.06.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 09-01-0302-2005-A PRIG4 REVERSE SENSOR ASSY	1		135.70		135.70

SUB-TOTAL : 2,138.21

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 17-01	WIRING CHARGE	20.00
0003 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 640.00

TOTAL : 2,778.21

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO