15/5/2010

INS. CASE OWNER: CC3 / EQl 180 10287 / Klea3

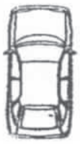
LKK:
IDAC:

ASSIGNMENT

Surveyor: Ark DOI: 5/6/18 Date / Time : 5/6/18

Registered in Merimen: –

Pre-assign / CCU / FTE



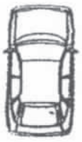
Insured Vehicle No. : SKC 5956M		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 3/6/18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

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**

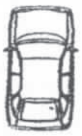
SHD 6550Z → ____ → ____ → ____

INSRS:
WSP: chne lyas.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 6550Z - CS/FCI 1 4072701 / M1 EJ3U2 DOA: 9/11/14
	SKC 5956M. 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$ ($ 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:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08 /11/13)

S[redacted]rveyor: Kalvin

REF:

ASSIGNMENT

Fr[redacted]m: Date:

Es[redacted]imate Cost:

O[redacted] / TP INS / TP RES / OD RES / EVA / INV / MV

To Insped Vehicle No:

at [redacted] Workshop m/s

of

Ins[redacted]red:

Pol[redacted]cy No.

Cla[redacted]ms No.

Sur[redacted] Insured: Excess:

(C[redacted]lient's Record)

Ma[redacted]e of Veh:

(P[redacted]olicy Condition)

Re[redacted]ark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. [redacted]r Market Value:

IDA[redacted] 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: SHD 6550 Z Yr Regn: 4 Nov, 2014

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

Make: Hyundai Z40 c.c. 1685

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

Sp.Reading: 401921 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMEU061393

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 Campeon

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	3/6/18		D.O.I.	5/6/18	

Survey held at: (DGE (Loyang)

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

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

Date / Time	Action / Instruction
7/6/18	Labour L/S $950 / 2dys. EQ 4s

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:	
Transportation:	
_S + RS, _SI	
Photos	
Others	
TOTAL	

Report Format:

LumpSum / I.B.I: ($)

FORTDELGRO ENGINEERING
ber 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
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 04.06.2018 16:01 Page : 1

ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3829283 JC NO 305169396

COMFORT TRANSPORTATION PTE LTD
NO. 7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(O)

ARD NO.

REGN NO.: SHD6550Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 04.06.2018 11:20
YR OF MANU. 04.11.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU061393	COMPLETION DATE/TIME:

JOB DESCRIPTION

EQ

ent Date: 03.06.2018
3: 3P 03.06.18/B

LABOR CODE	DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

SHD6550Z FZ EQ

e Advisor

Signature/Date

o Service Reception upon collection

Exit Pass

Vehicle No.: SHD6550Z

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

EQ/LKK

VEHICLE NO : SHD 6550Z

RIGHT REAR

DATE 4/6/2018 16:09

FZ

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 603.60	
	Rear Bumper Clips			$ 22.00	
	Rear Fender (RH) x repair				
	SUB TOTAL			**$ 625.60**	
	LESS 20%			$ 125.12	
	DISCOUNTED TOTAL			**$ 500.48**	
	Rear Bumper Reverse Sensor X			$ 135.70	**Nett**
	Rear Bumper Rubber Mat			$ 50.00	**Nett**
				$ 185.70	
	Labour Charge				
	Panel Beating			$ ~~350.00~~ 200	
	Spray Painting Charge			$ ~~250.00~~ 500	400
	R/Refix Reverse Sensor			$ ~~120.00~~	x 30
	TOTAL LABOUR			**$ 720.00**	
	ESTIMATE TOTAL			**$ 1,406.18**	

Kalwant LKK

5/6/18 1230hrs

2 Rys.

L/s

After Repair photo.

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:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305169396

Date : 06.06.2018

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHD6550Z Date of Accident : 03.06.2018

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

1. The repair job shall bill to: EQ --- SKC5956M

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%	$950.00
	Final Lumpsum Repair cost		$950.00

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 :

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature :

Name : Kalvin

Date : 7/6/18

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

Remarks: