15/5/2010

INS. CASE OWNER: CC 3, CTI 180 10403, 19ha3

LKK:

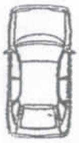
IDAC:

ASSIGNMENT

Surveyor: Ank   DOI: 6/6/18   Date / Time : 6/6/18

Registered in Merimen: ✓

Pre-assign / CCU / FTE



Insured Vehicle No. : GW9679D		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 05-06-18	Place of Accident :	

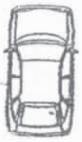
Is driver the owner? (YES / NO)   Nature of Accident :

If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

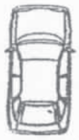
Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SKC7160Y → ________ → ________ → ________

INSRS:
WSP: Olive Poyang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKC7160Y - CS/F211/6014548/14h3n2; DOA: 3/8/16
	GW9679D - 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)
Surveyor: Kalvin

REF:

ASSIGNMENT

From: Date:
Es[redacted]imate Cost:
OD[redacted]ITP INS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No:
at Workshop m/s
of
Insured:
Pol[redacted]cy No.
Cla[redacted]ms No.
Sur[redacted]Insured: Excess:
(Client's Record)
Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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: SHC 2160Y Yr Regn: 3 Oct, 2017
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Toyota Prius C.C: 1798...
Colour: Blue A/C: Insured / Std / NI / NA
Sp.Reading: 68611 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: JTDKB3FU103565077
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: 195/65R15
R: "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

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

Survey held at (DGE (Loyang)
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	
8/6/18	Confirmed P/p $1979.63 / 3 Rep.	CTZ t/p

Date/Time, File Pass to?
1) ☐ : Prell. Report
☐ : Final Report
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

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

Report Format:
Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
__S + RS __SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

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
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
326 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 05.06.2018 16:42 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3829688 JC NO 305169939

TOMER

AS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

REGN NO.: SHC2160Y	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 05.06.2018 15:00
YR OF MANU. 03.10.2017	TARGET DATE
CHASSIS CODE JTDKB3FU103565077	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 05.06.2018
ATURE: 3P 05.06.18/B

REAR

CHINA
GW9679D

LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

e No.: SHC2160Y FZ CHINA LKK

FZ

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2160Y

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

CHINA / LKK

REAR

VEHICLE NO : SHC 2160Y

DATE : 6/5/2018 18:02 FZ

MAKE :

MODEL : TOYOTA PRIUS

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	REAR TRUNK LID COVER x repair			$ 922.50	
	REAR TRUNK LID GLASS (BLACK COLOR) x			$ 721.30	
	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 ?			$ 112.70	
	REAR BUMPER SPONGE x			$ 143.40	
	REAR BUMPER CLIPS —			$ 22.00	
	SUB TOTAL			$ 3,418.00	
	LESS 25%			$ 854.50	
	DISCOUNTED TOTAL			$ 2,563.50	
	REAR NO. PLATE WITH TRIM COVER —			$ 100.00	NETT
	REAR TRUNK LID APPS STICKER —			$ 40.00	NETT
	REAR TRUNK LID COMFORT & TEL NO. STCIKER —			$ 60.00	NETT
	REAR BUMPER REVERSE SENSOR x			$ 135.70	NETT
	REAR BUMPER RUBBER MAT —			$ 50.00	NETT
				$ 385.70	
	LABOUR CHARGE				
	Panel Beating			$ ~~850.00~~ 400	
	Spray Painting Charge			$ ~~500.00~~ 400	
	Wiring Charge			$ ~~30.00~~ x	
	Tuff Kote			$ ~~50.00~~ x	
	Remove/Refix Reverse Sensor			$ ~~120.00~~ 30	
	TOTAL LABOUR			$ 1,550.00	
	ESTIMATE TOTAL			$ 4,499.20	

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:

Kok Ulleh
6/6/18 1040h
3 Days
P/P
Before Part photo

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305169939

Date : 07.06.2018

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHC2160Y Date of Accident : 05.06.2018

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

1. The repair job shall bill to: CHINA --- GW 9679D

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$1,099.62
(b)	Labour Charges	$880.00
	Total for Part-By-Part Repair Cost	$1,979.62
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less: 20%	$0.00
	Final Lumpsum Repair cost	$0.00

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 :

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature :

Name : Kalvin

Date : 8/6/18

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 07.06.2018
Time: 18:53:42
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	:	305169939
REGN NO	:	SHC2160Y
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	03.10.2017
DATE/TIME IN	:	05.06.2018 15:00
ACCIDENT DATE	:	05.06.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION					
0001 04-01-0302-2282-G PRIG4 COVER REAR BUMPER	1		458.60	25.00	343.95
0002 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C	1		552.60	25.00	414.45
0003 04-01-0302-2267-G PRIVC BUMPER PIECE	10		22.00	25.00	16.50
0004 04-01-0302-2269-G PRIG4 ORNAMENT SUB-ASSY B	1		52.90	25.00	39.67
0005 04-01-0302-2270-G PRIG4 PLATE-BACK DOOR NAM	1		52.60	25.00	39.45
0006 04-01-0302-2271-G PRIG4 PLATE-BACK DOOR NAM	1		60.80	25.00	45.60
0007 28-01-0302-2013-A PRIVC REAR BONNET APP TAX	1		40.00	2.50-	40.00
0008 28-01-0302-2015-A PRIVC REAR BONNET COMFORT	1		30.00	0.25	30.00
0009 28-01-0302-0006-A PRIVC REAR BOOT 65521111	1		30.00	0.03-	30.00
0010 FNPS NO PLATE(S)	1	N	100.00	0.00	100.00
				SUB-TOTAL :	1,099.62
JOB NATURE					
0000 20-05 REAR BUMPER MAT					50.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 07.06.2018
Time: 18:53:42
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	:	305169939
REGN NO	:	SHC2160Y
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(C
DATE OF REGN	:	03.10.2017
DATE/TIME IN	:	05.06.2018 15:00
ACCIDENT DATE	:	05.06.2018

	JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 L	PANEL BEATING	400.00				
0002 L	SPRAY PAINTING CHARGE	400.00				
0003 L	REMOVE/REFIX REVERSE SENSOR	30.00				

SUB-TOTAL : 880.00

TOTAL : 1,979.62

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :