15/5/2010

INS. CASE OWNER: | cc3 / ICS 180 10476, Klea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: AWK   DOI: 7/6/18   Date / Time : 7/6/18
Registered in Merimen: 8/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SCR 6363H   Claim No. :
Name of Insured :   Policy No. :
Insured Tel No. :   HP: Make / Model :
Excess Sec II :S$ D.O.A : 5/6/2018   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 4084R → ____ → ____ → ____

INSRS: WSP: cowe loyans. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD 4084R - CS/111/2019784/ Rqn ; DOA: 8/10/12
	SCR 6363H, 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: _____

Estimate Cost: _____

OD / TP INS / 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 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 4084R Yr Regn: 2 Feb / 2012

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

Make: Hyundai Santa c.c: 194

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

Sp.Reading: 534362 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHETX1VMCA824283

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD W/Rim or _____

Tyre Size; F: 215/60R16

R: "

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

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.	7/6/18

Survey held at CDGE (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	Estimate US$400/2hrs. ECICS US.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

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	

OMFORTDELGRO
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
328 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 06.06.2018 17:58 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO 305170376

OMER

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

UNT CARD NO.

REGN NO.: SHD4084R	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 06.06.2018 13:15
YR OF MANU. 02.02.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA821283	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 05.06.2018
TURE: 3P 05.06.18

NO	LABOR CODE	DESCRIPTION

ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

.: SHD4084R LIMTS

Service Advisor Signature/Date

rned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD4084R

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD LKK - Kalvin TS

VEHICLE NO : SHD 4084R **DATE 7/6/2018** (Email Attached) 0900

MAKE : ECICS - 4SUM

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 578.40	
	Rear Bumper Reinforcement ?			$ 483.30	
	Rear Bumper Clip			$ 22.00	
	Rear Bumper Sponge ?			$ 137.40	
	Rear Bumper Under Cover X			$ 185.80	
	Rear Bumper Protector (LH/RH) X		$ 38.00	$ 76.00	
	SUB TOTAL			**$ 1,482.90**	
	LESS 20%			$ 296.58	
	DISCOUNTED TOTAL			**$ 1,186.32**	
	Rear Bumper Reverse Sensor X			$ 135.70	**Nett**
	Rear Bumper Advertisement Logo			$ 50.00	**Nett**
	Rear Fender Advertisement Logo (LH/RH)		$ 100.00	$ 200.00	**Nett**
				$ 385.70	
	Labour Charge				
	Panel Beating			$ ~~350.00~~ 200	
	Spray Painting Charge			$ ~~250.00~~	200
	Wiring Charge			$ ~~30.00~~	X
	Remove/Refix Reverse Sensor			$ ~~120.00~~	X
	TOTAL LABOUR			**$ 750.00**	
	ESTIMATE TOTAL			**$ 2,322.02**	

Kalvin (LKK) // 7/6/18 [illegible] 2 [illegible] 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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305170376

Date : 08/06/18

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD4084R Date of Accident : 05-Jun-18

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

1. The repair job shall bill to: ECICS Limited --- SCR6363H

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: 20% $900.00
   Final Lumpsum Repair cost **$900.00**

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 : LIM T S

Name : LIM T S

Tel : 62148398

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

Remarks: