

INS. CASE OWNER:

CC 3, CT 180 10700, K1 ea3

LKK:

IDAC:

Surveyor:

Awk

DOI:

ASSIGNMENT

11-6-18

Date / Time :

11-6-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 552T

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : S\$

D.O.A : 9-6-18

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SFB 44240



INSRS:

WSP: ONE (Yours)

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SFB 44240. CC3 / AG 17015 958 / K140397 : DOA 15/6/18 SLL 552T - X	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)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time:	Sent By:		
FINALIZATION Date/Time:	Confirm with:		
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time:	Confirm with:		
Final Liability: %	(Agreed / Assessed) BOLA S/N No.:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost: S\$	If NO or B 28, Ass. Lia :		
Loss of Rental (LOR): S\$	(days)		
Loss of Use (LOU): S\$	(\$ x days)		
Loss of Income (LOI): S\$	(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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:		
Payee 1: S\$	Name 1:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		

Surry

Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / 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: _____

Veh No: **SHB 4424P** Yr Regn: **24 Mar / 2016**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai Z40** C.C. **1685**
 Colour: **Blue** A/C: **Ins** Std / NI / NA
 Sp. Reading: **328557** T/Radio: **Ins** Std / NI / NA
 Eng/No: _____
 C/No: **KMHCB414M44 086638**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD Alloy or
 Tyre Size: F: **205/60R16**
 R: _____

(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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Har Kook**

Front _____ Rear _____
 R/Bal. **7** mm R/Bal. **7** mm
 L/Bal. **7** mm L/Bal. **7** mm
 D.O.A. **9/6/8** D.O.I. **11/6/8**
 Survey held at **CDHE (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 **12/6/8** Action / Instruction **Submit PIP \$3297.36 / 24hrs.**

(TZ PIP)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

) S + RS. SI

) Photos

) Others

Report Format :

per of **COMFORTDELGRO**

Date/Time: 11.06.2018 12:00

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305173626

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

REGN NO: SHB4424D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 10.06.2018 01:00
YR OF MANU. 24.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU086638	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 09.06.2018
E: 3P 09.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHB4424D

JU CHINA

Vehicle No.:

SHB4424D

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

CHINA

VEHICLE NO : SHB 4424D

DATE 11/6/2018 11:15

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover ✓			\$ 1,052.20
	Front Bumper Bracket (RH) ?			\$ 24.60
	Headlamp Support Panel Assy ?			\$ 1,067.50
	Headlamp (RH) ✓			\$ 1,388.00
	Front Fender (RH) ✓			\$ 619.00
	Front Fender Shield (RH) ?			\$ 169.80
	Frt Wheel Hub Cap, RH X			\$ 150.70
	SUB TOTAL			\$ 4,471.80
	LESS 20%			\$ 894.36
	DISCOUNTED TOTAL			\$ 3,577.44
	Labour Charge			
	Panel Beating			\$ 1,000.00 ⁴⁰⁰
	Spray Painting Charge			\$ 500.00 ⁴⁰⁰
	Wiring Charge			\$ 50.00 ³⁰
	Tuff Kote			\$ 50.00 ²⁰
	Remove/Refix Aircon & Refill Gas			\$ 150.00 ^X
	TOTAL LABOUR			\$ 1,750.00
	ESTIMATE TOTAL			\$ 5,327.44
<p>Kah' UUK</p> <p>11/6/18 1240h.</p> <p>2h.</p> <p>PIP</p> <p>Before P.4 photo</p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>				
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 : 305173626

Date : 12/06/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHB4424D

Date of Accident : 09/05/18

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

1. The repair job shall bill to: CHINA --- SLL552T
###

2. The finalized amount shall be:

(a) Spare Parts after List discount \$2,447.36

(b) Labour Charges ### \$850.00

Total for Part-By-Part Repair Cost \$3,297.36

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 12/6/18

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:

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

JOB NO : 305173626
REGN NO : SHB4424D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 24.03.2016
DATE/TIME IN : 10.06.2018 01:00
ACCIDENT DATE : 09.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0002 04-01-0103-0782-A	I40V2 LAMP ASSY-HEAD RH#	1	1,388.00	20.00	1,110.40
0003 04-01-0103-0573-A	I40VC PANEL-FENDER RH+	1	619.00	20.00	495.20

SUB-TOTAL : 2,447.36

JOB NATURE

0000 L	PANEL BEATING- FRT.	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 17-01	CHECK ALL LIGHTING	30.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 850.00

TOTAL : 3,297.36

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :