15/5/2010

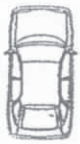
INS. CASE OWNER: TE | CC4, ASM 180 L0716, KLpa3 | LKK: IDAC: 51279

ASSIGNMENT

Surveyor: AWK DOI: 11/6/18. Date / Time : 11/6/18

Registered in Merimen: —

Pre-assign / CCU / FTE SKE 5176 L



Insured Vehicle No. : Claim No. : SSM00KDV

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 11-6-18 Place of Accident :

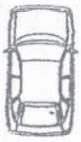
Is driver the owner? (YES / NO) Nature of Accident :

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

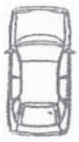
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJB 3532G → → →

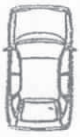
INSRS:
WSP: COLE WYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJB 3532G - X ; SKE 5176 L - 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:	

Surveyor: Kalvin | REF: 12/16/1K/pa3

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:

(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: SHB3532G Yr Regn: 7 Aug 2014

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading: 547465 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB41UMEU058670

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 Westlake

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm

D.O.A. 11/6/18 D.O.I. 12/6/18

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
18/6/18	Lstd L/S $6050/ 4 Rpr. AxA 4s.

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

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) __S + RS.__SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

Survey Fee:

Transportation

CITY CAB PTE LTD

REPAIR ESTIMATE*

AXA

VEHICLE NO : SHB 3532G **DATE 11/6/2018 15:00**

MAKE :

DOA: 11.06.18

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bonnet			$ 1,526.00	
	Front Bumper Cover			$ 562.30	
	Front Bumper Sponge			$ 142.20	
	Front Bumper Grille (LH)			$ 40.30	
	Headlamp Support Panel Assy			$ 1,067.50	
	Headlamp (LH)			$ 1,388.00	
	Front Fender (LH)			$ 619.00	
	Front Fender Shield (LH)			$ 169.80	
	Air Cleaner Assy			$ 188.00	
	Air Cleaner Bottom Assy			$ 325.00	
	Front Door Mirror (LH) x Repair			$ 980.50	
	Front Wheel Rim (LH)			$ 351.90	
	Front Wheel Hub Cap (LH)			$ 150.70	
	Front Wheel Bearing			$ 258.50	
	Front Suspension Lower Arm (LH)			$ 715.10	
	Knuckle Arm (LH)			$ 582.95	
	SUB TOTAL			**$ 9,067.75**	
	LESS 20%			$ 1,813.55	
	DISCOUNTED TOTAL			**$ 7,254.20**	
	Front Fender Advertisement Logo (LH)			$ 100.00	**Nett**
	Front Door Comfort Logo (LH)			$ 75.00	**Nett**
	Front Door Advertisement Logo (LH)			$ 100.00	**Nett**
	Front Tyre (LH) x ✓ 50%			$ 216.00	**Nett**
				$ 491.00	
	Labour Charge				
	Panel Beating			$ 1,500.00	
	Spray Painting Charge			$ 1,000.00	
	Wiring Charge			$ 50.00	
	Tuff Kote			$ 100.00	
	Towing Charge			$ 60.00	
	Remove/Refix Undercarriage (FRT)			$ 400.00	
	FRT Wheel Alignment			$ 120.00	
	Remove/Refix Aircon & Refill Gas			$ 150.00	
	TOTAL LABOUR			**$ 3,380.00**	
	ESTIMATE TOTAL			**$ 11,125.20**	

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:

Kalau LKK 12/6/18 1030 hrs

4 Pcs

4/5

After Repair photo

600 850 20 50 — 7100 60 80

Larry Ng

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
A 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
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 12.06.2018 09:00 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO 305174079

VARS

CUSTOMER	
M/MS	CITYCAB PTE LTD
CUSTOMER NO.	7010070
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
TEL. (R)	65551188 (O)
(P)	
DISCOUNT CARD NO.	

REGN NO.: SHB3532G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 11.06.2018 11:45
YR OF MANU.: 07.08.2014	TARGET DATE
CHASSIS CODE: KMHLB41UMEU058670	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.06.2018
NATURE: 3P 11.06.2018

S/NO	LABOR CODE	DESCRIPTION
	AXA -	taxi Left Front damage

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Date:

Job No.:

Vehicle No.: SHB3532G LARRY

Name of Service Advisor: Larry Ng

Signature/Date

Please be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB3532G

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No . 305174079

Date : 16. Jun. 2018

FINALIZATION FORM

To : **LKK** Fax :

Attn : KLAVIN

Vehicle Reg No. : **SHB3532G** Date of Accident: 11/06/18

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

1. The repair job shall bill to: **AXA** **SKE5176L**

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:
   Final Lumpsum Repair cost **$6,050.00**

3. Estimated normal period for repairs: 4 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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvin

Date : 18/6/18

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: Final Amount Subject to Insurance Approval