

INS. CASE OWNER:

cc 4/Asm 180 1077, Clwa3

LKK: 5724
IDAC:

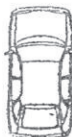
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. _____

Excess Sec II :SS

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers		
4. Employment Practices		
5. Fidelity and Bonding		
6. Automobile Liability		
7. Watercraft Liability		
8. Aircraft Liability		
9. Umbrella Liability		
10. Other		

SHA 3488 G



INSRS:

WSP.

Tel:

Liability :

RMKS:



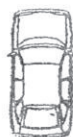
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHABY88G - 013/16/15013467/Hwa/2-1:00A/7/1/15	Non-Reporting ltr (1st):	
	EW 325-x	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:	Confirm by:
Repair Cost:	S\$ (days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <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:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1077/1970

Kalvin

ASSIGNMENT

Veh No: **SHA 3488 G** Yr Regn: **21 May / 2015**
Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**
Truck / Trailer or

Make: Hyundai 240 C/C 1885
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 479392 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KM HCB 414 MF 90 69107

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 A/Rim or

Tyre Size: F: 205/60 R16

R:

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *West Lake*

Front		Rear	
R/Bal.	2 mm	R/Bal.	2 mm
L/Bal.	2 mm	L/Bal.	2 mm

IDAC Accident Rpt:	Consistent? ; Yes or No
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GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum:	%	3 Val.: Yes or No
1	100	Yes
2	100	Yes
3	100	Yes
4	100	Yes
5	100	Yes
6	100	Yes
7	100	Yes
8	100	Yes
9	100	Yes
10	100	Yes
11	100	Yes
12	100	Yes
13	100	Yes
14	100	Yes
15	100	Yes
16	100	Yes
17	100	Yes
18	100	Yes
19	100	Yes
20	100	Yes
21	100	Yes
22	100	Yes
23	100	Yes
24	100	Yes
25	100	Yes
26	100	Yes
27	100	Yes
28	100	Yes
29	100	Yes
30	100	Yes
31	100	Yes
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83	100	Yes
84	100	Yes
85	100	Yes
86	100	Yes
87	100	Yes
88	100	Yes
89	100	Yes
90	100	Yes
91	100	Yes
92	100	Yes
93	100	Yes
94	100	Yes
95	100	Yes
96	100	Yes
97	100	Yes
98	100	Yes
99	100	Yes
100	100	Yes

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

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

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

Date / Time

Action / Instruction

18/6/18 Labour P/P \$350/242.

AxA
45

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: : Site Insp (\$
$$) \quad S + RS \rightarrow S$$

☐ Interview (\$ =

) Photos

Tech. Invs (\$)

1) Others

Report Format :

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3488U

MAKE :

MODEL : HYUNDAI i40

DATE 11/6/2018 15:46

D.O.A: 10.06.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X Repair</i>			\$ 603.60	
	Rear Bumper Reinforcement ?			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket ?			\$ 49.00	
	Rear Bumper Clips <i>X</i>			\$ 22.00	
	Rear Bumper Sponge <i>X</i>			\$ 143.40	
	Rear Bumper Under Cover <i>X</i>			\$ 225.00	
	SUB TOTAL			\$ 1,907.35	
	LESS 20%			\$ 381.47	
	DISCOUNTED TOTAL			\$ 1,525.88	
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge			<i>100</i>	
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 250.00	<i>200</i>
	Wiring Charge			\$ 50.00	<i>X</i>
	R/Refix Reverse Sensor			\$ 120.00	<i>X</i>
	TOTAL LABOUR			\$ 770.00	
	ESTIMATE TOTAL			\$ 2,481.58	
<p><i>Kalish 16/11/18</i></p> <p><i>12/6/18 11:00hrs.</i></p> <p><i>2 Pgs</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p> <p>Larry Ng</p>					
<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.</p>					

LKK Auto Consultants hence no

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

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6260 9755

Workshops

59 Loyang Drive Singapore 508989 24 Seneca Loop Singapore 738136
383 Sin Ming Drive Singapore 575717 7 Sungai Kadut Way Singapore 728791
45 Pandan Road Singapore 608286 6 Defu Avenue 1 Singapore 339337
320 Hill Road Singapore 1006130

Date/Time: 12.06.2018 09:35 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 05174078

CUSTOMER

NAME: COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL (R) 65508755

(O)

SCOUNT CARD NO.

REGN NO:

SHA3488G

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

11.06.2018 13:15

YR OF MANU.

21.05.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU069107

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 10.06.2018

NATURE: 3P 10.06.2018

LABOR CODE

DESCRIPTION

AXA - taxi rear damage

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:

Job No.:

Vehicle No.: SHA3488G

Exit Pass

Vehicle No.:

SHA3488G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305174078

Date : 14. Jun. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA3488G

Date of Accident: 10/06/18

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

1. The repair job shall bill to: AXA EW36S

2. The finalized amount shall be:

(a) Spare Parts after List discount 1

(b) Labour Charges \$300.00

Total for Part-By-Part Repair Cost \$300.00

(c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
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 : 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 Zsurna Approval