

INS. CASE OWNER:

CC 3 / CTI 180 10946, K1ha3

LKK:

IDAC:

Surveyor:

Ank

DOI:

ASSIGNMENT

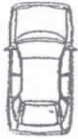
14-6-18

Date / Time :

14-6-18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : sku 3787 c

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 13-06-18

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

SH 8126 B

INSRS: CODE 10464.
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time

SH 8126 B - C13 / A16 / 4011341 / 1177363 ; BOLA: 15106/14
SKU 3787 C - N16 / 1011700551 / 4 ; BOLA: 18109/2016

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:

PRELIMINARY ADVICE

Date/Time:

Sent By:

Post-Repair Photos:

Others:

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Surround

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: _____

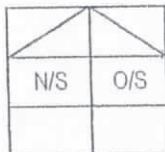
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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

Veh No: **SH 812 6B** Yr Regn: **30 Jan 2011**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai Santa**

C.C

1991

Colour **Blue**

A/C:

Insured / Std / NI / NA

Sp. Reading **357079**

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: **KA HET 410MBA 813043**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **215/60R16**

R: _____

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

Front

Rear

R/Bal. **7** mm

R/Bal. **7** mm

L/Bal. **7** mm

L/Bal. **7** mm

D.O.A. **13/6/08**

D.O.I. **14/6/08**

Survey held at **CDHE (Loyang)**

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

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:

Survey Fee:

Transportation

) S + RS. SI

) Photos

) Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

CTB
43

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3831790

JC NO305175152

STOMER	REGN NO: SH 8126B	MILEAGE
MS STOMER NO RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	MAKE: HYUNDAI MODEL SONATA YR OF MANU. 30.06.2011 CHASSIS CODE KMHET41VMBA813043	FUEL E.....1/2.....F DATE/TIME IN 13.06.2018 15:35 TARGET DATE COMPLETION DATE/TIME:
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 13.06.2018
NATURE: 3P 13.06.18/B

LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SH 8126B FZ CHINA LKK

Vehicle No.: SH 8126B

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 PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 8126B

DATE 13/6/2018 15:52

MAKE :

MODEL : HYUNDAI SONATA

Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid x <i>mp</i>			\$ 1,349.50
	Boot Lid Sonata Plate <i>-</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>-</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>-</i>			\$ 26.10
	Boot Lid CRDI Plate <i>-</i>			\$ 22.70
	Boot Lid Lamp (RH) <i>-</i>			\$ 230.20
	Rear Bumper <i>-</i>			\$ 578.40
	Rear Bumper Reinforcement ?			\$ 483.30
	Rear Bumper Clip <i>-</i>			\$ 22.00
	Rear Bumper Sponge ?			\$ 137.40
	Rear Bumper Under Cover x			\$ 185.80
	Rear Bumper Protector (RH) <i>-</i>			\$ 38.00
	Tail Lamp (RH) <i>-</i>			\$ 344.00
	Rear Fender (RH) <i>-</i>			\$ 1,935.90
	Rear Fender Inner Lining (RH) x			\$ 74.10
	Rear Windscreen Moulding <i>-</i>			\$ 60.00
	SUB TOTAL			\$ 5,555.20
	LESS 20%			\$ 1,111.04
	DISCOUNTED TOTAL			\$ 4,444.16
	Boot Lid Comfort Logo & Tel No. Sticker <i>-</i>			\$ 30.00
	Boot Lid Advertisement Logo <i>-</i>			\$ 100.00
	Rear Bumper Reverse Sensor <i>-</i>			\$ 135.70
	Rear Bumper Advertisement Logo <i>-</i>			\$ 50.00
	Rear Bumper Rubber Mat <i>-</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>-</i>			\$ 200.00
	Rear Windscreen Sealant <i>-</i>			\$ 46.00
	Acknowledged by Repairer			\$ 611.70
	Signature:			
	Date:			
	Labour Charge			
	Panel Beating			\$ 850.00
	Spray Painting Charge			\$ 750.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 2,090.00
	ESTIMATE TOTAL			\$ 7,145.86

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.