

INS. CASE OWNER:

CC3, CT1 180 11095, PLWA3

LKK:

IDAC:

Surveyor:

Kalm

DOI:

ASSIGNMENT

18-6-18

Date / Time:

18-6-18

Registered in Merimen:

Pre-assign / CCU / FTE

SKR 4851J



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 15/6/18

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

SH 8684G



INSRS:

WSP:

Tel :

Liability :

RMKS:

COUC
byang.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SH 8684G, X: SKR 4851J, 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)	☐ ☐
	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: Confirm 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:	

REF:

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.

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

SH 8 684 G

Yr Regn: _____

22 Oct 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /

Truck / Trailer or

Make: _____

Hyundai Z40

C.C

168r

Colour _____

Blue

A/C: _____

Insur / Std / NI / NA

Sp.Reading _____

3 62976

T/Radio: _____

Insur / Std / NI / NA

Eng/No: _____

C/No: _____

KMHLB414M64079309

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Wentik

Front

Rear

R/Bal. _____

7

mm

R/Bal. _____

7

mm

L/Bal. _____

7

mm

L/Bal. _____

7

mm

D.O.A. _____

15/6/18

D.O.I. _____

18/6/18

Survey held at _____

CDHE (Loyang)

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

0/5 Frnt.

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

Date / Time

Action / Instruction

20/6/18

hale 458/1700/30m

CTE
PIP

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) S + RS. SI

) Photos

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

Report Format :

COMFORTDELGRO
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 24 Serangoon Loop Singapore 758136
383 Sin Ming Drive Singapore 575717 7 Sungai Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537
321 Kallang Road Singapore 608699

Date/Time: 18.06.2018 08:58

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305176380

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

REGN NO.: SH 8684G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 15.06.2018 23:20
YR OF MANU. 22.10.2015	TARGET DATE
CHASSIS CODE KMHLE41UMGU079309	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.06.2018
TU: 3P 15.06.18

NO LABOR CODE DESCRIPTION

VED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SH 8684G

LIMITS

Vehicle No.: SH 8684G

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SH 8684G

DATE 18/6/2018

MAKE :

MODEL : HYUNDAI i40

China Taiping - 4S

IS

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>x rep</i>			\$ 562.30
	Front Bumper Bracket Top (RH) <i>?</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>?</i>			\$ 24.60
	Front Fender (RH) <i>x rep</i>			\$ 619.00
	Front Fender Shield (RH) <i>x</i>			\$ 169.80
	Front Fender Retainer <i>x</i>			\$ 9.20
	Front Door Mirror (RH) <i>—</i>			\$ 980.50
	Front Wheel Hub Cap (RH) <i>—</i>			\$ 150.70
	<i>Front RH Door x rep</i>			
	<i>RH Bumper Panel Grille x rep</i>			
	SUB TOTAL			\$ 2,538.50
	LESS 20%			\$ 507.70
	DISCOUNTED TOTAL			\$ 2,030.80
	Front Door Comfort Logo (RH) <i>—</i>			\$ 75.00
				Nett
	Labour Charge			
	Panel Beating			\$ 560.00 <i>400</i>
	Spray Painting Charge			\$ 750.00 <i>650</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>x</i>
	FRT Wheel Alignment			\$ 120.00 <i>x</i>
	<i>Tax Charge</i>			<i>60.00 nett</i>
	TOTAL LABOUR			\$ 1,530.00
	ESTIMATE TOTAL			\$ 3,635.80
	<i>Kalvin 11/11/14</i>			
	<i>18/6/18 1120h</i>			
	<i>3 Days</i>			
	<i>P/P</i>			
	<i>Before Part photo</i>			
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.				

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
Date:

TOTAL LABOUR

ESTIMATE TOTAL

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305176380
Date : 20/06/18

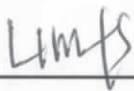
FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SH 8684G Date of Accident : 15-Jun-18

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

1. The repair job shall bill to: CHINA TAIPING --- SKR4851J
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% \$1,700.00
Final Lumpsum Repair cost \$1,700.00
3. Estimated normal period for repairs: 3 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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 20/6/18

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: