15/5/2010

INS. CASE OWNER: CC 3 / CTI 180 11184 / Kwa3

LKK:

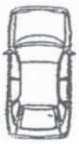
IDAC:

ASSIGNMENT

Surveyor: AWK DOI: 19-6-18 Date / Time : 19-6-18

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 8256 Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

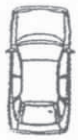
Excess Sec II :S$ D.O.A : 18/6-18 Place of Accident :

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

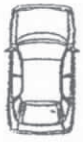
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC 3398 R → → →



INSRS:
WSP: COLE/Mag.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC3398R-CS/FCI 150183546/Agbd1 ; DOA: 24/10/15
	GBA 8256 Y 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:	

Garage: 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 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: SHC3998R Yr Regn: 2 Apr / 2015

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

Make: Hyundai I40 c.c 1685

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

Sp.Reading 56631 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB81AMFU067891

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: 205/60R16

R: "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	18/6/18	D.O.I.	19/6/18

Survey held at CDAE (Loyang)

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

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

Date / Time	Action / Instruction
20/6/18	Called 45$800/ 2hrs
	CTI 4/5

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___S + RS.___SI

Add Fee: ☐ : Site Insp ($) Photos

☐ : Interview ($)

☐ : Tech. Invs ($) Others

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
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: 19.06.2018 14:47 Page : 1

am: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305177342

OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) OUNT CARD NO.	REGN NO.: SHC3998R MAKE: HYUNDAI MODEL I-40 YR OF MANU. 02.04.2015 CHASSIS CODE KMHLB41UMFU067891
MILEAGE FUEL E.....1/2.....F DATE/TIME IN 19.06.2018 11:25 TARGET DATE COMPLETION DATE/TIME:	

JOB DESCRIPTION

ccident Date: 18.06.2018
ATURE: 3P 18.06.18

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC3998R LIMTS

f Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3998R

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE China Taiping LS

Date: 19.06.2018
Time: 14:52:18
Page: 1/2

TS

Lkk talvin

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

JOB NO	:	305177342
REGN NO	:	SHC3998R
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	02.04.2015
DATE/TIME IN	:	19.06.2018 11:25
ACCIDENT DATE	:	18.06.2018

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT	
PART REQUISITION					
0001 04-01-0103-0579-G REAR BUMPER	1	603.60	20.00	482.88	✓
0002 04-01-0103-0738-G REAR BUMPER UNDER COVER	1	225.00	20.00	180.00	✗
0003 04-01-0101-0111-G REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	✓
0004 09-01-9999-0068-A REVERSE SENSOR	1	135.70	~~2.00~~	135.70	✗
0005 04-01-0103-1150-A REAR BUMPER MAT	1	50.00	~~0.00~~	50.00	✓
			SUB-TOTAL :	866.18	
JOB NATURE					
0000 20-05 Rear Bumper Adv.Sticker				50.00	✓
0001 L PANEL BEATING				~~280.00~~ 200	✓
0002 23-502 SPRAYPAINT ON AFFECTED AREA				~~200.00~~ 180	✓
0003 L R/I REVERSE SENSOR				~~120.00~~ 30	✓
			SUB-TOTAL :	650.00	

COMFORTDELGRO ENGINEERING PTE LTD

Date: 19.06.2018
Time: 14:52:18
Page: 2/2

REPAIR ESTIMATE China Taiping CL(S) IS

LKK - Kalvin

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

JOB NO	:	305177342
REGN NO	:	SHC3998R
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	02.04.2015
DATE/TIME IN	:	19.06.2018 11:25
ACCIDENT DATE	:	18.06.2018

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,516.18

L/M/S

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE
DATE :

Kalvin ICICI
// 19/6/18 1520 hrs.
2 Pcs
L/S
After Repair photo

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:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305177342

Date : 20/06/18

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC3998R Date of Accident : 18-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 --- GBA8256Y

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% $800.00
   Final Lumpsum Repair cost **$800.00**

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 : LIM T S

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: