15/5/2010

INS. CASE OWNER: CC 4/ICS 180 1129, Klea3

LKK:
IDAC:

ASSIGNMENT

Surveyor: AWK DOI: 20/6/18 Date / Time : 20.6.18

Registered in Merimen: 20-6-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SGT 2042 C		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 :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHD 3090 D → ______ → ______ → ______

INSRS: WSP: ODLE Ivyang Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD3090D - LIT/LOR1702750/M/W43?? ; DOA: 11/11/17
	- 05/FCI1602015?/1249635? ; DOA: 16/05/16
	SGT 2042C - 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:

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: SHD 3090D Yr Regn: 16 Jun / 2016

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

Make: Hyundai Z40 c.c 1685

Colour Blue A/C: **Insured / Std / NI / NA** 6

Sp.Reading 258484 T/Radio: **Insured / Std / NI / NA** 6

Eng/No:

C/No: KMHLB 44MG 409145 4

Gen. Cond: **Good / Fair / Poor / Burnt** 6

Steering: **Inorder / Jammed / Leaked / Burnt** or 6

Brake: **Inorder / Jammed / Leaked / Burnt** or 6

Modi : **Nil / S/Rim / STD A/Rim** or 6

Tyre Size: F: 205 / 60 R 16

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. 18/6/18 D.O.I. 20/6/18

Survey held at CDAE (Loyang)

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

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

Date / Time	Action / Instruction
	ECIC PIP

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:

Add Fee: ☐ : Site Insp ($) ___S + RS.___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

Report Format :

ECICS

DOA: 18.06.18

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHILCE NO : SHD3090D
MAKE : HYUNDAI
MODEL : i40

Date: 19.06.2018

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	Front Bumper X Repair			$ 1,052.20
10	Front Bumper Clips X		$2.20	$ 22.00
1	Front Bumper Top Bracket – RH ?			$ 22.40
1	Front Bumper Bracket – RH ?			$ 24.60
1	Headlamp X			$ 1,388.00
1	Headlamp Support Panel X			$ 1,067.50
	Front RH Fender X Repair			
	SUB TOTAL			**$ 3,576.70**
	LESS 20%			715.34
	DISCOUNTED TOTAL			**$ 2,861.36**
				$
	Labour Charge			
1	Panel Beating			$ ~~500.00~~ 200
1	Spray Painting Charge			$ ~~500.00~~ 400
1	Wiring Charge			$ ~~50.00~~ X
1	Tuff Kote			$ ~~80.00~~ X
	TOTAL LABOUR			**$ 1,130.00**
	ESTIMATE TOTAL			**$ 3,991.36**

Larry NG

LKK Auto Consultants hereby notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- To obtain approval confirmation
- Parts prices are subject to change without Prejudice
- Third party supply of parts is allowed
- 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:

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.

Kalvin ICICI

20/6/18 1405hrs
2 Days
P/P
After Repair photo

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: 19.06.2018 10:23 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO: 305177240

USTOMER: COMFORT TRANSPORTATION PTE LTD VARS
R/MS
USTOMER NO. 7010045
DDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65508755 (O)
(P)
SCOUNT CARD NO.

B

REGN NO.: SHD3090D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 18.06.2018 15:50
YR OF MANU: 16.06.2016	TARGET DATE
CHASSIS CODE: KMHLB41UMGU091454	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 18.06.2018
NATURE: 3P 18.06.2018

S/NO	LABOR CODE	DESCRIPTION
	ECICS	- taxi Right Front damage

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHD3090D LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3090D

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 . 305177240

Date : 22. Jun. 2018

FINALIZATION FORM

To : **LKK** Fax :

Attn : KALVIN

Vehicle Reg No. : **SHD3090D** Date of Accident: 18.06.2018

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

1. The repair job shall bill to: **ECICS** **SGT2042C**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	/
(b)	Labour Charges	$600.00
	Total for Part-By-Part Repair Cost	**$600.00**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less:	
	Final Lumpsum Repair cost	

P/P

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 : L.N

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvi

Date : 22/6/18

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: