

INS. CASE OWNER:

CC3, A16180 11390, K1ha3

LKK:

IDAC:

Surveyor:

ANK

DOI:

ASSIGNMENT

7-6-18

Date / Time :

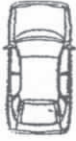
21/6/18

Registered in Merimen:

21/6/18

Pre-assign / CCU / FTE

SLL 63504



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 19-6-18

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

SHO 70764



INSRS:

WSP:

Tel :

Liability :

RMKS:

C. W. Myers



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHO 70764 - C3/A161802360/K1ha3g+ : 00A:10/11/18
SLL 63504 - 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\$

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:

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305178156

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

SCOUNT CARD NO.

REGN NO:

SHD7076U

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

20.06.2018 15:50

DATE/TIME IN

YR OF MANU.

15.10.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU078613

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.06.2018

NATURE: 3P 19.06.2018

S/NO LABOR CODE DESCRIPTION

ALG - taxi Rear damage
LKK/Kalvin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledge Slip

Exit Pass

e:
lo.:
le No.: SHD7076U LARRY

Vehicle No.: SHD7076U

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD7076U

MAKE : HYUNDAI

MODEL : i40

Date: 21.06.2018

A15

DVA: 19.06.18

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	Rear Bumper <i>X repair</i>			\$ 603.60
1	Rear Bumper Sponge <i>X</i>			\$ 143.40
10	Rear Bumper clips @ \$2.20 <i>X</i>			\$ 22.00
1	Rear Bumper Under Cover <i>X</i>			\$ 225.00
SUB TOTAL				\$ 994.00
LESS 20%				198.80
DISCOUNTED TOTAL				\$ 795.20
				\$ 0.00
Labour Charge				
1	Panel Beating			\$ 250.00 <i>100</i>
1	Spray Painting Charge			\$ 250.00 <i>200</i>
TOTAL LABOUR				\$ 500.00
ESTIMATE TOTAL				\$ 1,295.20

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 hereby 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:

Page 1 of 1

Kalvin LKK

21/6/18 11.10hrs

2 hrs

PP

After Repair photo

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305178156

Date : 22. Jun. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD7076U

Date of Accident: 19.06.2018

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

1. The repair job shall bill to: AIG SLL6350U

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

PIP

\$300.00

\$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 NgTel : 6214 8316Fax : 6546 8156Signature : Name : KalvinDate : 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:

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

JOB NO : 305178156
REGN NO : SHD7076U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 15.10.2015
DATE/TIME IN : 20.06.2018 15:50
ACCIDENT DATE : 19.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :