15/5/2010

INS. CASE OWNER: CC3, AIG 180 1180Y, KIha3

LKK:
IDAC:

ASSIGNMENT

Surveyor: AWC　　DOI: 27/6/18　　Date / Time : 27/6/18

Registered in Merimen: 28/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU 2334 H		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 27/6/18	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**

SHD 3606 S → ______ → ______ → ______

INSRS: WSP: Chuit loyang Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
	SHD3606S. CC4/AIM1800760S/KIhb3; DOA.27/4/18	Non-Reporting ltr (1st):	
	SKU 2334 H . x	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:	

(08/11/13)

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: SHD3606S Yr Regn: 14 Sep / 2006

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

Make: Toyota Prius c.c 1798

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

Sp.Reading 265199 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU400350229

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/65 R15

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.	27/6/18	D.O.I.	27/6/18

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	AZA

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation: ___S + RS, ___SI	
Photos	
Others	
TOTAL	

[redacted]

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
[illegible]

Date/Time: 27.06.2018 15:12 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305180598

STOMER COMFORT TRANSPORTATION PTE LTD /MS 7010045 STOMER NO. DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) COUNT CARD NO.	REGN NO.: SHD3606S MAKE : TOYOTA MODEL PRIUS HYBRID(G4) YR OF MANU. 14.09.2016 CHASSIS CODE JTDKB3FUX03530229	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 27.06.2018 12:25 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.06.2018
NATURE: 3P 27.06.18/C

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHD3606S LIMTS

e of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3606S

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE AigAsia - CP(P)

LKK - Kalvin

Date: 27.06.2018
Time: 15:16:45
Page: 1

TS

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

JOB NO	:	305180598
REGN NO	:	SHD3606S
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	14.09.2016
DATE/TIME IN	:	27.06.2018 12:25
ACCIDENT DATE	:	27.06.2018

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

PART REQUISITION

		QTY	UNIT-PRICE	DISC%	AMOUNT
0001 04-01-0302-0594-G	WING MIRROR RH	1	1,374.00	25.00	1,030.50
0002 04-01-0302-0898-G	W/MIRROR OUTER COVER RH	1	141.90	25.00	106.42

Front RH Door Glass – $780.50

SUB-TOTAL : 1,136.92

JOB NATURE

0000 L	PANEL BEATING	~~150.00~~ 100
0001 23-502	SPRAYPAINT ON AFFECTED AREA	~~150.00~~ 50
0002 17-01	CHECK ALL LIGHTING	~~20.00~~ X

SUB-TOTAL : 320.00

TOTAL : 1,456.92

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

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:

Kalvin LKK
27/6/18 1530 hr.
1 Day
P/P
Before Paint photo

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305180598

Date : 28/06/18

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3606S Date of Accident : 27-Jun-18

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

1. The repair job shall bill to: AIG ASIA --- SKU2334H

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$1,722.30
(b)	Labour Charges	$150.00
	Total for Part-By-Part Repair Cost	**$1,872.30**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less: 20%	
	Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 1 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 : LIMTS

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

Date : 28/6/18

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: