

cc 3, CTI 180 12549, K1fab

Surveyor: Amk DOI: ASSIGNMENT 9/3/18 Date / Time: 9/3/18

Pre-assign / CCU / FTE

GH 99R

Insured Vehicle No. : \_\_\_\_\_ Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A: 6/3/2018 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 4992U

INSRS: WSP: CDHR 10403 Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_

INSRS: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_

INSRS: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_

INSRS: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC	
<u>SHD 4992U - cc 4 / AXA 17006102 / K1fab 3/97 ; DOA: 2/13/18</u> <u>NS/INC 160 24166 / K1fab 3m 2 ; DOA: 1/11/18</u> <u>GH 99R. x</u>	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	<b>Documentation Check List:</b> Handler Typist		
	Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

Post-Repair Photos:

Others:

**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\$ \_\_\_\_\_

**Total:** S\$ \_\_\_\_\_ **Global Sum S\$:** \_\_\_\_\_

1) Claim status: Normal/Reject/Private Settle

2) Report Format: \_\_\_\_\_

3) Survey fee: \_\_\_\_\_

**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: \_\_\_\_\_



# 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 508089      24 Senoko Loop Singapore 758156  
 363 Sin Ming Drive Singapore 575717      7 Sungei Kadut Way Singapore 728  
 45 Pandan Road Singapore 609286      6 Delu Avenue 1 Singapore 539537  
 320 Woodlands Road Singapore 738449

Date/Time: 07.07.2018 12:16

Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order: (Sat)

JC No.: 30518483

CUSTOMER		REGN NO:	SHD4992U	MILEAGE
MR/MS	COMFORT TRANSPORTATION PTE LTD	MAKE:	HYUNDAI	FUEL
CUSTOMER NO.	7010045	MODEL	I-40	E.....1/2.....
ADDRESS	383 SIN MING DRIVE	YR OF MANU.	10.09.2014	DATE/TIME IN
	Singapore SINGAPORE 575717	CHASSIS CODE	KMHLB41UMEU059614	07.07.2018 00:0
TEL. (R)	65508755			TARGET DATE
(P)	(O)			COMPLETION DATE/TIME
DISCOUNT CARD NO.				

Accident Date: 06.07.2018  
 NATURE: 3P 06.07.2018

### JOB DESCRIPTION

S/NO      LABOR CODE

DESCRIPTION

*Handwritten:* China - GH99R  
 FA LH LK

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHD4992U

LIMITS

Vehicle No.:

SHD4992U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security

**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

China Taiping - 4S

TS

VEHICLE NO : SHA 4992U

DATE 9/7/2018

MAKE :

LKK - Kalvin

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X repair</i>			\$ 562.30
	Front Bumper Grille (LH) <i>X</i>			\$ 40.30
	Front Bumper Bracket Top (LH) <i>?</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>?</i>			\$ 9.20
	Front Fender (LH) <i>/</i>			\$ 619.00
	Front Fender Shield (LH) <i>?</i>			\$ 169.80
	Front Fender Retainer <i>?</i>			\$ 9.20
	Frnt Wheel Hub Cap, LH <i>/</i>			\$ 150.70
	<b>SUB TOTAL</b>			<b>\$ 1,582.90</b>
	<b>LESS 20%</b>			<b>\$ 316.58</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,266.32</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>560.00</del> <sup>200</sup>
	Spray Painting Charge			\$ <del>400</del> <del>500.00</del>
	Tuff Kote			\$ <del>20</del> <del>50.00</del>
	Frnt Wheel Alignment			\$ <del>X</del> <del>80.00</del>
	<b>TOTAL LABOUR</b>			<b>\$ 1,190.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,456.32</b>

*Kalvin (LKK)*  
*9/7/18 1140 hrs.*  
*2 Day*  
*4S*  
*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: \_\_\_\_\_

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.

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305184835

Date : 11/07/18

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD4992U

Date of Accident : 06-Jul-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 --- GH 99R

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% \$1,000.00

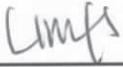
**Final Lumpsum Repair cost** \$1,000.00

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 : 

Signature 

Name : LIM T S

Name KALVIN

Tel : 62148398

Date : 11/7/18

Fax : 65468156

### 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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_