15/5/2010

INS. CASE OWNER: TE | CC 4, ASM 180 12688, Klwa3 | LKK: / IDAC: 56663

ASSIGNMENT

Surveyor: Ank DOI: 11/7/18 Date / Time: 10/7/2018

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	PA 8354 G	Claim No. :	SRM00N7L
Name of Insured :	HUMPH TRANSPORT	Policy No. :	GA24236094
Insured Tel No. :	HP:	Make / Model :	7. HI-ROOF
Excess Sec II :S$ 5,000.00	D.O.A : 8/7/2018	Place of Accident :	MT. ELIZABETH HOTEL
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**

SHD3618H → ______ → ______ → ______

INSRS: WSP: COWE loyang. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD3618H. CS/FC1130018S4 AYIA ; DOA: 21/7/18
	PA8354G. NAIMCI 6012667/K4 ; DOA: 9/7/16
✗	To request TP video.

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: 13/7 Sent By: Ank (Merimen)

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) wef

ASS. REC. BY: Kalai

REF: AXA - 17608

ASSIGNMENT

From: _____ Date: 11/7/18

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHD 3618H

at Workshop m/s Comfort Delgro

of 59 Tuas View Drive

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 / up

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 3618H Yr Regn: 31 Jan / 2017

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

Make: Hyundai AE Iodiq c.c 1580

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

Sp.Reading 188605 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVHU018060

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: 195/65R15

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.	8/7/18	D.O.I.	11/7/18

Survey held at COKE (Loyang)

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

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

Date / Time	Action / Instruction
	P/P

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3618H **DATE 9/7/2018 15:09**

MAKE :

MODEL : HYUNDAI IONIQ

AXA JY PP

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover X repair			$ 418.30
	Front Bumper Bracket Top (LH) x			$ 12.00
	Front Bumper Side Bracket x			$ 28.00
	SUB TOTAL			**$ 458.30**
	LESS 20%			$ 91.66
	DISCOUNTED TOTAL			**$ 366.64**
	Labour Charge			
	Panel Beating			$ ~~350.00~~ 100
	Spray Painting Charge			$ ~~250.00~~ 200
	TOTAL LABOUR			**$ 600.00**
	ESTIMATE TOTAL			**$ 966.64**

Kalwi I Ullk
11/7/18 1020 hrs
2 Days
P/P
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

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: 09.07.2018 14:12 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305185575

STOMER

/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
– (R) (O)
(P)

COUNT CARD NO.

REGN NO.: SHD3618H	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ	DATE/TIME IN 09.07.2018 07:50
YR OF MANU. 31.01.2017	TARGET DATE
CHASSIS CODE KMHC851CVHU018060	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.07.2018
NATURE: 3P 08.07.18

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
.:
e No.: SHD3618H JU AXA

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3618H

Name of Service Advisor

Date

To be kept by Security Guard

43

Our Job Ref No : 305185575

Date : 12/07/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Attn : KALVIN

Fax :

: SHD3618H

Date of Accident : 08/07/18

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

1. The repair job shall bill to: AXA --- PA 8354G ###
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% P/P $300.00
   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.

Signature :

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

We confirm the estimates and finalized amount

Signature :

Name : Kalvin

Date : 12/7/18

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		N		
3. Survey Fees				
4. LTA Search Fee	$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks:

CHECK ITEMS: Final Amount Subject to Insurance Approval

RTDELGRO ENGINEERING PTE LTD

ESTIMATE*

E NO : SHD 3618H

: —

DATE 9/7/2018 15:09

: HYUNDAI IONIQ

Parts Description/ Labour	Type	Unit Price	Amount
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11/7/18 1020 hrs
2 Days
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Acknowledged by Repairer
Signature:
Date:

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