15/5/2010

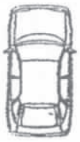
INS. CASE OWNER: Sw Mas. | CC4, AXA 180 12709, K1pa3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: Awk DOI: 11-7-18 Date / Time: 11-7-18

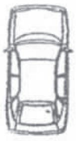
Registered in Merimen: 9-7-18

Pre-assign / CCU / FTE

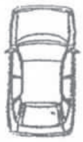


Insured Vehicle No. : SHB 9833 Z		Claim No. :	C0474067 Gx
Name of Insured :		Policy No. :	81680520
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 6-7-18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age :		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

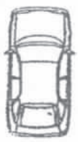
SHA 3632 G ⟶ ________ ⟶ ________ ⟶ ________



INSRS:
WSP: OGE
Tel :
Liability : Loyang.
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHA3632G - cs/111130194494/PY/m3/c3; DOA:7/10/13	**STAGE**	**DATE / PIC**
	SHB9833Z - cs/AWA15006304/Kgy3/c3; DOA:17/4/15	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: 10/7 Sent By: Vinny Sinly

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

ASSIGNMENT

From: _____ Date: 11/7/18

Estimated Cost: _____

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

To Inspect Vehicle No: SHA 3632G

at Workshop m/s Comfort Delgro

of 59 Loyang 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: SHA 3632G Yr Regn: 29 Jan / 2015

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

Make: Hyundai I40 c.c 1685

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

Sp.Reading 431560 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MFU0655 1X

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: 205/60 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Campeon

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	6/7/18	D.O.I.	11/7/18

Survey held at COHE (Loyang)

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

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

Date / Time	Action / Instruction

c/s.

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Report Format : _____

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

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS, _____ SI

Photos _____

Others _____

TOTAL _____

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
320 Upper Thomson Road Singapore 574369
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 07.07.2018 11:40 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305184833

STOMER

/MS

STOMER NO.

DRESS

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

L. (R) (O)

(P)

SCOUNT CARD NO.

B

REGN NO.: SHA3632G	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.07.2018 08:50
YR OF MANU. 29.01.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU065514	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.07.2018
NATURE: 3P 06.07.2018

S/NO	LABOR CODE	DESCRIPTION
	AXA -	Front & Rear

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:

o.:

le No.: SHA3632G LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA3632G

Name of Service Advisor

Date

To be kept by Security Guard

REPAIR ESTIMATE*

(1)

VEHICLE NO : SHA3632G DATE 9. Jul. 2018

MAKE : HYUNDAI

MODEL : i40 DOA: 6. Jul. 2018 LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover			$562.30
10	Front Bumper Clips		$2.20	$22.00
1	Front Bumper Bracket Top (LH)			$22.40
1	Front Bumper Side Bracket (LH)			$24.60
1	Radiator Grille			$417.10
1	Headlamp Support Panel			$1,067.50
	SUB TOTAL			**$2,115.90**
	LESS 20%			$423.18
	DISCOUNTED TOTAL			**$1,692.72**
1	Front Licence Plate			$25.00
				$25.00
	Labour Charge			
1	Panel Beating			200 ~~$300.00~~
1	Spray Painting Charge			~~$300.00~~ 200
1	Wiring Charge			~~$50.00~~ x
	TOTAL LABOUR			**$650.00**
	ESTIMATE TOTAL			**$2,367.72**

Larry Ng

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.

(2)

REPAIR ESTIMATE*

VEHICLE NO	: SHA3632G	DATE	9. Jul. 2018
MAKE	: HYUNDAI		
MODEL	: i40	DOA:	6. Jul. 2018

LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper			$603.60
10	Rear Bumper Clips		$2.20	$22.00
1	Rear Bumper Sponge ×			$143.40
1	Rear Bumper Reinforcement ×			$225.00
				$504.40
	SUB TOTAL			**$1,498.40**
	LESS 20%			$299.68
	DISCOUNTED TOTAL			**$1,198.72**
1	Advertisement – Rear Bumper			$50.00
2	Advertisement – Rear Fenders – RH / LH		$100.00	$200.00
				$250.00
	Labour Charge			
1	Panel Beating			~~$250.00~~ 200
1	Spray Painting Charge			~~$250.00~~ 200
	TOTAL LABOUR			**$500.00**
	ESTIMATE TOTAL			**$1,948.72**
	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.			

LK 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:

11/7/18 10.30hr.

3 Pages

L/S

After Repair photo

Larry Ng

d3

COMFORTDELGRO ENGINEERING

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

Our Job Ref No . 305184833

Date : 13. Jul. 2018

FINALIZATION FORM

To : **LKK** Fax :

Attn : KALVIN

Vehicle Reg No. : **SHA3632G** Date of Accident: 6. Jul. 2018

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

1. The repair job shall bill to: **AXA** **SHB9833Z (Transcab)**

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:
   Final Lumpsum Repair cost **$1,900.00**

3. Estimated normal period for repairs: **3** 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.G

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalv

Date : 13/7/18

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

Remarks: Final Amount Subject to Insurance Approval