

INS. CASE OWNER:

CC 3, Que 180 12978, K/lea3

LKK:

IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

16/1/18

Date / Time:

16/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

Km 6043 Y



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 13/1/2018

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

SHC 70502



INSRS:

WSP:

Tel :

Liability :

RMKS:

CDW 104ms



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 70502 - 65/1211801078/A96 ; DOA: 02/6/18
 - NA/INC17011099/HY ; DOA: 11/1/17
 Km 6043 Y - 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:

(08/11/13)

REF:

Surveyor: Kalvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 70502 Yr Regn: 17 Mar 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Truck~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1635Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 319810 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB41UM44 085600

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Went to

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 13/7/8 D.O.I. 16/7/8Survey held at CDE (Loyang)

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

N/S Wing Mirror

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

Date / Time	Action / Instruction
16/7/8	Carried PIP \$885.8 / 100g. Q BE PIP

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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

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

member of COMFORTDELGRO

Date/Time: 14.07.2018 09:12

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305187615

OWNER

CITYCAB PTE LTD

7010070

OWNER NO

383 SIN MING DRIVE

ESS Singapore SINGAPORE 575717

65551188

(R) (O)

(P)

IDENT CARD NO.

REGN NO:

SHC7050Z

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

18.07.2018 16:55

YR OF MANU.

17.03.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU085600

COMPLETION DATE/TIME:

Accident Date: 13.07.2018

NATURE: 3P 13.07.18

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

SIGNED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: SHC7050Z

JU QBE LKK

Vehicle No.:

SHC7050Z

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7050Z

DATE 13/7/2018 16:59

MAKE :

MODEL : HYUNDAI i40

QBE
JM

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (LH) ✓			\$ 980.50
	SUB TOTAL			\$ 980.50
	LESS 20% 25%			\$ 196.10
	DISCOUNTED TOTAL			\$ 784.40
	Labour Charge			
	Panel Beating			\$ 250.00 100
	Spray Painting Charge			\$ 150.00 50
	Wiring Charge			\$ 50.00 X
	TOTAL LABOUR			\$ 450.00
	ESTIMATE TOTAL			\$ 1,234.40
<p>Ka Lwin 11/11/14</p> <p>16/7/18 1000h.</p> <p>1 Day</p> <p>P/P</p> <p>Before Paint photo</p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>				
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

Our Job Ref No : 305187615

Date : 16/07/2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC7050Z

Date of Accident : 13/07/2018

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

- QBE
- The repair job shall bill to: 1 --- SJE2289B
###
 - The finalized amount shall be:

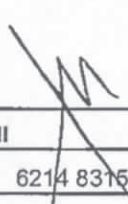
(a) Spare Parts after List discount		\$735.38
(b) Labour Charges	###	\$150.00
Total for Part-By-Part Repair Cost		\$885.38
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
Final Lumpsum Repair cost		

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 : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 16/7/18

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 16.07.2018
Time: 17:07:13
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305187615
REGN NO : SHC7050Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 17.03.2016
DATE/TIME IN : 13.07.2018 16:55
ACCIDENT DATE : 13.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0600-G I40VC MIRROR ASSY-O/S REA 1 980.50 25.00 735.37

SUB-TOTAL : 735.37

JOB NATURE

0000 L PANEL BEATING- FRT. 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 50.00

SUB-TOTAL : 150.00

TOTAL : 885.37

MVA NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE: