15/5/2010

INS. CASE OWNER: KL | CC4, AXA 180 14231, K1pa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: AWK DOI: 6/8/18 Date / Time: 6/8/2018

* 3/8/18 LKK survey before AXA give assignment.

Registered in Merimen: 1/8/18 by AXA

Pre-assign / CCU / FTE

Insured Vehicle No. : SH09705A

Claim No. : C0474173

Name of Insured : Trans-Cab Services P/L

Policy No. : P1680520

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ 5,000.00 D.O.A : 31/7/18

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**

SH0 6653C → ______ → ______ → ______

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

Date/ Time	
	SH0 6653K - NB/INC170345273/K9bn7; DOA 20/12/17
	- CC3/AXA170Q171/K06357; DOA 3/10/17
	- CC3/LCR17008743/K2936; DOA 06/11/17
	- CC3/LCR17010588/K2635; DOA 27/6/17

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$		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: CS/QW18014231/K16b

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Insped 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: SHD 6653K Yr Regn: 27 Mar, 2016

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

Make: Mercedes Benz E200 c.c 2463

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

Sp.Reading 29611 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2120012BJ18576

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: 225/55R16

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.	31/7/18	D.O.I.	3/8/18

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	SHD 6653K - NS/INC/7U24523/K16bn2 DA: 201217 Independent plp

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

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	

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 Ubi Road 3 Singapore 408860
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305194399

STOMER

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

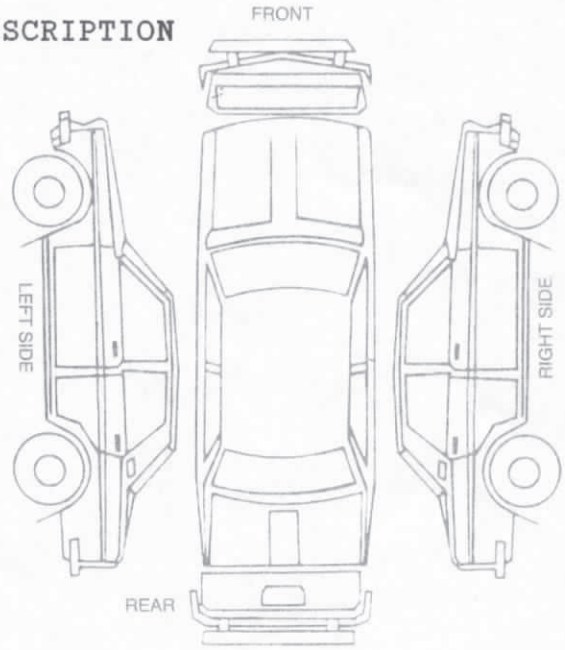
COUNT CARD NO.

REGN NO.: SHD6653K	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI(E6)	DATE/TIME IN 31.07.2018 13:25
YR OF MANU. 23.03.2016	TARGET DATE
CHASSIS CODE WDD2120012B318536	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 31.07.2018
NATURE: 3P 31.07.2018

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

.:
e No.: SHD6653K CHIANG

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6653K

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6653K **DATE 31/7/2018 14:56**

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			$ 1,510.00
	Rear Bumper Reinforcement			$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH)		$ 135.00	$ 270.00
	Rear Bumper Bracket Top (LH/RH)		$ 125.00	$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)		$ 115.00	$ 230.00
	Rear Bumper Covering (Lower Bumper)			$ 155.00
	Rear Panel End			$ 1,380.00
	Rear Panel Inner Garnish			$ 240.00
	Rear Panel Inner Garnish Clip (10pcs)			$ 40.00
	Boot lid repair			
	SUB TOTAL			**$ 5,225.00**
	LESS 20%			$ 1,045.00
	DISCOUNTED TOTAL			**$ 4,180.00**
	Rear Bumper Sensor			**$ 388.00** Nett
	Labour Charge			
	Panel Beating			$ 400.00
	Spray Painting Charge			$ ~~500.00~~ 400
	Wiring Charge			$ ~~50.00~~ X
	Remove/Refix Reverse Sensor			$ ~~120.00~~ 50
	TOTAL LABOUR			**$ 820.00**
	ESTIMATE TOTAL			**$ 5,388.00**

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:

Calvin LKK
3/8/18 1000 hr
3 pcs
3 pcs
Before Paint photo.

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.

Reply | Delete Junk | •••

Accident involving SHD6653K & your insured SHD9705A dated 31.07.18 / **** 48 hours Ended *****

LS

Lim Tien Siong

Fri 3/8/2018 9:42 AM

To: motor.survey@axa.com.sg

Cc: Roger How Keen Meng; Chiang Liat Choon; kalvinang@lkkauto.com; sur@lkkauto.com; admin-d@lkkauto.com

Reply |

Sent Items

img-803091752-0001.pdf
106 KB

Show all 1 attachments (106 KB) Download Save to OneDrive - ComfortDelGro Corporation Limited

Officer in charge,

48 hours ended.

Without further delay,

Base on sequence we shall engage **LKK** (Surveyor Panel) to survey our client vehicle **SHD6653K**

Refer to attach - Chiang's email record.

Hi LKK team,

Please take note - Fyna.

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148398 / Fax:65468156

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305194399

Date : 06/08/18

FINALIZATION FORM

To : LKK Fax :

Attn : KELVIN

Vehicle Reg No. : SHD6653K 31/07/2018

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

1. The repair job shall bill to: AXA SHD9705A

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$2,640.00
(b)	Labour Charges	$630.00
	Total for Part-By-Part Repair Cost	$3,270.00
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less:	
	Final Lumpsum Repair cost	

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.

Signature :

Name : CHIANG

Tel : 62148314

Fax : 65468156

We confirm the estimates and finalized amount

Signature :

Name : Kelvin

Date : 7/8/18

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: Final Amount Subject to Insurance Approval

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 04.08.2018
Time: 11:49:44
Page: 1

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

JOB NO	:	305194399
REGN NO	:	SHD6653K
MILEAGE	:	0000000000
MAKE	:	MERCEDES BENZ
MODEL	:	E220CDI(E6)
DATE OF REGN	:	23.03.2016
DATE/TIME IN	:	31.07.2018 13:25
ACCIDENT DATE	:	31.07.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION						
0001 04-01-0202-2282-G	212VB REAR BUMPER ASSY	1		1,510.00	20.00	1,208.00
0002 04-01-0202-2283-G	212VB REAR BUMPER LOWER C	1		155.00	20.00	124.00
0003 09-01-0299-2005-A	(212/211B)REVERSE SENSOR	1		388.00	2.00-	388.00
0004 04-01-0202-0740-G	212VC REAR BUMPER REINFOR	1		1,150.00	20.00	920.00
					SUB-TOTAL :	2,640.00
JOB NATURE						
0000 L	PANEL BEATING					200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA					400.00
0002 20-22	REMOVE/REFIX REVERSE SENSOR					30.00
					SUB-TOTAL :	630.00
					TOTAL :	3,270.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :