15/7/2010

INS. CASE OWNER: CC 3 / QBE 180 14351 / K1fa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Awk DOI: 6/8/18 Date / Time : 6/8/18

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 8160J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 2/8/18 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 2809X → → →

INSRS: CHUB	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : 10yang	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA 2809X - cc3/AIG1 6003144 / [illegible] 18/2/18
	GBB 8160J - 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$		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:

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

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

Veh No: SHA 2809 X Yr Regn: 29 Dec 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 6

Make: Hyundai Zha c.c 1685

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

Sp.Reading 149578 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41GMH4097694

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: 205/60R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	2/8/18	D.O.I.	6/8/18

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	QBE
	F/F

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	

OMFORTDELGRO ENGINEERING
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 408869
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 06.08.2018 11:13 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305196375

OMER
S
OMER NO.
ESS
(R) (O)
(P)
UNT CARD NO.

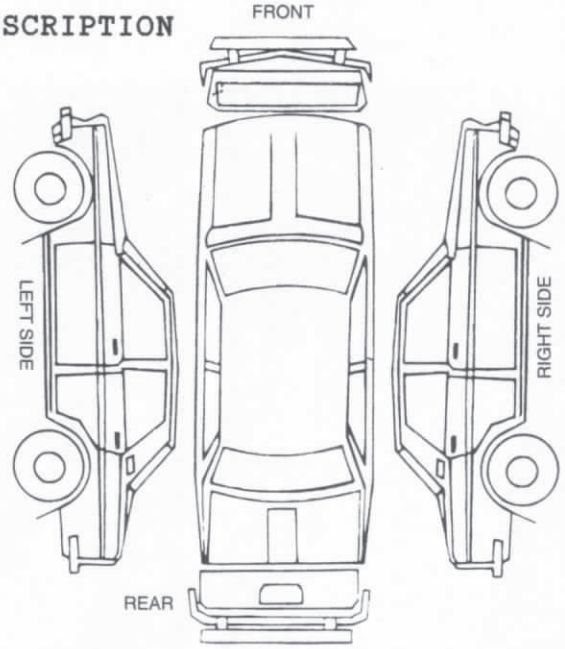
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.: SHA2809X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 06.08.2018 09:30
YR OF MANU. 29.12.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU097694	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.08.2018
NATURE: 3P 02.08.18

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHA2809X LIMTS

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA2809X

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

QBE - cp|P)

TS

VEHICLE NO : SHA 2809X **DATE 6/8/2018**

MAKE :

LKK - Kalvin

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover ✗ Repair			$ 1,052.20
	Front Bumper Bracket (LH) ✗			$ 24.60
	Front Fender (LH) ✓			$ 619.00
	Front Fender Shield (LH) ✗			$ 169.80
	SUB TOTAL			**$ 1,865.60**
	LESS ~~20%~~ 25%			$ 373.12
	DISCOUNTED TOTAL			**$ 1,492.48**
	Frt Fender Advertisement Logo (LH) ✓			$ 100.00 **Nett**
				$ 100.00
	Labour Charge			
	Panel Beating			$ ~~600.00~~ 200
	Spray Painting Charge			$ ~~500.00~~ 400
	Wiring Charge			$ ~~50.00~~ ✗
	Tuff Kote			$ ~~50.00~~ 20
	TOTAL LABOUR			**$ 1,200.00**
	ESTIMATE TOTAL			**$ 2,792.48**

Kalvin (LKK)
// 6/8/18 1135hr
2 Days
P/P
Before Paint 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 : 305196375

Date : 08/08/18

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA2809X Date of Accident : 02-Aug-18

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

1. The repair job shall bill to: QBE INS --- GBB8160J

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$464.25
(b)	Labour Charges	$720.00
	Total for Part-By-Part Repair Cost	**$1,184.25**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less: 20%	
	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.

We confirm the estimates and finalized amount

Signature : LIM T S

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

Date : 8/8/18

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		NO		
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: 07.08.2018
Time: 16:05:17
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	:	305196375
REGN NO	:	SHA2809X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	29.12.2016
DATE/TIME IN	:	06.08.2018 09:30
ACCIDENT DATE	:	02.08.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION					
0001 04-01-0103-0574-A FRONT FENDER LH	1		619.00	25.00	464.25

SUB-TOTAL : 464.25

JOB NATURE

0000 20-05	Frt Fender Adv.Sticker LH	100.00	
0001 L	PANEL BEATING	200.00	
0002 23-502	SPRAYPAINT ON AFFECTED AREA		400.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.		20.00

SUB-TOTAL : 720.00

TOTAL : 1,184.25

Limfs

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO