

INS. CASE OWNER:

CC 3, CTI 180 14512, 19 jab

LKK:
IDAC:

ASSIGNMENT

Surveyor:

Aufk

DOI:

8/8/10

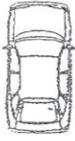
Date / Time:

8/8/10

Registered in Merimen:

Pre-assign / CCU / FTE

CB 6951U



Insured Vehicle No. : CB 6951U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: 6/8/10

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

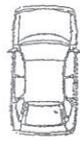
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 3412P



INSRS: WSP: CNH 1049
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
8AC3412P. WJM/INC 0900 5896/41; WAF: 16/3/10 CB6951U. X	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)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	

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: _____

A member of COMFORTDELGRO

Date/Time: 07.08.2018 16:41 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305197314

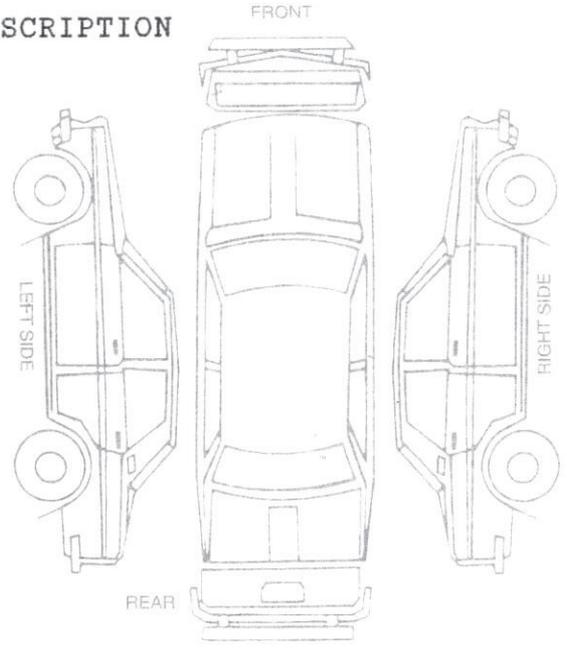
STOMER
 COMFORT TRANSPORTATION PTE LTD
 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755 (R) (O)
 (P)
 COUNT CARD NO.

REGN NO.: SHC3412P	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.08.2018 00:05
YR OF MANU. 27.03.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU053013	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.08.2018
 NATURE: 3P 06.08.2018

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip
 Date: _____
 Vehicle No.: SHC3412P CHIANG
 Signature/Date

Exit Pass
 Vehicle No.: SHC3412P
 Name of Service Advisor _____
 Date _____

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3412P

DATE 7/8/2018 14:32

MAKE :

MODEL : HYUNDAI i40

LKK

Cherry

Olviang

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper ✓			\$ 553.00
	Rear Bumper Reinforcement ?			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)?		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs ✓			\$ 22.00
	Rear Bumper Bracket ?		\$ 35.60	\$ 71.20
	Rear Bumper Sponge ?			\$ 103.50
	Rear Bumper Under Cover X			\$ 228.00
	SUB TOTAL			\$ 1,566.70
	LESS 20%			\$ 313.34
	DISCOUNTED TOTAL			\$ 1,253.36
	Rear Bumper Reverse Sensor ✓			\$ 135.70 Nett
	Rear Bumper Advertisement Logo ✓			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) ✓		\$ 100.00	\$ 200.00 Nett
				\$ 385.70
	Labour Charge			
	Panel Beating			\$ 380.00 ²⁰⁰
	Spray Painting Charge			\$ 250.00 ²⁰⁰
	Wiring Charge			\$ 50.00 ^X
	Remove/Refix Reverse Sensor			\$ 120.00 ³⁰
	<i>Towing fee</i>			\$ 60.00 [?]
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 2,439.06

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:

Ka hui 10/1/18
8/8/18 10.50h
2 hrs.
4/3
After repair 4/3

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.



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
1. Date: 7/8/18	Time Received: 0005	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)
2. <input type="checkbox"/> New Name of Customer : MR AZIZ Contact No. : 8616 2424 Vehicle No. : SHC 3412P Make / Model / Colour : I40 Blue Email :	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery
6. Parts Replaced/Remarks:	7. Location: 513 Woodlands Drive 19	
8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Overheating <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Starting Problem <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Return Taxi	9. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Sin Ming <input type="checkbox"/> Senoko <input type="checkbox"/> Others:	
10. Odometer Reading : 530303 Fuel Level : F 1/4 1/2 3/4 E		11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
Job Attended		
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver : Ping Vehicle No. : Ym9148J Time Dispatch : 0005 Time of Arrival : 0045 Time Completed : 0130		13. Signature of Customer:
Cash Invoice Details (if applicable)		
13. Cash Invoice No. :		
Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.		
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.		
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
Date: 7/8/18	Time: 0045	Signature of Customer:
14. WORKSHOP		
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305197314
Date : 08/08/18

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHC3412P 06/08/18

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

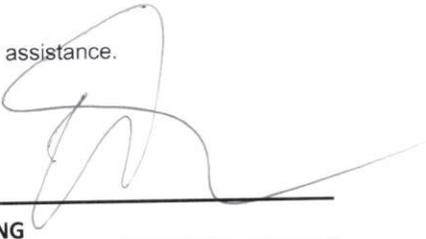
1. The repair job shall bill to: CHINA CB6951U
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
 - Final Lumpsum Repair cost** \$1,050.00

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 : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kalin
Date : 10/8/18

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:
