15/5/2010

INS. CASE OWNER: CC4 / FWD 180 / 5850 / Pleas

LKK:

IDAC:

ASSIGNMENT

Surveyor: Amk DOI: 29/8/2018 Date / Time: 29/8/18

Registered in Merimen: 30/8/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLA 2117 G

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 27/8/2018

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. : fax

Make / Model :

Place of Accident :

Nature of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

HD9K -> SLQ7098R → SDE9742J → SLA 2117 G → SHA 4406 L

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP: Chat was.
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS: 07	RMKS: TP

Date/ Time	
	SLA 2117 G - X
	SHA4406L - C13/MG140 23348/Dw0392; DOA: 11/12/14
	Merimen : Sompo ?

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: 8/9/18	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: Kelvin

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 4406L Yr Regn: 17 Mar 2017

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

Make: Hyundai Zoom c.c 1580

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

Sp.Reading 156200 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVHU022788

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size; F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	27/8/13	D.O.I.	29/8/13

Survey held at CDHE (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
	FWD
	P/P

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

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:	
___$ + 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
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: 3851830 JC NO.: 305205499

TOMER
MS
TOMER NO.
RESS

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

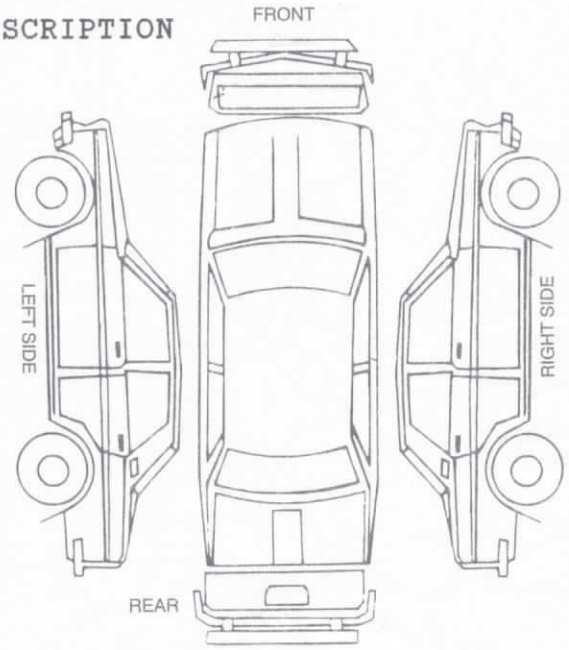
COUNT CARD NO.

REGN NO.: SHA4406L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ	DATE/TIME IN 27.08.2018 19:35
YR OF MANU 17.03.2017	TARGET DATE
CHASSIS CODE KMHC851CVHU022788	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.08.2018
NATURE: 3P 27.08.18/B-

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SHA4406L FZ FWD

e of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4406L

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

FWD

VEHICLE NO : SHA 4406L **DATE 29/8/2018 10:33**

MAKE :

REAR

MODEL : HYUNDAI IONIQ

FZ

Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X Repair			
	Rear Bumper Garnish (Black) ✓			
	Rear Bumper Sponge ?			
	SUB TOTAL			**$ -**
	LESS 20%			$ -
	DISCOUNTED TOTAL			**$ -**
	Rear Bumper Reverse Sensor X			$ 135.70 **Nett**
	Rear No. Plate ✓			$ 25.00 **Nett**
	Rear Bumper Rubber Mat X			$ 50.00 **Nett**
				$ 210.70
	Labour Charge			
	Panel Beating			$ ~~400.00~~ 200
	Spray Painting Charge			$ ~~250.00~~ 200
	Wiring Charge			$ ~~50.00~~ X
	Remove/Refix Reverse Sensor			$ ~~120.00~~ X
	TOTAL LABOUR			**$ 820.00**
	ESTIMATE TOTAL			

Kahar LKK

✓ 29/8/18 1515 L

2 Dep.

P/P

After Repair 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 "[illegible] 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 : 305205499

Date : 03.09.2018

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4406L Date of Accident : 27.08.2018

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

1. The repair job shall bill to: FWD --- SLA2217G

2. The finalized amount shall be:

(a)	Spare Parts after List discount		$241.08
(b)	Labour Charges		$400.00
	Total for Part-By-Part Repair Cost		$641.08
(c.)	Lumpsum Repair (if applicable)		
	Total for Lumpsum repair cost after Less:	20%	$0.00
	Final Lumpsum Repair cost		$0.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature :

Name : Kalvin

Date : 4/9/18

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: 03.09.2018
Time: 18:42:27
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	:	305205499
REGN NO	:	SHA4406L
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ
DATE OF REGN	:	17.03.2017
DATE/TIME IN	:	27.08.2018 19:35
ACCIDENT DATE	:	27.08.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT

PART REQUISITION

0001	04-01-0104-2360-G	IONIQV1 MOULDING ASSY-RR	1		270.10	20.00 216.08
0002	FNPS	NO PLATE(S)	1	N	25.00	2.00- 25.00

SUB-TOTAL : 241.08

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 L	SPRAY PAINTING CHARGE	200.00

SUB-TOTAL : 400.00

TOTAL : 641.08

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :