15/5/2010

INS. CASE OWNER: RA | CC 4, ASM 180 16543, Flha3 | LKK: IDAC: 68553

ASSIGNMENT

Surveyor: AWK　　DOI: 10/9/2018　　Date / Time : 10/9/2018

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJN 1648H　　Claim No. : S8M00UY7

Name of Insured :　　Policy No. :　　GX

Insured Tel No. :　　HP:　　Make / Model :

Excess Sec II :S$　　D.O.A : 8/9/2018　　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**

SJN 1648H → SHC 7036R → SJX 8682J → Unknown ?

SJN 1648H	SHC 7036R	SJX 8682J	Unknown ?
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: Odile Woyong	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time	
	SHC 7036R - NA/INC 18016434/164 ; DOA: 8/9/2018
	- NS/INC 12007663/1419n ; DOA: 13/4/12
	SJN 1648H - X
11/9	JINR - sent out 1st letter.

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: 11/9　　Sent By: bm

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: SHC 7036R Yr Regn: 17 Mar 2016

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 269152 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41MAG085584

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 / 60 R 16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	8/9/16	D.O.I.	10/9/16

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	AXA PIP

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	

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 408583
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305210505

VARS

STOMER
MS
STOMER NO.
DRESS
(R)
(P)
COUNT CARD NO.

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

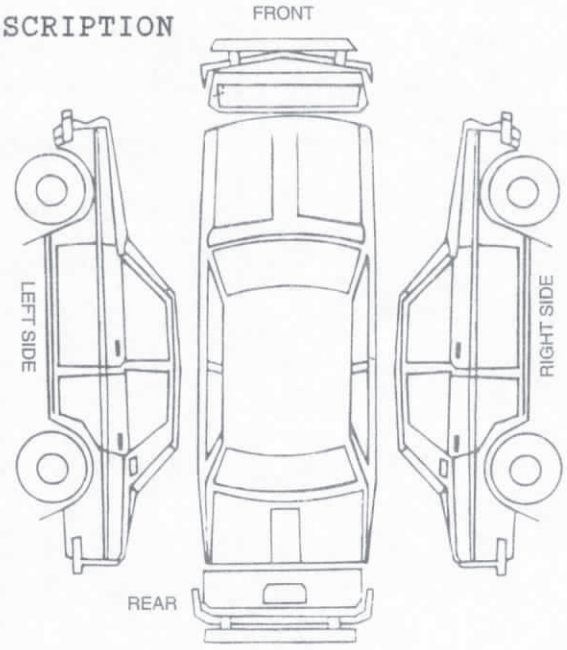
B

REGN NO.: SHC7036R	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 10.09.2018 09:40
YR OF MANU. 17.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU085584	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.09.2018
NATURE: 3P 08.09.2018

S/NO	LABOR CODE	DESCRIPTION
	AXA - Front and Rear damage	



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SHC7036R LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7036R

Name of Service Advisor

Date

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

(1)

VEHICLE NO : SHC 7036R **DATE 10/9/2018 11:20**

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille			$ 1,110.10	
	Radiator Grille H Emblem			$ 39.50	
	Front Bumper Cover			$ 1,052.20	
	Front Bumper Sponge			$ 99.20	
	Front Bumper Reinforcement			$ 402.10	
	Front Bumper Bracket Top (LH/RH)		$ 22.40	$ 44.80	
	Front Bumper Bracket (LH/RH)		$ 24.60	$ 49.20	
	SUB TOTAL			**$ 2,797.10**	
	LESS 20%			$ 559.42	
	DISCOUNTED TOTAL			**$ 2,237.68**	
	Front Number Plate			$ 25.00	**Nett**
	Front No Plate Trim Cover			$ 30.00	**Nett**
				$ 55.00	
	Labour Charge			200	
	Panel Beating			$ 350.00	
	Spray Painting Charge			$ 250.00 200	
	TOTAL LABOUR			**$ 600.00**	
	ESTIMATE TOTAL			**$ 2,892.68**	

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 modifications is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Larry Ng

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.

(2)

CITY CAB PTE LTD

AXA

REPAIR ESTIMATE*

VEHICLE NO : SHC 7036R **DATE 10/9/2018 11:22**

MAKE :

MODEL : HYUNDAI i40

DOA: 08.09.18

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			$ 228.00	
	SUB TOTAL			**$ 1,566.70**	
	LESS 20%			$ 313.34	
	DISCOUNTED TOTAL			**$ 1,253.36**	
	Rear Bumper Advertisement Logo			$ 50.00	**Nett**
	Rear Fender Advertisement Logo (LH/RH)		$ 100.00	$ 200.00	**Nett**
	Rear Bumper Reverse Sensor			$ 135.70	**Nett**
				$ 385.70	
	Labour Charge			200	
	Panel Beating			$ ~~350.00~~	
	Spray Painting Charge			$ ~~250.00~~	200
	Wiring Charge			$ ~~50.00~~	X
	Remove/Refix Reverse Sensor			$ ~~120.00~~	3-
	TOTAL LABOUR			**$ 770.00**	
	ESTIMATE TOTAL			**$ 2,409.06**	

Kahir Alley

10/9/18 1505 hrs.

2 Rpr

PP

Before Paint p Lto

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:

Larry Ng

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 . 305210505

Date : 11. Sep. 2018

FINALIZATION FORM

To : **LKK** Fax :

Attn : KALVIN

Vehicle Reg No. : **SHC7036R** Date of Accident: 8. Sep. 2018

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

1. The repair job shall bill to: **AXA** **SJN1648H**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$2,757.94
(b)	Labour Charges	$830.00
	Total for Part-By-Part Repair Cost	$3587.94
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less:	
	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 :

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalv

Date : 11/9/18

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				
3. Survey Fees				
4. LTA Search Fee				
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: 11.09.2018
Time: 10:51:40
Page: 1

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

JOB NO : 305210505
REGN NO : SHC7036R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 17.03.2016
DATE/TIME IN : 10.09.2018 09:40
ACCIDENT DATE : 08.09.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION						
0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1		553.00	20.00	442.40
0002 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1		228.00	20.00	182.40
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10		22.00	20.00	17.60
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1		135.70		135.70
0005 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1		1,052.20	20.00	841.76
0006 04-01-0103-2164-G	I40V3 GRILLE ASSY-RADIATO	1		1,110.10	20.00	888.08
					SUB-TOTAL :	2,507.94
JOB NATURE						
0000 L	ADVERTISEMENT - REAR BUMPER					50.00
0001 L	ADVERTISEMENT - REAR FENDER RH/LH					200.00
0002 L	PANEL BEATING			200.00		
0003 23-502	SPRAYPAINT ON AFFECTED AREA					200.00
					SUB-TOTAL :	650.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

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

JOB NO	:	305210505
REGN NO	:	SHC7036R
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	17.03.2016
DATE/TIME IN	:	10.09.2018 09:40
ACCIDENT DATE	:	08.09.2018

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

TOTAL : 3,157.94

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :