15/5/2010

INS. CASE OWNER: Stuey. | CC 4, Asm180 16832, Klwa3 | LKK: IDAC: 69516

ASSIGNMENT

Surveyor: Amk DOI: 14/9/18 Date / Time : 14/9/2018

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJR6114C Claim No. : S8M00V11 fx

Name of Insured : LEE YING Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 13/9/18 Place of Accident : C/P of Blk 706/705 HDB Ved.

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

SHD6824J → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CDLE	WSP:	WSP:	WSP:
Tel : 10yrs	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHD6824J - CC4/M160170081/Kkg3q2 ; DOA: 8/9/16
	= CC4/111160184351/Kzb3q2 ; DOA: 7/9/16
	SJR6114C - CS/MS617019732/Rxybn2 ; DOA: 11/10/17
14/9	OIRA. sent out lx 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: 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 IWS / 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 6824J Yr Regn: 23 Jun 2016

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 220156 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41MHG091566

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 Westlake

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	13/9/18	D.O.I.	14/9/18

Survey held at CDHE (Loyang)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or NO FAULT

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) _____

☐ : Prell. 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:	
___$ + RS___SI	
Photos	
Others	

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 408668
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: 3856482 JC NO.: 305212439

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

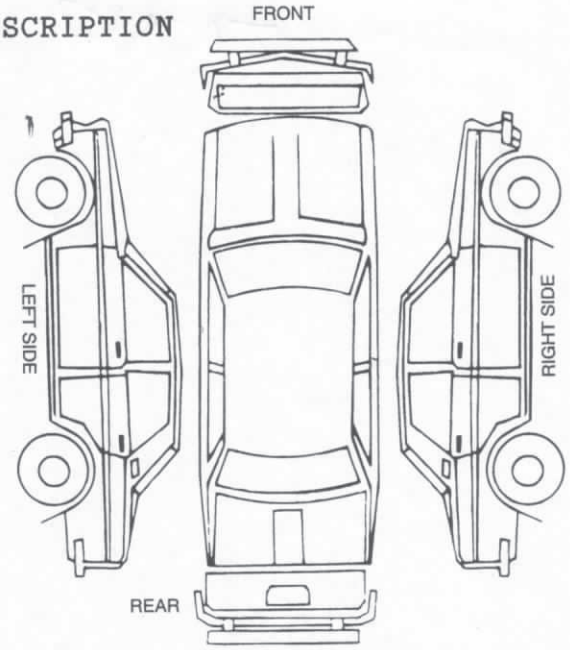
OUNT CARD NO.

REGN NO.: SHD6824J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 13.09.2018 11:20
YR OF MANU 23.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091566	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.09.2018
NATURE: 3P 13.09.18/B

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

.:
No.: SHD6824J FZ AXA

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6824J

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6824T AXA — **DATE 13/9/2018 16:42** — Fz

MAKE : Left FRONT

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 Grille (LH) ×			$ 93.60	
	Front Bumper Bracket Top (LH) ?			$ 22.40	
	Front Bumper Bracket (LH) ?			$ 24.60	
	Headlamp (LH) ✓			$ 1,388.00	
	Front Fender (LH) × repair			$ 566.30	
	Front Fender Shield (LH) ×			$ 175.90	
	Front Fender Retainer ×			$ 24.60	
	SUB TOTAL			**$ 4,998.50**	
	LESS 20%			$ 999.70	
	DISCOUNTED TOTAL			**$ 3,998.80**	
	Front Number Plate ×			$ 25.00	**Nett**
	Front No Plate Trim Cover ×			$ 30.00	**Nett**
	Frt Fender Advertisement Logo (LH) ✓			$ 100.00	**Nett**
				$ 155.00	
	Labour Charge				
	Panel Beating			$ ~~560.00~~ 300	
	Spray Painting Charge			$ ~~500.00~~	400
	Wiring			$ ~~50.00~~	20
	Tuff Kote			$ ~~50.00~~	×
	TOTAL LABOUR			**$ 1,160.00**	
	Kalai (LKK) **ESTIMATE TOTAL**			**$ 5,313.80**	

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

Acknowledged by Repairer
Signature:
Date:

14/9/18 10.30h
2 days
P/P
Before part pull

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 : 305212439

Date : 18.09.2018

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHD6824J Date of Accident : 13.09.2018

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

1. The repair job shall bill to: AXA --- SJR6114C

2. The finalized amount shall be:

(a)	Spare Parts after List discount		$1,952.16
(b)	Labour Charges		$820.00
	Total for Part-By-Part Repair Cost		$2,772.16
(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 : 18/9/18

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: Final Amount Subject to Insurance Approval

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.09.2018
Time: 18:42:33
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	:	305212439
REGN NO	:	SHD6824J
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	23.06.2016
DATE/TIME IN	:	13.09.2018 11:20
ACCIDENT DATE	:	13.09.2018

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION				
0001 04-01-0103-2322-A I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0002 04-01-0103-0781-A I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40
			SUB-TOTAL :	1,952.16
JOB NATURE				
0000 L PANEL BEATING				300.00
0001 L SPRAY PAINTING CHARGE				400.00
0002 L WIRING CHARGE				20.00
0003 20-05 RENEW ADVERTISMENT FRT FENDER LH				100.00
			SUB-TOTAL :	820.00
			TOTAL :	2,772.16

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO