

INS. CASE OWNER:

mmueto  
Anu

cc 4, Asm 180 16914, klwa3

LKK: 70001  
IDAC: 70001

Surveyor:

DOI:

ASSIGNMENT

12/1/18

Date / Time:

12/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SGE7947m

Claim No. :

SGM0002

Name of Insured :

WSSHAGE ERU4

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Bmw 26

Excess Sec II :SS

D.O.A :

12/1/18

Place of Accident :

Dover Rd

Is driver the owner? ( YES / NO )

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(VL: YES / NO)

Insured Liability : %

Final ? Yes / No

SAc1820H



INSRS:  
WSP: Club Logos  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SAc1820H - 03/10/11 S20285/MPA302: 09/27/11/15  
SGE7947m - 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)	<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: 19/9 Sent By: [Signature]

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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>			[Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent )	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$		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:	



**Workshops**

59 Loyang Drive Singapore 508989  
 383 Sin Ming Drive Singapore 575717  
 45 Pandan Road Singapore 609286  
 320 Ubi Road Singapore 519809

24 Senoko Loop Singapore 758156  
 7 Sungei Kadut Way Singapore 728791  
 501 Yishun Industrial Park A Singapore 788732

member of COMFORTDELGRO

Date/Time: 15.09.2018 11:23

Page : 1

<b>Team:</b> ARC Repair TP(CLSO)1  <b>TOMER</b> VS <b>COMFORT TRANSPORTATION PTE LTD</b> TOMER NO. <b>7010045</b> RESS <b>383 SIN MING DRIVE</b> <b>Singapore SINGAPORE 575717</b> (R) <b>65508755</b> (O) (P)  COUNT CARD NO.	<b>JOB CARD</b>	<b>Sales Order:</b>  REGN NO.: <b>SHC1820H</b> MAKE: <b>TOYOTA</b> MODEL: <b>PRIUS HYBRID(G4)</b> YR OF MANU: <b>06.10.2017</b> CHASSIS CODE: <b>JTDKB3FU603569013</b>	<b>JC NO.:</b> 305213167  MILEAGE  FUEL E.....1/2.....F  DATE/TIME IN <b>15.09.2018 06:10</b>  TARGET DATE  COMPLETION DATE/TIME:
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JOB DESCRIPTION

Accident Date: 15.09.2018  
 NATURE: 3P 15.09.2018

S/NO	LABOR CODE	DESCRIPTION	

CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR

\_\_\_\_\_  
 CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: **SHC1820H**      **CHIANG**

Signature/Date

Exit Pass

Vehicle No.: **SHC1820H**

Name of Service Advisor      Date

To be kept by Security Guard

Returned to Service Reception upon collection





# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305213167

Date : 19/09/18

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC1820H

15/09/2018

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

1. The repair job shall bill to: AXA SGE7947M

2. The finalized amount shall be:

(a) Spare Parts after List discount \$4,032.35

(b) Labour Charges \$1570.00

**Total for Part-By-Part Repair Cost** \$5602.35

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

**Final Lumpsum Repair cost** \_\_\_\_\_

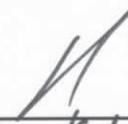
3. Estimated normal period for repairs: 3 working days.

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 : 

Signature : 

Name : CHIANG

Name : Kalvin

Tel : 62148314

Date : 19/9/18

Fax : 65468156

### 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



COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305213167  
 REGN NO : SHC1820H  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 06.10.2017  
 DATE/TIME IN : 15.09.2018 06:10  
 ACCIDENT DATE : 15.09.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	52.90	25.00	39.67
0002	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.40	25.00	39.30
0003	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	60.80	25.00	45.60
0004	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00	2.50-	40.00
0005	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00	0.25	30.00
0006	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00	0.03-	30.00
0007	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0008	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0009	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	14.70	25.00	11.02
0010	04-01-0302-2965-G	PRIG4 FILLER-REAR BUMPER	1	148.40	25.00	111.30
0011	04-01-0302-0795-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30
0012	04-01-0302-0585-G	PRIG4 LENS & BODY RR COMB	1	557.90	25.00	418.42
0013	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305213167  
 REGN NO : SHC1820H  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(C  
 DATE OF REGN : 06.10.2017  
 DATE/TIME IN : 15.09.2018 06:10  
 ACCIDENT DATE : 15.09.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0302-2383-G PRIG4 PANEL SUBASSY BODY	1		548.40	25.00	411.30
0015 09-01-0302-2005-A PRIG4 REVERSE SENSOR ASSY	1		135.70	2.50-	135.70
0016 04-01-0302-2346-G PRIG4 GARNISH SUB ASSY BA	1		881.70	25.00	661.27
0017 04-01-0302-2404-G PRIG4 PIPE ASSY EXHAUST T	1		1,163.40	25.00	872.55

SUB-TOTAL : 4,032.33

JOB NATURE

0000 L	PANEL BEATING	600.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	700.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	50.00
0004 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305213167  
 REGN NO : SHC1820H  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(C  
 DATE OF REGN : 06.10.2017  
 DATE/TIME IN : 15.09.2018 06:10  
 ACCIDENT DATE : 15.09.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0005 20-06 REMOVE/REFIX EXHAUST PIPE TO ASST REP					60.00
0006 23-01 TOWING FEE					<del>150.00</del>
					100
					SUB-TOTAL : 1,610.00
					TOTAL : 5,642.33

\_\_\_\_\_  
 MVA NAME & SIGNATURE  
 DATE :

\_\_\_\_\_  
 SURVEYOR NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO