15/5/2010

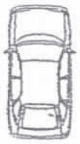
INS. CASE OWNER: ll | CC4, ASM 180 16921, Klha3 | LKK: IDAC: 69818

ASSIGNMENT

Surveyor: Kalvin DOI: 17/9/18 Date / Time : 17/09/2018

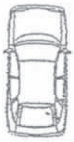
Registered in Merimen: –

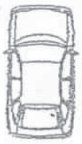
Pre-assign / CCU / FTE

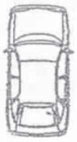


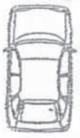
Insured Vehicle No. :	SJT 8765 A	Claim No. :	S8MOOVMX
Name of Insured :	TAN LEE AIK,	Policy No. :	GA356625/1
Insured Tel No. :	HP:	Make / Model :	NISSAN QASHQAI
Excess Sec II :S$	D.O.A : 14/9/2018	Place of Accident :	Bideford Rd
Is driver the owner? (/ (NO))		Nature of Accident :	
If **NO**, Driver Name / Age :	TAN SIEW PENG MELISE	OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	97811020 (V/L: (YES) / NO)	Insured Liability : %	**Final ? Yes / No**

SHA 4622 D → ____ → ____ → ____


INSRS:
WSP: CDLE lawyers
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA4622D AX / FC11800174 / Z4 ; DOA: 4/1/2018
	SJT8765A - CC3/AXAC1018691/KHglolg ; DOA: 14/9/2018

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: 19/9 Sent By: Hum

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: Kalvin

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 4622D Yr Regn: 10 Aug 2012

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

Make: Toyota Prius c.c 1798

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

Sp.Reading 144637 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU20356341

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: 195/65R15

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.	14/9/18	D.O.I.	17/9/18

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	AxA PIC

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. 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:	
___S + RS___SI	
Photos	
Others	
TOTAL	

OMFORTDELGRO ENGINEERING

ember 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 408669
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 15.09.2018 09:01 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3856868 JC NO.: 305213133

MER

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

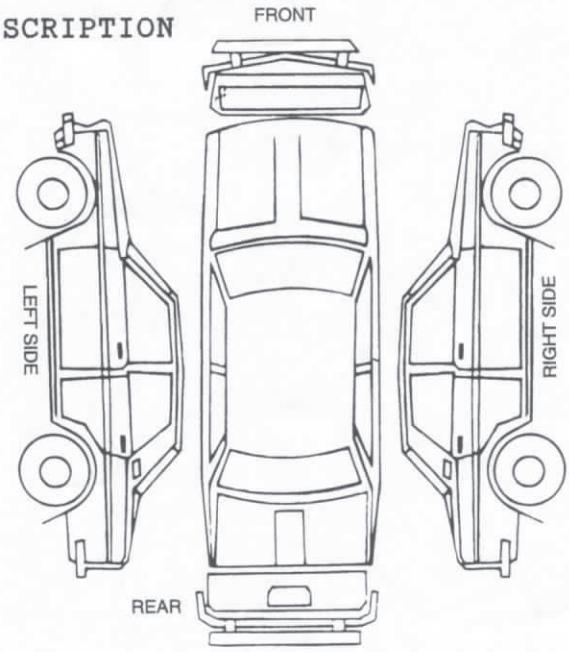
UNT CARD NO.

REGN NO.: SHA4622D	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 14.09.2018 15:55
YR OF MANU 10.08.2017	TARGET DATE
CHASSIS CODE JTDKB3FU203563211	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.09.2018
NATURE: 3P 14.09.18

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHA4622D JU AXA

Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4622D

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHD 4622D

17/9/2018 12:17

MAKE :

MODEL : TOYOTA PRIUS

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	PANEL SUB-ASSY, FRONT DOOR, RH x repair			$ 1,227.00	
	ROCKER PANEL GARNISH x repair			$ 576.00	
	REAR WHEEL HUB CAP (RH) —			$ 175.80	
	Rear Fender (RH) x repair				
	Rear Bumper x repair		SUB TOTAL	$ 1,978.80	
			LESS 25%	$ 494.70	
	Rear Door (RH) —		DISCOUNTED TOTAL	$ 1,484.10	
	FRONT DOOR COMFORT LOGO —			$ 75.00	NETT
	REAR DOOR COMFORT & APPS STICKER —			$ 80.00	NETT
				$ 155.00	
	LABOUR CHARGE				
	Panel Beating			$ ~~600.00~~ 400	
	Spray Painting Charge-Bumper/Fender/Door & Rocker Panel			$ ~~1400~~ ~~1000.00~~ 1000	
	Transfer of Door			$ ~~120.00~~ 50	
	Rear Wheel Alignment			$ ~~120.00~~ X	
			TOTAL LABOUR	$ 1,840.00	
			ESTIMATE TOTAL	$ 3,479.10	

Calculation

17/9/18 1410 hrs

3 Days

PIP

Before Paint 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 "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:

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 : 305213133

Date : 19/08/2019

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

: SHA4622D Date of Accident : 14/08/2018

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

1. The repair job shall bill to: AXA --- SJT8765A
###

2. The finalized amount shall be:

(a)	Spare Parts after List discount		$1,202.83
(b)	Labour Charges	###	$1,450.00
	Total for Part-By-Part Repair Cost		**$2,652.83**
(c.)	Lumpsum Repair (if applicable)		
	Total for Lumpsum repair cost after Less:	20%	
	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 :

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature :

Name : Calvin

Date : 19/9/19

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: 19.09.2018
Time: 11:43:42
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	:	305213133
REGN NO	:	SHA4622D
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	10.08.2017
DATE/TIME IN	:	14.09.2018 15:55
ACCIDENT DATE	:	14.09.2018

	JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION						
0001 04-01-0302-0595-G	PRIG4 PANEL SUB-ASSY RR D	1	L	1,221.30	25.00	915.97
0002 03-01-0302-2057-G	PRIG4 CAP WHEEL	1	L	175.80	25.00	131.85
0003 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	N	80.00	2.50-	80.00
0004 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	N	75.00	0.25	75.00
					SUB-TOTAL :	1,202.82
JOB NATURE						
0000 L	PANEL BEATING- REAR					400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA					1000.00
0002 L	LUBRICATE LOCK HINGES & HOOH LATCH					50.00
					SUB-TOTAL :	1,450.00
					TOTAL :	2,652.82

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :