

INS. CASE OWNER:

CC 4, ASM 180 17018, Klapa

LKK:

IDAC:

70161

Surveyor:

DOI:

ASSIGNMENT

18/09/18

Date / Time:

18/9/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLU 1148Z

Claim No.:

S8m00v7m

Name of Insured:

1006 YEONG SAN PATRICK

Policy No.:

Insured Tel No.:

HP:

9005 2761

Make / Model:

7-WISH

Excess Sec II :SS

D.O.A.:

12/9/18

Place of Accident:

Junc. of Mountbatten Rd /
Guthrie Rd

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHO 3024X



INSRS:

WSP:

Tel:

Liability:

RMKS:

WSP: 1006 1044



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

SHO 3024X - C3/UR17010810/1120242; 08/11/18
SLU 1148Z - 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)

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:

10/11

Sent By:

JW

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

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:

(08/11/13)

REF:

Surveyor: Kalvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insp'd Vehicle No: _____

at Workshop no/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 Rpt: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No:

SHD3024x

Yr Regn:

9 Jun 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai Z40

c.c.

1680

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

39.061

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH16414M64 09 17 x0Gen. Cond: Good / 6 Poor / BurntSteering: In order / 6 Jammed / Leaked / Burnt orBrake: In order / 6 Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / 6 Rim or

Tyre Size:

F:

255/60 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

17/9/16

D.O.I.

18/9/16

Survey held at

CDHE (Loyang)

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

W/S Body

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

Ax4
P.P

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3024X

DATE 18/9/2018 10:09

MAKE :

MODEL : HYUNDAI i40

Larry

PbyP
AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>x repair</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>x</i>			\$ 22.00
	Rear Fender (LH) <i>x repair</i>			\$ 2,171.40
	Rear Fender Inner Lining (LH) <i>x</i>			\$ 169.30
	Rear Windscreen Moulding <i>x</i>			\$ 28.30
	Rear Door (LH)			\$ 2,201.10
	Rear Door Gear/Regulator (LH) <i>?</i>			\$ 242.80
	Rear Door Hinge Upper (LH) <i>x</i>			\$ 45.90
	Rear Door Hinge Lower (LH) <i>x</i>			\$ 45.90
	Rear Door Check (LH) <i>x</i>			\$ 62.90
	Front Door (LH)			\$ 2,256.40
	Front Door Gear / Regulator (LH) <i>?</i>			\$ 250.60
	Front Door Outer Moulding (LH) <i>x</i>			\$ 47.10
	Front Door Power Motor, LH <i>x</i>			\$ 172.70
	Door Centre Pillar Outer (LH) <i>x repair</i>			\$ 2,527.80
	Rocker Panel Outer Garnish (LH)			\$ 341.40
	Rear Wheel Hup-Cap (LH)			\$ 107.10
	SUB TOTAL			\$ 11,245.70
	LESS 20%			\$ 2,249.14
	DISCOUNTED TOTAL			\$ 8,996.56
	Rear Bumper Rubber Mat <i>x</i>			\$ 50.00
	Rear Windscreen Sealant <i>x</i>			\$ 46.00
	Rear Door Comfortdelgro & Apps Sticker (LH)			\$ 80.00
	Front Door Coloured Comfort Logo (LH)			\$ 75.00
				\$ 251.00
	Labour Charge			
	Panel Beating			\$ 1,800.00
	Spray Painting Charge			\$ 1,500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Fuel Tank			\$ 150.00
	Transfer of Door		\$ 120.00	\$ 240.00
	Rear Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 4,280.00
	ESTIMATE TOTAL			\$ 13,527.56

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:

Kalin Klean

18/9/18 1430 hrs.

3 Pys.

P/P

Before Part photo

800

Nett
Nett
Nett
Nett

1200

20

50

50

50

X

X

X

100

X

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.

A member of COMFORTDELGRO

Date/Time: 18.09.2018 08:48

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305214295

STOMER

COMFORT TRANSPORTATION PTE LTD

/MS 7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

65508755

(O)

(R)
(P)

SCOUNT CARD NO.

REGN NO.: SHD3024X

MILEAGE

MAKE : HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 17.09.2018 14:35

YR OF MANU 09.06.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU091340

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.09.2018

NATURE: 3P 17.09.2018

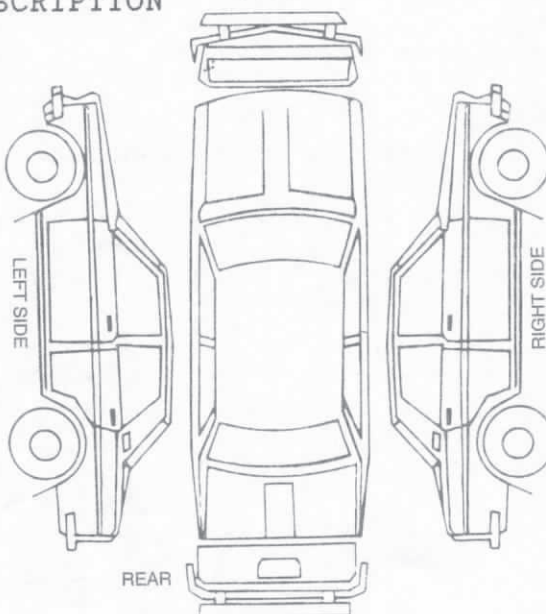
S/NO

LABOR CODE

DESCRIPTION

FRONT

AXA - white Left Side



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

re:
No.: SHD3024X
icle No.: LARRY

Vehicle No.: SHD3024X

Larry Ng
ne of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No . 305214295

Date : 20. Sep. 2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3024X

Date of Accident: 17. 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 SLU1148Z
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$4,079.80
 - (b) Labour Charges \$2,220.00
 - Total for Part-By-Part Repair Cost \$6,299.80
 - (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 : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kahin

Date : 20/9/18

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: 20.09.2018
Time: 16:05:05
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 : 305214295
REGN NO : SHD3024X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 09.06.2016
DATE/TIME IN : 17.09.2018 14:35
ACCIDENT DATE : 17.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0596-G	I40VC PANEL ASSY-RR DR LH	1	2,201.10	20.00	1,760.88
0002 04-01-0103-0593-G	I40VC PANEL ASSY-FR DR LH	1	2,256.40	20.00	1,805.12
0003 04-01-0103-0813-G	I40VC MOULDING ASSY-SIDE	1	341.40	20.00	273.12
0004 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68
0005 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00		75.00
0006 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00		80.00

SUB-TOTAL : 4,079.80

JOB NATURE

0000 L	PANEL BEATING	800.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	1200.00
0002 17-01	WIRING CHARGE	20.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00
0004 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	50.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.09.2018

REPAIR ESTIMATE

Time: 16:05:05

Page: 2

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

JOB NO : 305214295
REGN NO : SHD3024X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 09.06.2016
DATE/TIME IN : 17.09.2018 14:35
ACCIDENT DATE : 17.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0005 L TRANSFER OF DOOR 100.00

SUB-TOTAL : 2,220.00

TOTAL : 6,299.80

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :