15/5/2010

INS. CASE OWNER: Yus Tan | CC4, Asm 180 17072, Kluu3 | LKK: 70339 IDAC:

ASSIGNMENT

Surveyor: Calvin   DOI: 19/09/18   Date / Time : 18/09/18

Registered in Merimen: /

Pre-assign / CCU / FTE

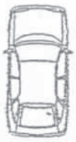
Insured Vehicle No. :	SKA9319L "VIRTUAL"	Claim No. :	SFM00VHW
Name of Insured :	Lee Mor Chuang Glen	Policy No. :	GA0292421/1
Insured Tel No. : HP:	91918860	Make / Model :	V. G71
Excess Sec II :S$ D.O.A :	11-09-18	Place of Accident :	Geylang Rd

Is driver the owner? (YES / NO)   Nature of Accident :

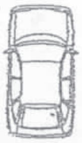
If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

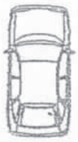
SH7662B → → →



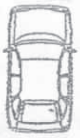
INSRS: WSP: Ctrine Tofong Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH7662B - CC4/111 1800116 9/uh3 ; DOA: 5/1/18
	- NS/INC 18015821 1149d3n2 ; DOA: 18/8/18
	SKA9319L - CC4/Asm 1800 7073/Ana3 ; DOA: 21/4/18
	- CS/Asm 1800 76781/ce6 ; DOA: 21/4/18

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: 20/9/18   Sent By: Cn

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:	

(08/1 / 13) Surveyor: Kalvin | REF: ASM(AXA7)

ASSIGNMENT

From: | Date: 19052018

Estimated Cost:

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

To Inspect Vehicle No: SH 7662B

at Workshop m/s Comfort Delgro

of 51 Loyang Drive.

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: SH 7662B Yr Regn: 2 Apr 2015

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 489274 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41MAF4067830

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.	12/9/18	D.O.I.	19/9/18

Survey held at COE (Loyang)

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

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

Date / Time	Action / Instruction

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 ($) ☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL

Report Format :

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

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
329 Ubi Road 3 Singapore 408669
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768733

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305214298

TOMER

VIS
TOMER NO.
RESS

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

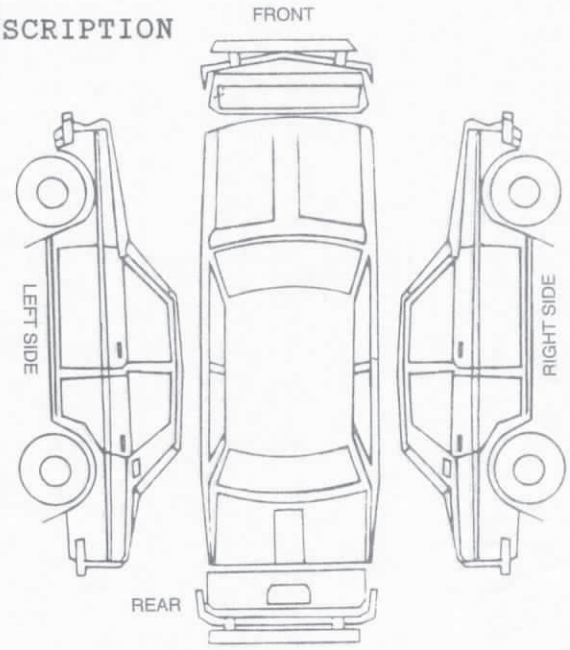
OUNT CARD NO.

REGN NO.: SH 7662B	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 18.09.2018 08:00
YR OF MANU 02.04.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU067830	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.09.2018
NATURE: 3P 12.09.2018

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SH 7662B CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7662B

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

LKK

Aen

Chiang

VEHICLE NO : SH 7662B   DATE 18/9/2018 13:16

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper × repair			$ 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 Rubber Mat ×			$ 50.00	**Nett**
	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**
				$ 435.70	
	Labour Charge				
	Panel Beating			$ ~~350.00~~ 100	
	Spray Painting Charge			$ ~~250.00~~ 200	
	Wiring Charge			$ ~~50.00~~ ×	
	Remove/Refix Reverse Sensor			$ ~~120.00~~ +	
	TOTAL LABOUR			**$ 770.00**	
	ESTIMATE TOTAL			**$ 2,459.06**	

Kalvin KKk

19/9/18 1030hrs

2 days

4/5

After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before ...
- To display damaged ...
- Parts prices are ... basis
- Third party survey ...
- No illegal mod... and
- Supplementary ... Insurance Company is subject to ...

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 : 305214298

Date : 21/09/18

FINALIZATION FORM

To : LKK Fax :

Attn : KELVIN

Vehicle Reg No. : SH 7662B 12/09/18

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

1. The repair job shall bill to: AXA SKA9319L

2. The finalized amount shall be:

(a)	Spare Parts after List discount	
(b)	Labour Charges	$550.00
	Total for Part-By-Part Repair Cost	$550.00
(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.

Signature :
Name : CHIANG
Tel : 62148314
Fax : 65468156

We confirm the estimates and finalized amount

Signature :
Name : Kelvin
Date : 21/9/18

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