

INS. CASE OWNER:

CC3 / CT1 180 17439, Kwas

LKK:

IDAC:

Surveyor:

Bnk

DOI:

ASSIGNMENT

24/9/18

Date / Time:

24/9/18

Registered in Merimen:

Pre-assign / CCU / FTE

GBB 5347H



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

24/09/2018

Place of Accident :

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

SHD788 E



INSRS:

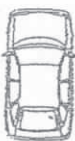
WSP:

Tel :

Liability :

RMKS:

CPH 10413



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD788 E, X;

GBB 5347H. W (181806079 / Awa3 ; 24/9/18

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:

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\$

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:

A member of COMFORTDELGRO

Date/Time: 24.09.2018 14:40

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3859076

JC NO.: 305216910

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

MS

CUSTOMER NO.

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

COUNT CARD NO.

REGN NO.:

SHD7188E

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN
24.09.2018 10:15

YR OF MANU

17.11.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU096422

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.09.2018

NATURE: 3P 24.09.18/B-

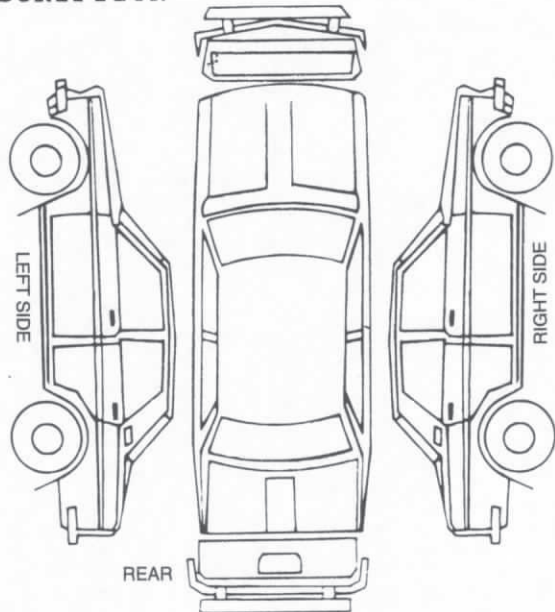
CHINA

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHD7188E

FZ CHINA LKK

Vehicle No.:

SHD7188E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

LKK Auto Consultants hereby 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: _____

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305216910
Date : 26.09.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD7188E

Date of Accident : 24.09.2018

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

1. The repair job shall bill to: CHINA --- GBB5347H
2. The finalized amount shall be:

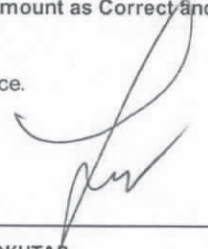
(a) Spare Parts after List discount		<u>\$536.00</u>
(b) Labour Charges		<u>\$100.00</u>
Total for Part-By-Part Repair Cost		<u>\$636.00</u>
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	<u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost		<u>\$0.00</u>

3. Estimated normal period for repairs: 1 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 : Calvin

Date : 27/9/18

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 25.09.2018
Time: 18:10:44
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 : 305216910
REGN NO : SHD7188E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 17.11.2016
DATE/TIME IN : 24.09.2018 10:15
ACCIDENT DATE : 24.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0600-G I40VC MIRROR ASSY-O/S REA 1 670.00 20.00 536.00

SUB-TOTAL : 536.00

JOB NATURE

0000 L PANEL BEATING 50.00

0001 L SPRAY PAINTING CHARGE 50.00

SUB-TOTAL : 100.00

TOTAL : 636.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :