

INS. CASE OWNER:

CCS, bal 180 17441, Flwas

IDAC:

Surveyor:

hmk

DOI:

ASSIGNMENT

24/9/18

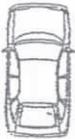
Date / Time :

24/9/18

Registered in Merimen:

Pre-assign / CCU / FTE

6Q 7872G



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP: *21-9-18*

Make / Model :

Excess Sec II :S\$

D.O.A.:

Place of Accident :

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

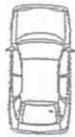
If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

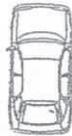
SHC8818U



INSRS:
WSP: *cbwz loraus.*
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

*SHC8818U - CC/PCU 18004737/114d302; 20/18. 10/3/18
6Q 7872G - 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"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

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\$ _____

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: _____

member of COMFORTDELGRO

Date/Time: 21.09.2018 10:28 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305216305

OMER IS OMER NO. LESS (R) (P) OUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SHC8818U	MILEAGE
		MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
		MODEL E220CDI (E5)	DATE/TIME IN 21.09.2018 16:50
		YR OF MANU 18.10.2013	TARGET DATE
		CHASSIS CODE WDD2120022A760590	COMPLETION DATE/TIME:

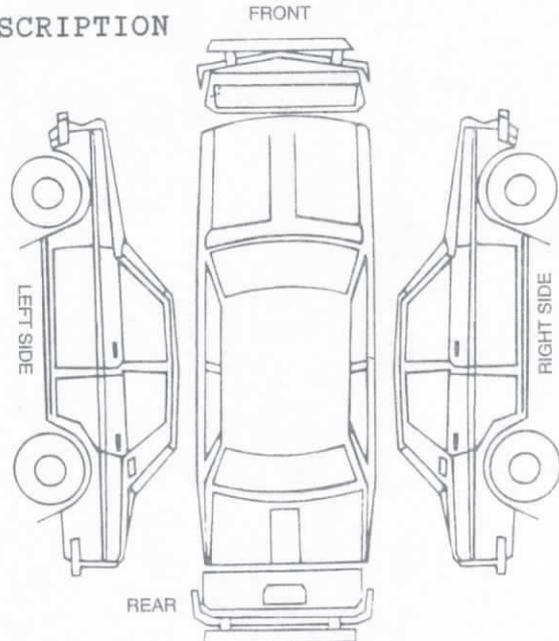
EQ NS

JOB DESCRIPTION

Accident Date: 21.09.2018
NATURE: 3P 21.09.2018

S/NO	LABOR CODE	DESCRIPTION
		<i>Swip fee - \$60</i>

Swip fee - \$60



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Exit Pass
 Vehicle No.: SHC8818U
 Signature/Date: *Kawin*
 of Service Advisor

Vehicle No.: SHC8818U
 Name of Service Advisor
 Date
 To be kept by Security Guard

returned to Service Reception upon collection

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8818U

DATE 24/9/2018 10:45

MAKE :

MODEL : MERCEDES

LKK/kawin

A/Sum

Lke

EQ INS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt			\$ 1,890.50
	Bumper Side Beam, Frt/LH/RH ?		\$ 26.90	\$ 53.80
	Bumper Grille, Frt/Centre			\$ 290.50
	License Plate Trim Cover, Frt			\$ 155.00
	Radiator Grille			\$ 718.75
	SUB TOTAL			\$ 3,108.55
	LESS 20%			\$ 621.71
	DISCOUNTED TOTAL			\$ 2,486.84
	Number Plate, Frt (Merc Taxi)			\$ 50.00
	Labour Charge			
	Panel Beating			\$ 220.00 ²⁰⁰
	Spray Painting Charge			\$ 220.00 ²⁰⁰
	Towing Fees			\$ 60.00 ⁶⁰
				\$ 500.00
				\$ 3,036.84

Nett

LKK Auto Consultants hence notify the Repairer of the following:
TOTAL LABOUR
 • To display damaged parts during resurvey
 • Parts prices are subject to confirmation on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplementary claim(s) must be resurveyed and is subject to final approval from Insurance Company
 Acknowledged by Repairer
 Signature:
 Date:

Kawin LKK
24/9/18 10:25 hrs.
2 Pys
45
After Repair photo

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

Our Job Ref No 305216305
Date : 26/09/18

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC8818U CTPL 21.09.18

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

1. The repair job shall bill to: EQ INS --- GQ7872G
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c.) Lumpsum Repair (if applicable) _____
 - Total for Lumpsum repair cost after Less: 20% \$2,350.00
 - Final Lumpsum Repair cost** \$2,350.00

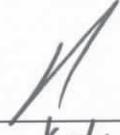
3. Estimated normal period for repairs: 2 working days.

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.

We confirm the estimates and finalized amount

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Calvin
Date : 26/9/18

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

