15/5/2010

INS. CASE OWNER: RA | CC 4 / ASM 180 17813 / HWa3 | IDAC: 12694

ASSIGNMENT

Surveyor: Anli | DOI: 1-10-18 | Date / Time: 1-10-18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJW 3896Y	Claim No. :	S8M00XJC Grx
Name of Insured :	Neil Jason Ventura	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 29/9/18	Place of Accident :	River Valley 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**

SHC 938J → ______ → ______ → ______

INSRS: WSP: Whitelegacy Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC938J - C13/ICRA 7007/021/HWb3a7 : DOA 13/4/17
	SJW3896Y - C13/A1G/20075H/HWb1a3a7 : DOA 12/4/17
1/10	OINR. Sent out 1st letter.

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$		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: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect 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: SHC 938J Yr Regn: 10 Oct 2013

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

Truck / Trailer or _____

Make: Mercedes Benz Viano c.c 2140

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

Sp.Reading 417216 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 639813 23 799945

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: 225 / 60 R16C

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	29/9/18	D.O.I.	1/10/18

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	AxA 4s

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Prell. 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:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

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
320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 01.10.2018 09:25

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305219660

TOMER

MS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

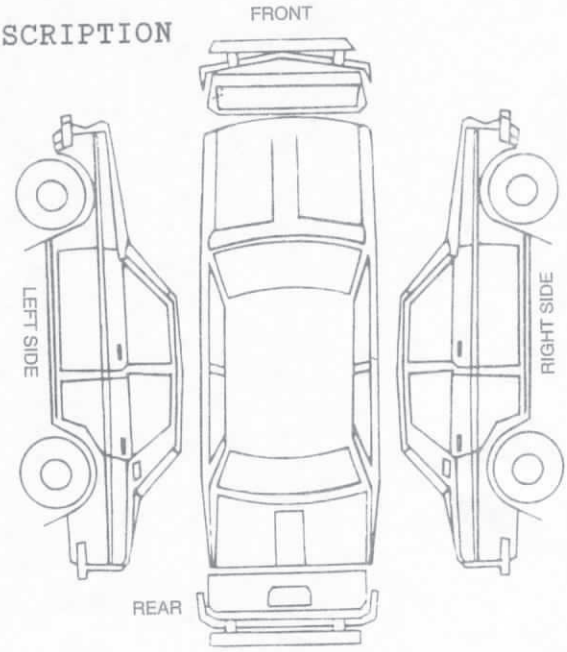
COUNT CARD NO.

REGN NO.: SHC 938J	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL VIANO CDI 2.2L	DATE/TIME IN 29.09.2018 11:05
YR OF MANU. 10.10.2013	TARGET DATE
CHASSIS CODE WDF63981323799945	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.09.2018
NATURE: 3P 29.09.2018

S/NO LABOR CODE DESCRIPTION



HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
cle No.: SHC 938J CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 938J

Name of Service Advisor

Date

To be kept by Security Guard

AYAT

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 938J **DATE 1/10/2018 11:26**

Chong

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 1,372.00	
	Bumper L/H Side, RR			$ 473.60	
	Bumper R/H Side, RR X Myan			$ 473.60	
	Tail Gate Assy			$ 3,951.98	
	Tail Gate Mercedes Star Logo			$ 45.46	
	Tail Gate "2.2" Logo			$ 78.00	
	Tail Gate "CDI " Logo			$ 78.00	
	Tail Gate Via No Logo			$ 78.00	
	Rear Bumper LH reflector				
	SUB TOTAL			**$ 6,550.64**	
	LESS 20%			**$ 1,310.13**	
	DISCOUNTED TOTAL			**$ 5,240.51**	
	Reverse Sensor			$ 288.00	**Nett**
	Tail Gate "MAXICAB" Logo			$ 30.00	**Nett**
				$ 318.00	
	Kalau LKK 1/10/18 1535 hrs.				
	Labour Charge			300	
	Panel Beating			$ ~~440.00~~	
	Spray Painting Charge 3 days			$ ~~440.00~~	400
	Wiring Charge 4s			$ ~~30.00~~	X
	Tuff Kote After Repair photo			$ ~~50.00~~	20
	Remove/Refix Cushion & Upholstery Rear			$ ~~150.00~~	X
	Remove/Refix Rear Windscreen Glass (sealant)			$ ~~150.00~~	100
	Remove/Refix Reverse Sensor			$ ~~120.00~~	30
	TOTAL LABOUR			**$ 1,380.00**	
	ESTIMATE TOTAL			**$ 6,938.51**	

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts 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 : 305219660

Date : 04/10/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC938J

29/09/2018

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

1. The repair job shall bill to: AXA SJW3896Y

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:
   Final Lumpsum Repair cost $4,800.00

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name : Kalvin

Date : 4/10/18

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