

INS. CASE OWNER:

CC 4 / ASM

180

1987P, P1 HAS

IDAC:

72832

Surveyor:

Calun

DOI:

ASSIGNMENT

7/10/18

Date / Time:

1/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SL6 7110R

Name of Insured:

BAOPING CONSTRUCTION PL

Insured Tel No.:

HP:

Claim No.:

S8m00XUM

Policy No.:

VPM/1858180

Make / Model:

M-BENZ E200

Excess Sec II :S\$

D.O.A.:

30/9/18

Place of Accident:

BUC 362A Sembawang Crescent

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

SHA 4416H



INSRS:

WSP:

Tel:

Liability:

RMKS:

com-boray



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHA 4416H - 03/10/18 7:30 PM / 11/10/18 13:00 / 11/10/18 18:00 / 11/10/18 18:00 / 11/10/18 18:00

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:

7/10

Sent By:

Bm

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:

Surveys

Kalm

REF:

ASM(AxA)

ASSIGNMENT

From:

Date: 02-10-2018

Estimated Cost:

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

To Inspect Vehicle No:

SHA 4416H

at Workshop m/s

Comfort Delgro

of

59 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 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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHA 4416H

Yr Regn:

20 Sep 2016

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

Truck / Trailer or

Make:

Toyota Prius

C.C 1798

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp.Reading

342355

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTPKB3F4 003530899

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:

195/65R15

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.

30/9/18

D.O.I.

2/10/18

Survey held at

CDE (Loyang)

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

Front o/s

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

Date / Time

Action / Instruction

PIP

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:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$ -)

Date/Time: 01.10.2018 14:19

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305220083

OMER
S
OMER NO.
ESS
(R)
(P)
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

AXA

REGN NO.: SHA4416H	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 01.10.2018 09:20
YR OF MANU. 20.09.2016	TARGET DATE
CHASSIS CODE JTDKB3FU003530899	COMPLETION DATE/TIME:

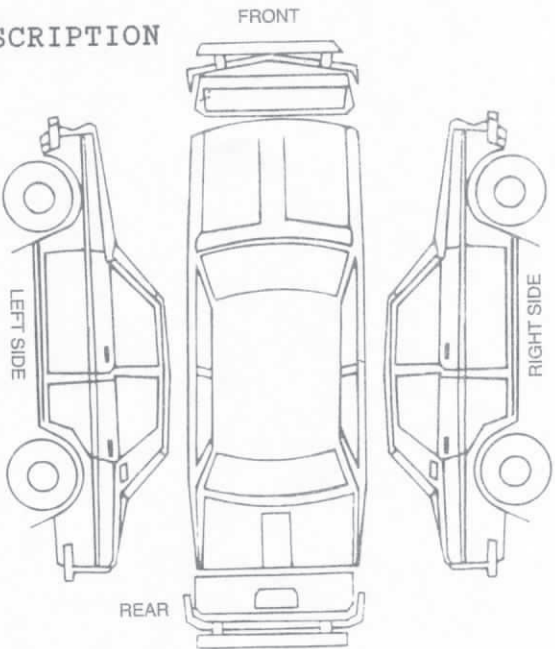
DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 30.09.2018
NATURE: 3P 30.09.2018

S/NO LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHA4416H LKE

Vehicle No.: SHA4416H

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHA 4416H

MAKE :

MODEL : TOYOTA PRIUS

1/10/2018 15:31

Like

AXA

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER ✓			\$ 499.90
FRONT BUMPER CLIPS ✓			\$ 22.00
FRONT BUMPER SIDE RETAINER ?			\$ 77.00
UNIT ASSY, HEADLAMP, RH (LED) ?			\$ 3,455.00
Front Fender (RH) x repair			
SUB TOTAL			\$ 4,053.90
LESS 20%			\$ 810.78
DISCOUNTED TOTAL			\$ 3,243.12
LABOUR CHARGE			
Panel Beating-Repair Fender			\$ 440.00 200
Spray Painting Charge			\$ 440.00 400
Wiring Charge			\$ 50.00 x
Tuff Kote			\$ 50.00 x
TOTAL LABOUR			\$ 980.00
ESTIMATE TOTAL			\$ 4,223.12

Kals (KLS)

2/10/18 1015 Lrs.

2 Days

PIP

Before Paint photo

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey but retainers spray painting
- To display damaged parts 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:

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 305220083

Date : 04/10/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA4416H CTPL

30.09.18

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

1. The repair job shall bill to: AXA --- SLG7110R
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$2,982.68
 - (b) Labour Charges \$600.00
 - Total for Part-By-Part Repair Cost \$3,582.68**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
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.

We confirm the estimates and finalized amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN

Date : 5/10/18

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		NO		
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

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 03.10.2018
Time: 19:13:16
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 : 305220083
REGN NO : SHA4416H
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 20.09.2016
DATE/TIME IN : 01.10.2018 09:20
ACCIDENT DATE : 30.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1 L	499.90	25.00	374.92
0002 04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0003 04-01-0302-2915-G	PRIG4 UNIT ASSY HEADLAMP	1 L	3,455.00	25.00	2,591.25

SUB-TOTAL : 2,982.67

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00

SUB-TOTAL : 600.00

TOTAL : 3,582.67

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :