INS. CASE OWNER:	CC 3 / EQI 180 18230, Klpa3	LKK:
		IDAC:

Surveyor: **Awk**   DOI: **8-10-18**   **ASSIGNMENT**   Date / Time: **8-10-18**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **YP6252u**   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : **5/10/18**   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

5HA 6632L →
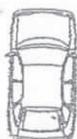
INSRS: WSP: **CDWE** Tel: **10yrs** Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

5HA 6632L - CU4/IH/1800 2615/Klpa3, DOA: 5/18
YP6252u - 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)		
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:	

Surveyr: Kalvin   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: SHA 6632L **Yr Regn:** Jun, 2014

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: 51677 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41AE405)96B

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205 / 60 R16

    R: --

BS / DUN / EXNOVA / GY / FS / LIZA / MICH / OHTSU / PIR / SUMI / TOYO / YOKO or **West la.le.**

Front		Rear	
R/Bal. 7	mm	R/Bal. 7	mm
L/Bal. 7	mm	L/Bal. 7	mm
D.O.A. 5/10/c8		D.O.I. 8/10/c8	

Survey held at: CDhE (Loyang)

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

Rear

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

Date / Time	Action / Instruction

EQ
4r

Date/Time, File Pass to? ☐ : Prell. Report
    ☐ : Final Report

i) _____

Date/Time, File Return to?

2) _____

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: _____

__S + RS __ SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING

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   24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717   7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286   501 Yishun Industrial Park A Singapore 768732
829 Ubi Road 3 Singapore 408682

Date/Time: 08.10.2018 08:24   Page : 1

Team: ARC Repair TP(CLSO)1	**JOB CARD**	Sales Order:	JC NO.: 305222812

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

(R)
(P)

OUNT CARD NO.

REGN NO.: SHA6632L	MILEAGE
MAKE : HYUNDAI	FUEL E..............1/2.................F
MODEL I-40	DATE/TIME IN 06.10.2018 10:30
YR OF MANU 03.06.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU053968	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.10.2018
NATURE: 3P 05.10.18

S/NO	LABOR CODE	DESCRIPTION

FRONT

LEFT SIDE   RIGHT SIDE

REAR
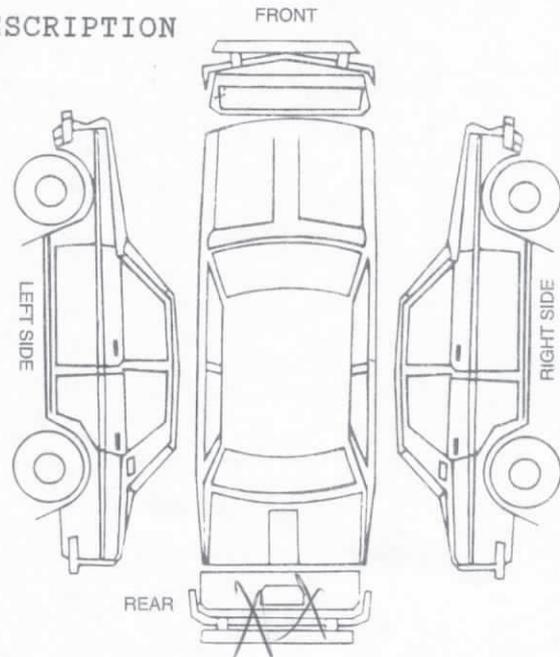
CKED & PASSED OUT BY: _____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

ledgement Slip   Exit Pass

No.: SHA6632L   JU EQ   Vehicle No.: SHA6632L

f Service Advisor   Signature/Date   Name of Service Advisor   Date

turned to Service Reception upon collection   To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 6632L DATE 10/6/2018 11:13

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Licence Lamp (LH)		$ 33.95	$ 33.95
	Licence Lamp Cover			$ 380.80
	Rear Bumper			$ 553.00
	Rear Bumper Clip 10 pcs			$ 22.00
	Rear Bumper Under Cover			$ 228.00
	SUB TOTAL			$ 1,217.75
	LESS 20%			$ 243.55
	DISCOUNTED TOTAL			$ 974.20
	Rear No.Plate			$ 25.00 Nett
	TOTAL			25.00
	Labour Charge			
	Panel Beating			$ 220.00
	Spray Painting Charge			$ 220.00
	TOTAL LABOUR			$ 440.00
	ESTIMATE TOTAL			$ 1,439.20

handwritten: ? price

handwritten annotations: Ko/ub 11/(1(14 8/10/18 10 20 hrs 2 Dys. 4/5 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.

Our Job Ref No : 305222812

Date : 09/10/18

FINALIZATION FORM

To : LKK   Fax :

Attn : KALVIN

: SHA6632L   Date of Accident : 05/10/18

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

1. The repair job shall bill to: EQ --- YP 6252U
   ###

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% $650.00
   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 : _____   Signature : _____

Name : JUMANI   Name :

Tel : 6214 8315   Date : 9/10/18

Fax : 65468156

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: