

INS. CASE OWNER:

CC 3 / CTI 180 18551 / kha3

LKK:

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

11-10-18

Date / Time:

11-10-18

Registered in Merimen:

Pre-assign / CCU / FTE

SLG 6983 U



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A: 10-10-18

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

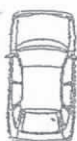
SHA 14760

INSRS:
WSP: C666 104ang.

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 14760 - C666 104ang. 10-10-18 / kha3; 10-10-18
SLG 6983 U. 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\$

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:

(08/12/13)

REF:

Surveyor: Kalvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 Report: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA14760 Yr Regn: "Jan 2017"

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

Truck / Trailer or

Make: Honda 240 c.c. 168Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 268837 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHLB4144H4098211Gen. Cond: Good / Fair / Poor / BurntSteering: Ins / Jammed / Leaked / Burnt orBrake: Ins / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or CampanFront: 7 mm Rear: 7 mmR/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 10/10/8 D.O.I. 11/10/8Survey held at CDHE (Loyang)

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

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

Date / Time Action / Instruction

CTI
PIP

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

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:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

number of COMFORTDELGRO

Date/Time: 11.10.2018 10:52 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305224462

MEMBER
COMFORT TRANSPORTATION PTE LTD
7010045
MEMBER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
(P)

REGN NO.: SHA1476D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 11.10.2018 08:25
YR OF MANU 11.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098211	COMPLETION DATE/TIME:

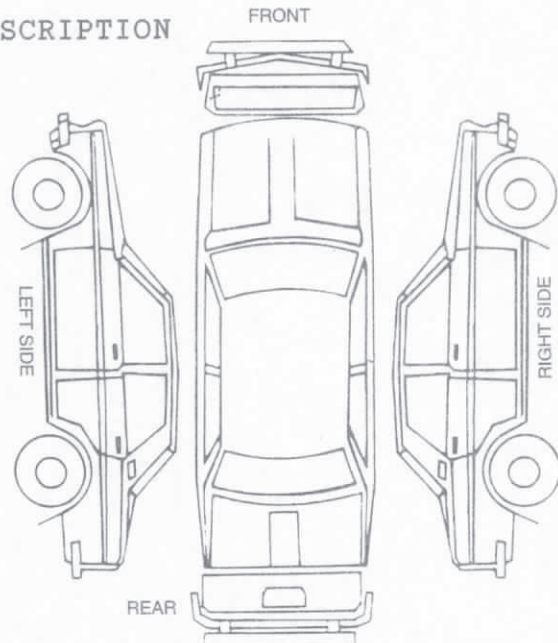
UNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.10.2018
NATURE: 3P 10.10.18

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHA1476D LIMITS

Vehicle No.: SHA1476D

Signature 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 1476D

MAKE :

MODEL : HYUNDAI i40

China Taiping - app) TS

DATE 11/10/2018

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs //			\$ 22.00
	Rear Bumper Under Cover //			\$ 228.00
	SUB TOTAL			\$ 803.00
	LESS 20%			\$ 160.60
	DISCOUNTED TOTAL			\$ 642.40
	 Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo //			\$ 50.00
	Rear Fender Advertisement Logo //			\$ 200
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 220.00
	Spray Painting Charge			\$ 220.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 1,292.40

Nett

Nett

200

X

20

/Kalin /Kalin
 11/10/18 1105hr
 2 Days.
 PIP
 Before Paint photo

LKK Auto Consultants hereby notify
 the Repairer of the following:
 • To resurvey the repair work
 • To display the repair work to the surveyor
 • Parts provided on a "best effort" basis
 • Third party liability insurance on a "best effort" basis
 • No illegal modifications to the vehicle
 • Supplier of parts and materials is subject to change without notice and
 is subject to the terms and conditions of the insurance company
 Acknowledged by: _____
 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 : SHA1476D
Date : 12/10/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG

Fax :

Vehicle Reg No. : SHA1476D Date of Accident : 10-Oct-18

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

1. The repair job shall bill to: CHINA TAIPING --- SLG6983U
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$692.40
(b) Labour Charges	\$680.00
Total for Part-By-Part Repair Cost	\$1,372.40
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
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 T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 12/10/18

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.10.2018

REPAIR ESTIMATE

Time: 11:49:05

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 : 305224462
REGN NO : SHA1476D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 11.10.2018 08:25
ACCIDENT DATE : 10.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0004 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00

SUB-TOTAL : 692.40

JOB NATURE

0000 20-05	Rear Bumper Adv.Sticker	50.00
0001 20-05	Rear Fender Adv.Sticker RH/LH	200.00
0002 L	PANEL BEATING	200.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0004 L	R/I REVERSE SENSOR	30.00

SUB-TOTAL : 680.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 12.10.2018

Time: 11:49:05

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305224462
REGN NO : SHA1476D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 11.10.2018 08:25
ACCIDENT DATE : 10.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,372.40

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE
DATE :