INS. CASE OWNER: CC 4 / CTi 180 19537 / K1fa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Awk
DOI: 25/10/18
Date / Time: 25/10/18
Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SFZ 9902E
Name of Insured :
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 24.10.18
Is driver the owner? (YES / NO) Nature of Accident :
If NO, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

Claim No. :
Policy No. :
Make / Model :
Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

SHC 8192R → →

INSRS: CDHI WSP: Tel: Liability: 10 days. RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SHC8192R - CC4/111180179211 Aka3 ; DOA: 24/9/18 SFZ 9902E . 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:	

08/11/31

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'ed 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

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

Veh No: SHC8192R Yr Regn: 19 May, 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai I40 c.c 1685

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

Sp.Reading 399461 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMH40 89790

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: 205/60R16

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.	24/10/16	D.O.I.	25/10/16

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	CTZ
	PIP

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

China Taiping DS

VEHICLE NO : SHC 8192R **DATE 25/10/2018 12:05**

LKK-Kelvin

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Wheel Hub Cap (LH)			$ 107.10	
	Front Bumper ✕ repair Front Fender (LH) ✕ repair Front Door (LH) ✕ repair Rear Door (LH) ✕ repair Rear Fender (LH) ✕ repair		**SUB TOTAL**	**$ 107.10**	
			LESS 20%	$ 21.42	
			DISCOUNTED TOTAL	**$ 85.68**	
	Front Door Comfort Logo (LH)			$ 75.00	**Nett**
	Rear Door Comfortdelgro & Apps Sticker (LH)			$ 80.00	**Nett**
				$ 155.00	
	Labour Charge			200	
	Panel Beating			$ ~~400.00~~	
	Spray Painting Charge			$ ~~1,300.00~~	1000
	Tuff Kote			$ ~~50.00~~	✕
	FRT Wheel Alignment			$ ~~80.00~~	✕
	TOTAL LABOUR			**$ 1,830.00**	
	ESTIMATE TOTAL			**$ 2,070.68**	

Kelvin Ng
25/10/18 1505 hrs
2 days
P/P
After Repair photo

LKK Auto Consultants hereby notify the Repairer of the following:
- To resurvey before/after 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 modifications 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

member of COMFORTDELGRO

China

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 408669
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 25.10.2018 11:48 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305230490

TOMER

MS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

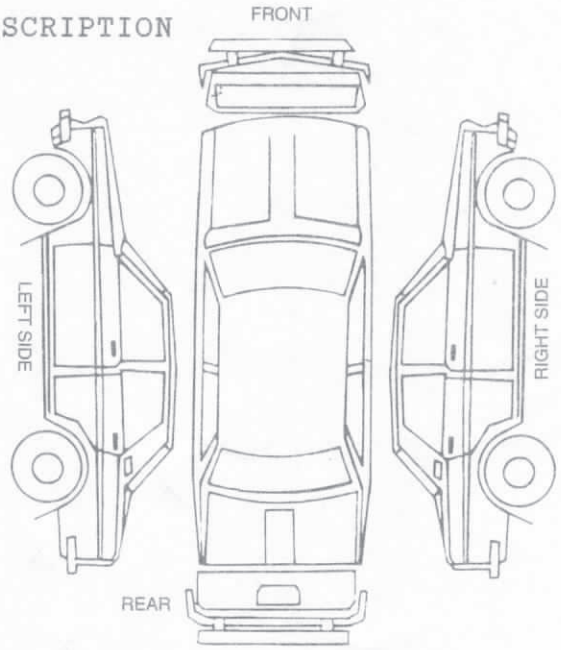
OUNT CARD NO.

REGN NO.: SHC8192R	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.10.2018 10:40
YR OF MANU. 19.05.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU089790	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.10.2018
NATURE: 3P 24.10.18

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHC8192R LIMTS

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8192R

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305230490

Date : 29/10/18

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8192R Date of Accident : 24-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 --- SFZ9902E

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%	$1,150.00
	Final Lumpsum Repair cost		**$1,150.00**

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 : LIM T S

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

Date : 29/10/18

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: