15/5/2010

INS. CASE OWNER: CC4 / Asm 180 19647 / Khas | LKK: | IDAC: 78267

ASSIGNMENT

Surveyor: Ank   DOI: 29-10-18   Date / Time : 30/10/18

* Veh surveyed befor AXA assigned.   Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : SME 5005Z   Claim No. : S8M0104S

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 28/10/2018   Place of Accident :

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**

SHA 5376H → ______ → ______ → ______

INSRS: WSP: Cong loyal. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 5376H - CC4 IA1A 170 18983 / M1WB3Q2 ; DOA: 28/9/17
	- CS / FC41 60 23626 / B1VH3N2 ; DOA: 9/12/16
	SME 5005Z - 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:

Surveyor: Kalvin | REF: CS/QW18019647/K16

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 5376H Yr Regn: 19 Apr, 2012
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Hyundai Sonata c.c 1998
Colour: Blue A/C: Insured / Std / NI / NA
Sp.Reading: 181675 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: KMHET41VMCA822917
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: 215/60x16
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.	28/10/18	D.O.I.	29/10/18

Survey held at: CDGE (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
	SHA 5376H - CCU/AIH/7018953/MIWb3G2 DOA: 280917 In Inspection + Report
29.10.2018	AXA informed comfortDelgro no record found in their system 4)
30.10.2018	received assignment from AXA by smart claim

Date/Time, File Pass to? [ ] : Preli. 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:	
__S + RS__SI	
Photos	
Others	
TOTAL	

OMFORTDELGRO
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
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: 29.10.2018 10:02 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305231603

OMER

S
OMER NO.
ESS

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

(R)
(P)
(O)

AXA

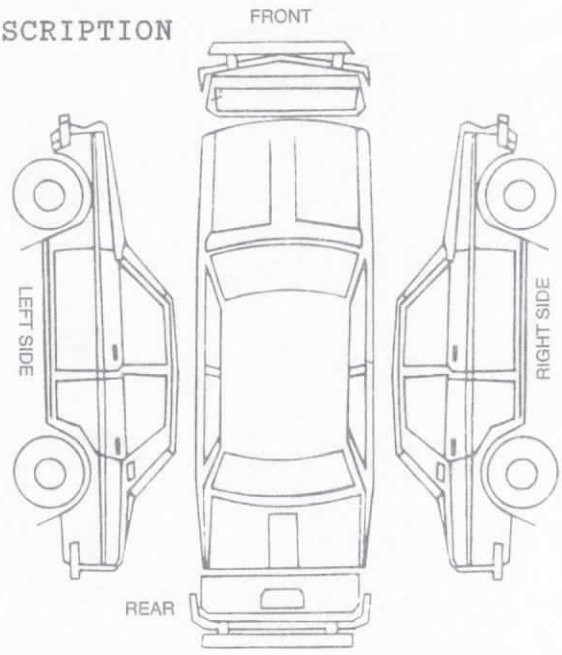
UNT CARD NO.

REGN NO.: SHA5376H	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 28.10.2018 10:40
YR OF MANU 19.04.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA822917	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.10.2018
NATURE: 3P 28.10.2018

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA5376H LKE

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA5376H

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 5376H **DATE 29/10/2018 11:39**

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid			$ 1,349.50	
	Boot Lid Lock Upper			$ 132.10	
	Boot Lid Lock Lower			$ 30.30	
	Boot Lid Sonata Plate			$ 43.60	
	Boot Lid Hyundai Plate			$ 24.20	
	Boot Lid 'H' Emblem			$ 26.10	
	Boot Lid CRDI Plate			$ 22.70	
	Rear Bumper			$ 578.40	
	Rear Bumper Reinforcement			$ 483.30	
	Rear Bumper Clip			$ 22.00	
	Rear Bumper Sponge			$ 137.40	
	Rear Bumper Under Cover			$ 185.80	
	Rear Bumper Protector (LH/RH)		$ 38.00	$ 76.00	
	SUB TOTAL			**$ 3,111.40**	
	LESS 20%			$ 622.28	
	DISCOUNTED TOTAL			**$ 2,489.12**	
	Boot Lid Comfort Logo & Tel No. Sticker			$ 30.00	Nett
	Boot Lid Advertisement Logo			$ 100.00	Nett
	Rear Bumper Reverse Sensor			$ 135.70	Nett
	Rear Bumper Advertisement Logo			$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		$ 100.00	$ 200.00	Nett
				$ 515.70	
	Labour Charge				
	Panel Beating			$ ~~400.00~~ 200	
	Spray Painting Charge			$ ~~500.00~~ 400	
	Wiring Charge			$ ~~30.00~~ X	
	Tuff Kote			$ ~~50.00~~ 20	
	Remove/Refix Reverse Sensor			$ ~~80.00~~ X	
	TOTAL LABOUR			**$ 1,060.00**	
	ESTIMATE TOTAL			**$ 4,064.82**	

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

Kalvin LKK
29/10/18 1515hrs
2 Days
L/S After Repair p Lt

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 305231603

Date : 31/10/18

FINALIZATION FORM

To : LKK Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA5376H CTPL 28.10.18

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

1. The repair job shall bill to: **AXA --- SME5005Z**

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% $2,100.00
   Final Lumpsum Repair cost **$2,100.00**

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 :

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :

Name :

Date : 1/11/18

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