

INS. CASE OWNER:

CC 3 / RBE 180 20163, K1fa3

LKK:

DAC:

Surveyor:

AWK

DOI:

ASSIGNMENT

21/1/18

Date / Time:

21/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

EV 7000D



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A: 5/11/2018

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 3560E



INSRS:

WSP:

Tel:

Liability:

RMKS:

DOL 6767



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHA 3560E 5/11/2018 5/11/2018 ; DOL: 10/1/18
EV 7000D - C441A1 (400 2000/11/18) ; DOL: 11/1/18

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 Bjll:	☐
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:
Repair Cost:	S\$	(days)	Reduction: %
		Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	
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\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

Date/Time: 07.11.2018 12:21

A member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305235552

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

MS

STOMER NO.

DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

COUNT CARD NO.

REGN NO.: SHA3560E

MILEAGE

MAKE : HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 05.11.2018 19:10

YR OF MANU 10.03.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU085542

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.11.2018

NATURE: 3P 05.11.2018

S/NO

LABOR CODE

DESCRIPTION

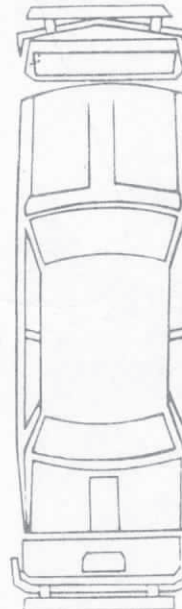
FRONT

QBS - Rear damage

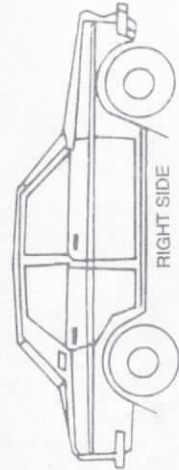
Ltc/Kdm -



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

er:

io.:

le No.:

SHA3560E

LARRY

Larry Ng

Vehicle No.:

SHA3560E

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305235552

Date : 7. Nov. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA3560E

Date of Accident: 5. Nov. 2018

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

1. The repair job shall bill to: QBE EV7000D

2. The finalized amount shall be:

(a) Spare Parts after List discount \$481.25

(b) Labour Charges \$430.00

Total for Part-By-Part Repair Cost \$911.25

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

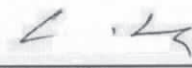
Final Lumpsum Repair cost _____

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.

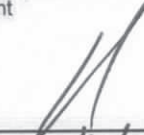
We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 7/11/18

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 07.11.2018

Time: 17:07:09

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 : 305235552
REGN NO : SHA3560E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.03.2016
DATE/TIME IN : 05.11.2018 19:10
ACCIDENT DATE : 05.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	25.00	414.75
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	25.00	16.50
0003 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00		50.00

SUB-TOTAL : 481.25

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 L	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 430.00

TOTAL : 911.25

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :