

INS. CLAF OWNER:

CC 4/Asm 180 20618, K1ja3

LKK:

81588

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

HP:

D.O.A.:

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place 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



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SJT 26501 - X;

SHT 4322P - C3/1618010401/K1ja3; 104: 06/06/18

-C4/1618007066/7100372; 104: 14/11/18

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 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: 16/11	Sent By: [Signature]
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	() days	Reduction: %
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:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor: Kalvin

REF: _____

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: SHB 4322 P Yr Regn: 16 Apr 2015

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

Truck / Trailer or _____

Make: Hyundai C.C. 1.8L

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

Sp. Reading: 589805 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MF4068034

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inord 6 / Jammed / Leaked / Burnt or

Brake: Inord 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 12/11/18 D.O.I. 14/11/18

Survey held at CDGE (Loyang)

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

Front / Rear

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

Date / Time	Action / Instruction
	<u>We should Reject the front portion Damaged cost.</u>
	<u>As 2nd Impact To should have any contact between the 2nd veh.</u>
	<u>unlikey</u>

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

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: _____

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

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305238588

STOMER

/MS

STOMER NO.

DRESS

(R)

(P)

COUNT CARD NO.

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

(O)

VARS

C

REGN NO.: SHB4322P

MAKE : HYUNDAI

MODEL I-40

YR OF MANU 16.04.2015

CHASSIS CODE KMHLB41UMFU068034

MILEAGE

FUEL

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

DATE/TIME IN 12.11.2018 21:55

TARGET DATE

COMPLETION DATE/TIME:

Accident Date: 12.11.2018

NATURE: 3P 12.11.2018 (C)

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

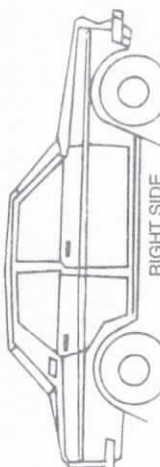
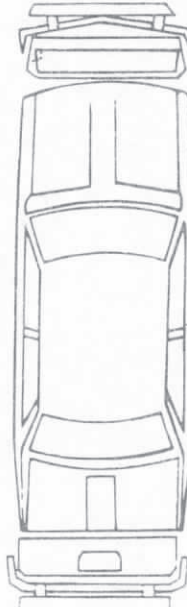
FRONT

AXA - Fmt & Rear damage



LEFT SIDE

REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHB4322P

LARRY

Vehicle No.:

SHB4322P

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

$A \times A$

DATE 13/11/2018 15:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X Rep.			\$ 553.00
	Rear Bumper Clip 10 pcs X			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,270.00
	Kalim 10/1/18 14/1/18 10x0hrs 4 Days L/S After Repair photo			
	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 is allowed • Supplementary item(s) must be reserved 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.

(2)

DATE 13/11/2018 15:32

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 2,265.90
	Bonnet Lock			\$ 36.90
	Radiator Grille			\$ 251.00
	Radiator Grille H Emblem			\$ 27.50
	Front Bumper Cover			\$ 544.50
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Grille (LH/RH)		\$ 41.60	\$ 83.20
	Front Bumper Centre Grille			\$ 178.60
	Front Bumper Centre Grille Top Garnish		\$ 80.00	\$ 160.00
	Front Bumper Lip			\$ 54.90
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	Headlamp Support Top Cover			\$ 222.60
	Headlamp Support Panel Assy			\$ 907.40
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00
	Radiator			\$ 698.30
	Radiator Fan Blade, Cowling, Motor Assy			\$ 792.95
	Radiator Bracket (RH/LH)		\$ 6.50	\$ 13.00
	Radiator Hose Upper			\$ 36.50
	Radiator Hose Lower			\$ 36.50
	Radiator Expansion Tank			\$ 28.30
	Radiator Guard		\$ 20.00	\$ 40.00
	Horn Unit (LH/RH)		\$ 73.80	\$ 147.60
	Horn Wire			\$ 156.50
	Front Fender (LH/RH)		\$ 566.30	\$ 1,132.60
	Front Fender Retainer		\$ 24.60	\$ 49.20
	Aircon Condenser			\$ 927.50
	Inter Cooler			\$ 1,032.50
	Inter Cooler Mounting (2 PCS)			\$ 25.90
	SUB TOTAL			\$ 13,221.15
	LESS 20%			\$ 2,644.23
	DISCOUNTED TOTAL			\$ 10,576.92
	Front Number Plate			\$ 25.00
	Front No Plate Trim Cover			\$ 30.00
				\$ 55.00
	Labour Charge			
	Panel Beating			\$ 1,200.00
	Spray Painting Charge			\$ 1,200.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 60.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	TOTAL LABOUR			\$ 2,690.00
	ESTIMATE TOTAL			\$ 13,321.92

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305238588

Date : 16. Nov. 2018

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

FINALIZATION FORM

To : LKK

Fax :

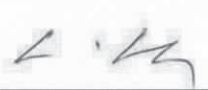
Attn : KALVIN

Vehicle Reg No. : SHB4322P Date of Accident: 12. Nov. 2018

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

1. The repair job shall bill to: AXA SHF630E(Transcab)
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:
Final Lumpsum Repair cost \$10,450.00
3. Estimated normal period for repairs: 4 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 : 16/11/18

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:

Final Amount Subject to Insurance Approval

COMFORTDELGRO
ENGINEERING

VEHICLE NO.: SHB4322P

MODEL : i40

JOB NO : 305238588

TYPE OF CLAIM : 3P / AXA

SURVEYED BY : LKK / KALVIN

DATE : 16.11.2018

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]