15/5/2010

INS. CASE OWNER: CC 3, C71 180 20865, K1wa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Anik

DOI: 16-11-18

Date / Time : 16-11-18

Registered in Merimen: -

Pre-assign / CCU / FTE

Insured Vehicle No. : SKP 5775 X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 15/11/2018

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

SHD 4038 A → → →

INSRS: WSP: Ann Wo Tel : Liability : Loyang. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD 4038 A. NM/A16180124459/V3 ; DOA: 7/7/2018
	-CS/FC116000670/M1Vbd1 ; DOA: 9/1/2016
	-CS/FC150167801/CYqbq2 ; DOA: 28/08/2015
	SKP 5775 X - 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: Kelvin | REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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: SHD 4038A Yr Regn: 2 Feb / 2012

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

Make: Hyundai Sonata c.c 1991

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

Sp.Reading 45347 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHETX1VMCA820809

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: 215/60R16

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.	15/11/12	D.O.I.	16/11/12

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
	CTI
	c/s

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

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 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3873852 JC NO.: 305239579

MER

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

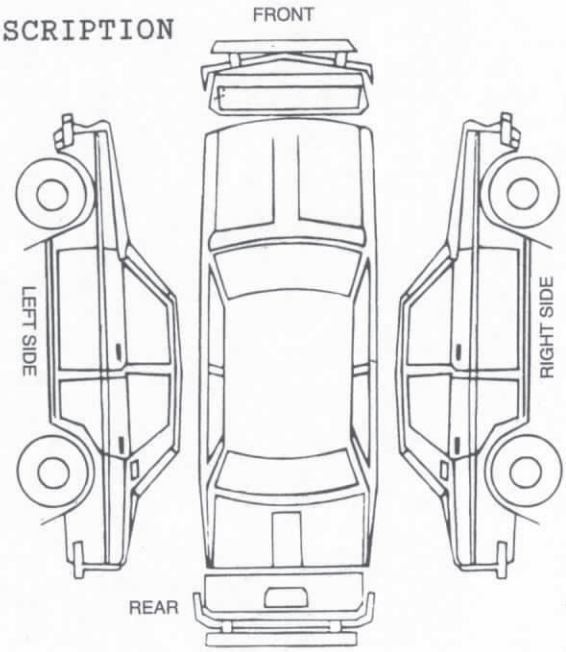
UNT CARD NO.

REGN NO.: SHD4038A	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 15.11.2018 03:20
YR OF MANU 02.02.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA820809	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.11.2018
NATURE: 3P 15.11.18/B

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHD4038A FZ CHINA

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD4038A

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4038A CHINA/LKK REAR **DATE 15/11/2018 15:41**

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid ✓			$ 1,349.50	
	Boot Lid Rubber ×			$ 110.90	
	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	
	Boot Lid Lamp (RH) –			$ 230.20	
	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) × Repair		$ 38.00	$ 76.00	
	Tail Lamp (RH) –			$ 344.00	
	Rear Panel × Repair			$ 391.80	
	Rear Panel Garnish –			$ 95.80	
	Rear Fender (RH) × repair				
	SUB TOTAL			**$ 4,284.10**	
	LESS 20%			$ 856.82	
	DISCOUNTED TOTAL			**$ 3,427.28**	
	Boot Lid Comfort Logo & Tel No. Sticker			$ 30.00	**Nett**
	Rear No.Plate –			$ 25.00	**Nett**
	Rear Bumper Reverse Sensor –			$ 135.70	**Nett**
	Rear Bumper Rubber Mat –			$ 50.00	**Nett**
				$ 240.70	
	Labour Charge				
	Panel Beating			$ ~~800.00~~ 600	
	Spray Painting Charge			$ ~~900.00~~	800
	Wiring Charge			$ ~~30.00~~	20
	Tuff Kote			$ ~~50.00~~	20
	Remove/Refix Reverse Sensor			$ ~~80.00~~	30
	Towing – King dolly $~~150.00~~ (100)				
	TOTAL LABOUR			**$ 1,860.00**	
	ESTIMATE TOTAL			**$ 5,527.98**	

LKK Auto Consultants hence 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 illegitimate claims allowed
- Supplementary claims must be reviewed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: Kelvin / LKK

Date: 16/11/18 11:00 hrs.

3 Days. L/S After Repair photo

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 : 305239579

Date : 19.11.2018

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4038A Date of Accident : 15.11.2018

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

1. The repair job shall bill to: CHINA — SKP5225X

2. The finalized amount shall be:

(a)	Spare Parts after List discount		$0.00
(b)	Labour Charges		$0.00
	Total for Part-By-Part Repair Cost		$0.00
(c.)	Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: **Final Lumpsum Repair cost**	20%	$3400.00

3. Estimated normal period for repairs: 3 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.

Signature :

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

We confirm the estimates and finalized amount

Signature :

Name : Kalvin

Date : 20/11/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks: