15/5/2010

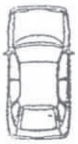
INS. CASE OWNER: Ice | CC 4, ASM 180 20883, Klpa3 | LKK: IDAC: 8286

ASSIGNMENT

Surveyor: Calvin DOI: 19-11-18 Date / Time: 19-11-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 56Z Claim No. : S8M0135J

Name of Insured : tan tze (chong) Policy No. :

Insured Tel No. : HP: Make / Model :

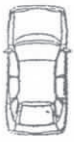
Excess Sec II :S$ D.O.A : 16-11-18 Place of Accident : CTE (SE).

Is driver the owner? (YES / NO) Nature of Accident :

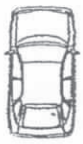
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLN 56Z → SHE 7034X → STA 7874Z →



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: CMIT
Tel :
Liability : TP 10yrs
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
20/11 CM1	SHE 7034X - X ; SLN 56Z - X
19/11	BINP · sent out 1st letter.

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: Kalvin | REF: | 20883/K/p.

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Insped Vehicle No: ______

at Workshop m/s ______

of ______

Insured: ______

Policy No. ______

Claims No. ______

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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: SHC7034X Yr Regn: 4 Mar, 2016

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

Make: Hyundai I40 c.c 1685

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

Sp.Reading: 41062[3] T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: KMHLB41UAGU085891

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Modi: Nil / S/Rim / STD Alrim 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.	16/11/18		D.O.I.	19/11/18	

Survey held at CDGE (Loyang)

Des. of Damages: Frt / 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
	AxA P/I

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

1) ______ [ ] : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech. Invs ($ ______)

[ ] : Weekend ($ ______)

Survey Fee:	
Transportation:	
__S + RS__SI	
Photos	
Others	
TOTAL	

Report Format: ______

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

COMFORTDELGRO ENGINEERING

A 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 408629
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 17.11.2018 11:09 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

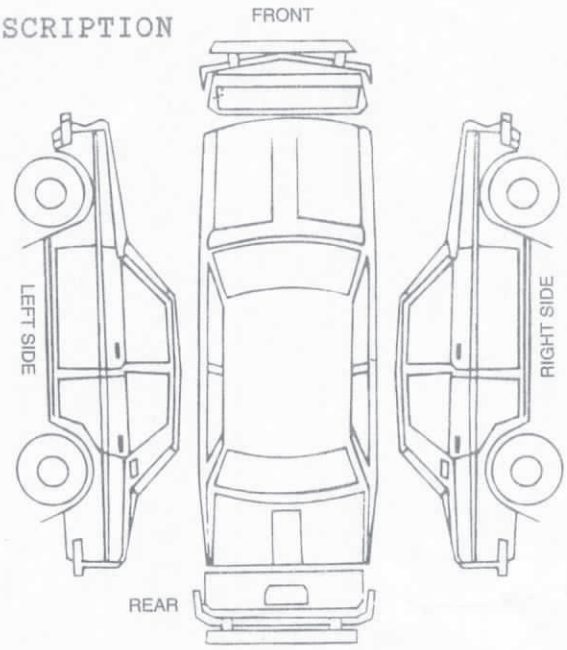
JC NO.: 305240015

TOMER	REGN NO.: SHC7034X
MS CITYCAB PTE LTD	MILEAGE
TOMER NO. 7010070	MAKE : HYUNDAI
RESS 383 SIN MING DRIVE	FUEL E.....1/2.....F
Singapore SINGAPORE 575717	MODEL I-40
(R) 65551188 (O)	DATE/TIME IN 17.11.2018 08:40
(P)	YR OF MANU 04.03.2016
COUNT CARD NO.	TARGET DATE
	CHASSIS CODE KMHLB41UMGU085491
	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.11.2018
NATURE: 3P 16.11.2018

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SHC7034X CHIANG

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7034X

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

Axxa

VEHICLE NO : SHC 7034X **DATE : 17.11.2018**

MAKE :

MODEL : HYUNDAI i40 Chuang

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover X repair			$ 544.50
	Front Bumper Bracket Top (LH/RH) X		$ 22.40	$ 44.80
	Front Bumper Retainer Mounting X		$ 9.20	$ 18.40
	Front Radiator Grille ✓			
	SUB TOTAL			**$ 607.70**
	LESS 20%			$ 121.54
	DISCOUNTED TOTAL			**$ 486.16**
	Front Number Plate ✓			$ 25.00 **Nett**
	Front No Plate Trim Cover X			$ 30.00 **Nett**
	TOTAL			**$ 55.00**
	Panel Beating			~~400~~ 200
	Spray Painting Charges			~~300~~ 200
	ESTIMATE TOTAL			**$ 541.16**

LKK Auto Consultants ... the Repairer of ... • To ... • To display dam... • Parts ... • Third ... survey ... • No ... is subject to ... Acknowledged by: 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 PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7034X **DATE : 17.11.2018**

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 553.00	
	Rear Bumper Clip 10 pcs			$ 22.00	
	SUB TOTAL			**$ 575.00**	
	LESS 20%			$ 115.00	
	DISCOUNTED TOTAL			**$ 460.00**	
	Rear Bumper Reverse Sensor			$ 135.70	**Nett**
	Rear Bumper Rubber Mat			$ 50.00	**Nett**
	TOTAL			**$ 185.70**	
	Labour Charge				
	Panel Beating (Repair)			~~$ 400.00~~	
	Spray Painting Charge			~~$ 300.00~~	
	Wiring Charge			$ ~~30.00~~	
	Reverse Senor			$ ~~120.00~~	
	TOTAL LABOUR			**$ 850.00**	
	ESTIMATE TOTAL			**$ 1,495.70**	

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spot painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is only "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary items if any, to be surveyed 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

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

Our Job Ref No : 305240015

Date : 21/11/18

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHC7034X 16/11/2018

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

1. The repair job shall bill to: AXA SLN56Z

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$1,454.68
(b)	Labour Charges	$830.00
	Total for Part-By-Part Repair Cost	$2,284.68
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less:	
	Final Lumpsum Repair cost	

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 : CHIANG

Tel : 62148314

Fax : 65468156

We confirm the estimates and finalized amount

Signature :

Name : Kalvin

Date : 21/11/18

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: Final Amount Subject to Insurance Approval

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.11.2018
Time: 10:32:54
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305240015
REGN NO	:	SHC7034X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	04.03.2016
DATE/TIME IN	:	17.11.2018 08:40
ACCIDENT DATE	:	16.11.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT

PART REQUISITION

0001	04-01-0103-2164-A	I40V3 GRILLE ASSY-RADIATO	1		1,110.10	20.00	888.08
0002	04-01-0103-2175-G	I40V3 SYMBOL MARK-H	1		39.50	20.00	31.60
0003	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1		553.00	20.00	442.40
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10		22.00	20.00	17.60
0005	FNPS	NO PLATE(S)	1	L	25.00	2.00-	25.00
0006	04-01-0103-1150-A	I40VC PROTECTOR MAT	1		50.00	0.20	50.00

SUB-TOTAL : 1,454.68

JOB NATURE

0000	L	PANEL BEATING FRT	200.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002	L	PANEL BEATING REAR	200.00
0003	23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0004	20-05	REMOVE/REFIX REVERSE SENSOR	30.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305240015
REGN NO	:	SHC7034X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	04.03.2016
DATE/TIME IN	:	17.11.2018 08:40
ACCIDENT DATE	:	16.11.2018

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 830.00

TOTAL : 2,284.68

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :