15/5/2010

INS. CASE OWNER: CC 3/ FQ 180 2060/ Cleas

LKK:

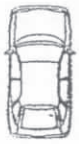
IDAC:

ASSIGNMENT

Surveyor: AMC DOI: 20/11/18 Date / Time : 20/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKA 7144L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 19-11-18 Place of Accident :

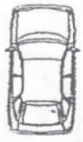
Is driver the owner? (YES / NO) Nature of Accident :

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

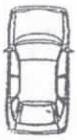
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 328U → → →

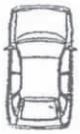
INSRS:
WSP: Chris
Tel : 90963
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC328U - CS/FC/14009624/Ugbk3; DOB: 2/5/14
	SKA 7144L - 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:	

08/11/34

Surveyor: Kelvin

REF:

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC328U Yr Regn: 13 Jun 2013

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

Make: Mercedes Benz Vito c.c 2143

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

Sp.Reading 67625 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 63981323797383

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: 225 / 60R16C

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.	19/11/18	D.O.I.	20/11/18

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
	EQ 4s.

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	

COMFORTDELGRO 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
329 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: 20.11.2018 08:11 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

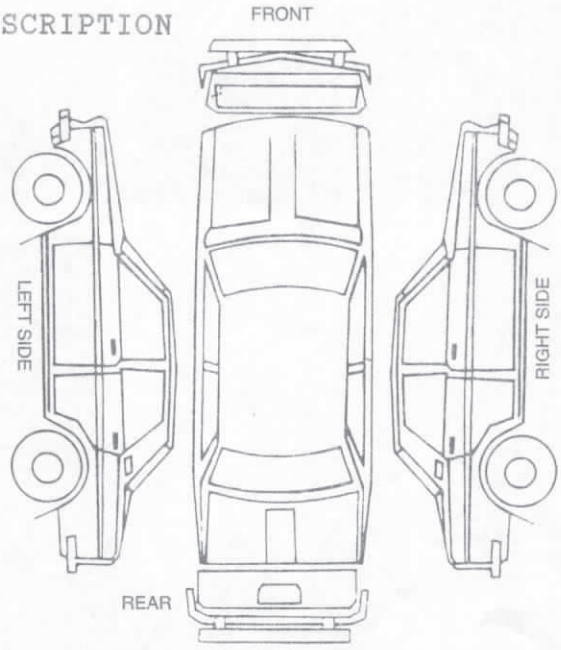
JC NO.: 305241122

'OMER		REGN NO.: SHC 328U	MILEAGE
IS 'OMER NO. IESS	CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717	MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
(R) (P)	65551188 (O)	MODEL VIANO CDI 2.2L	DATE/TIME IN 19.11.2018 17:00
		YR OF MANU 13.06.2013	TARGET DATE
OUNT CARD NO.		CHASSIS CODE WDF63981323797383	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.11.2018
NATURE: 3P 19.11.18

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC 328U LIMTS

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 328U

Name of Service Advisor

Date

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

EQ-45 TS

VEHICLE NO : SHC 328U **DATE 20/11/2018**

LKK - Kalvin

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 1,372.00	
	Bumper L/H Side, RR			$ 473.60	
	Bumper R/H Side, RR			$ 473.60	
	Bumper Bracket ?		$ 120.50	$ 241.00	
	Tail Gate Assy			$ 3,951.98	
	Tail Gate Trim Cover ?			$ 320.00	
	Tail Gate Weathership			$ 133.40	
	Tail Gate Mercedes Star Logo			$ 45.46	
	Tail Gate "2.2" Logo			$ 78.00	
	Tail Gate "CDI " Logo			$ 78.00	
	Tail Gate Via No Logo			$ 78.00	
	Tail Gate Lock ?			$ 273.40	
	Tail Gate Lock Outer Handle			$ 175.54	
	Tail Gate Step Garnish ?			$ 104.34	
	Tail Gate Bottom Handle ?			$ 10.00	
	Rear Windscreen Glass X			$ 1,273.98	
	Windscreen Wiper Arm,RR X			$ 201.88	
	SUB TOTAL			**$ 9,284.18**	
	LESS 20%			**$ 1,856.84**	
	DISCOUNTED TOTAL			**$ 7,427.34**	
	Reverse Sensor			$ 288.00	**Nett**
	Rear Bumper Rubber Mat			$ 50.00	**Nett**
	Tail Gate "MAXICAB" Logo			$ 30.00	**Nett**
	Rear Windscreen Sealant			$ 46.00	**Nett**
				$ 414.00	
	Labour Charge				
	Panel Beating	20/11/18 1100 hrs		600 $ ~~1,000.00~~	
	Spray Painting Charge	3 Days	400	$ ~~500.00~~	
	Wiring Charge		X	$ ~~50.00~~	
	Tuff Kote	4/5	20	$ ~~50.00~~	
	Remove/Refix Reverse Sensor	After Repair photo	30	$ ~~120.00~~	
	Remove/Refix Tail Gate		100	$ ~~150.00~~	
	TOTAL LABOUR			**$ 1,870.00**	
	ESTIMATE TOTAL			**$ 9,711.34**	

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 10/12

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 : 305241122

Date : 26/11/18

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC 328U Date of Accident : 19-Nov-18

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

1. The repair job shall bill to: EQ INS --- SKA7144L

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% $6,000.00
   Final Lumpsum Repair cost **$6,000.00**

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 : LIM T S

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

Date : 26/11/18

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: