15/5/2010

INS. CASE OWNER: CC 3, EQ1 180 21121, K1fa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: AWK
DOI: 21-11-18
Date / Time : 21-11-18
Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : GW 5520 D	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 20/11/2018	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**

SH9970 Z → ______ → ______ → ______

INSRS: WSP: CDGE loyang Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH9970Z - CI3/AHA1407/7911/MI; 634 ?; WA: 17/9/14
	AW 5520D - 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 IWS / TP RES / OD RES / EVA / INV / MV

To Insp 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: SH 99702 Yr Regn: 29 Jun, 2014

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

Make: Toyota Prius c.c 1798

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

Sp.Reading 196445 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU203560994

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: 195/65R15

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.	20/11/18	D.O.I.	21/11/18

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	EQ
	PIP

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	

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
329 Ubi Road 3 Singapore 408668
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 7687

Date/Time: 21.11.2018 11:47

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

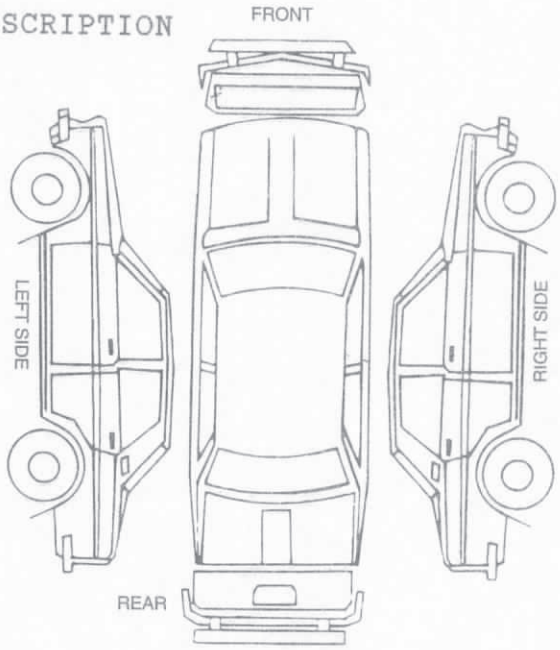
JC NO.: 305241658

STOMER		REGN NO.: SH 9970Z	MILEAGE
V/MS	COMFORT TRANSPORTATION PTE LTD		
STOMER NO.	7010045	MAKE : TOYOTA	FUEL
DRESS	383 SIN MING DRIVE		E.....1/2.....F
	Singapore SINGAPORE 575717	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 20.11.2018 16:20
(R)	65508755 (O)	YR OF MANU 29.06.2017	TARGET DATE
(P)			
SCOUNT CARD NO.		CHASSIS CODE JTDKB3FU203560941	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.11.2018
NATURE: 3P 20.11.2018 -C

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

Exit Pass

Vehicle No.: SH 9970Z CHIANG

Vehicle No.: SH 9970Z

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

EG

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

21/11/2018 15:42

VEHICLE NO : SH 9970Z

MAKE :

MODEL : TOYOTA PRIUS

Chiong

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	LAMP ASSY, FOG, RH			$ 920.00
	FRONT BUMPER COVER			$ 499.90
	FRONT BUMPER SPONGE ?			$ 78.80
	FRONT BUMPER CLIPS			$ 22.00
	FRONT BUMPER SIDE RETAINER, RH ?			$ 77.00
	UNIT ASSY, HEADLAMP, RH (LED)			$ 3,455.00
	SUB TOTAL			$ 5,052.70
	LESS 25%			$ 1,263.18
	DISCOUNTED TOTAL			$ 3,789.53
	LABOUR CHARGE			
	Panel Beating			$ ~~350.00~~ 200
	Spray Painting Charge			$ 200 ~~250.00~~
	Wiring Charge			$ 20 ~~30.00~~
	TOTAL LABOUR			$ 630.00
	ESTIMATE TOTAL			$ 4,419.53

Kalin / LKK

21/11/18 1600 hrs

2 days.

P/P

Before Paint 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(s) is allowed
- Supplementary item(s) must be resurveyed 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 : 305241658

Date : 22/11/18

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SH 9970Z 20/11/2018

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

1. The repair job shall bill to: EQ GW5520D

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$3,672.68
(b)	Labour Charges	$420.00
	Total for Part-By-Part Repair Cost	$4,092.68
(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.

Signature :

Name : CHIANG

Tel : 62148314

Fax : 65468156

We confirm the estimates and finalized amount

Signature :

Name : Calvin

Date : 23/11/18

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 22.11.2018
Time: 17:35:12
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	:	305241658
REGN NO	:	SH 9970Z
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	29.06.2017
DATE/TIME IN	:	20.11.2018 16:20
ACCIDENT DATE	:	20.11.2018

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION				
0001 04-01-0302-2292-A PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92
0002 04-01-0302-2915-G PRIG4 UNIT ASSY HEADLAMP	1	3,455.00	25.00	2,591.25
0003 04-01-0302-4991-G PRIG4 LAMP ASSY FOG RH	1	920.00	25.00	690.00
0004 04-01-0302-2267-G PRIVC BUMPER PIECE	10	22.00	25.00	16.50
			SUB-TOTAL :	3,672.67
JOB NATURE				
0000 L PANEL BEATING				200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA				200.00
0002 17-01 CHECK ALL LIGHTING				20.00
			SUB-TOTAL :	420.00
			TOTAL :	4,092.67

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO