15/5/2010

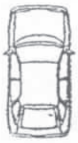
INS. CASE OWNER: RA | CC 4, ASM 180 21199, K1pa3 | LKK: IDAC: 83887

ASSIGNMENT

Surveyor: AWC. DOI: 23.11.18 Date / Time : 23.11.18

Registered in Merimen: –

Pre-assign / CCU / FTE



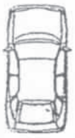
Insured Vehicle No. : SJU 2882D		Claim No. : S8M01417	Ext
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 22/11/2018	Place of Accident :	

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

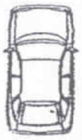
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

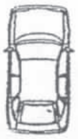
SHD8504U → ______ → ______ → ______



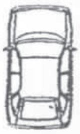
INSRS:
WSP: Ondeloyang.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD8504U - CC3/A1617012609/M1y3g2 ; DOA: 22/6/17
	SJU2882D – 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 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: SHD8504H Yr Regn: 7 Apr 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 305 263 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC841CAGU087128

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: 205/60R16

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.	22/11/16	D.O.I.	23/11/16

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	A&A
	PH

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	

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

Date/Time: 22.11.2018 16:37 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305242433

OMER

IS CITYCAB PTE LTD

OMER NO. 7010070

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65551188 (O)

(P)

AXA

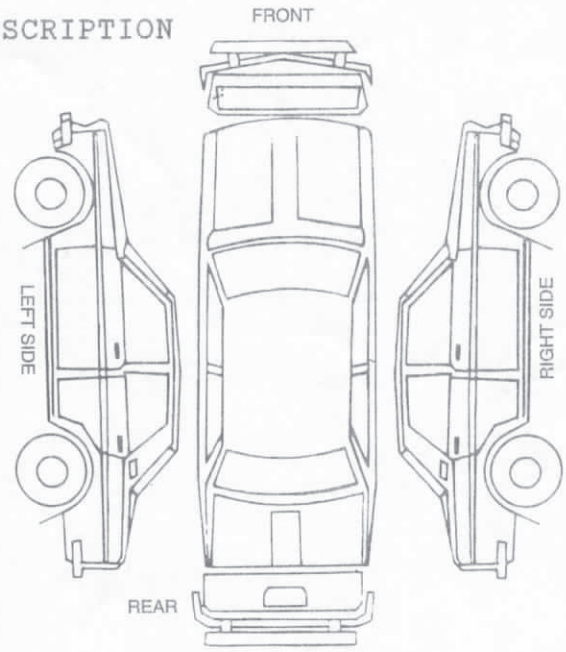
OUNT CARD NO.

REGN NO.: SHD8504U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 22.11.2018 12:15
YR OF MANU. 07.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU087124	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.11.2018
NATURE: 3P 22.11.2018

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

.:
e No.: SHD8504U LKE

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD8504U

Name of Service Advisor

Date

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

PbyP

VEHICLE NO : SHD 8504U **DATE 22/11/2018 16:46**

MAKE :

LKKe AXA

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper ✓			$ 553.00	
	Rear Bumper Clip 10 pcs ✓			$ 22.00	
	Rear Bumper Bracket ✗		$ 35.60	$ 71.20	
	SUB TOTAL			**$ 646.20**	
	LESS 20%			$ 129.24	
	DISCOUNTED TOTAL			**$ 516.96**	
	Rear Bumper Rubber Mat ✓			$ 50.00	**Nett**
	Rear Bumper Reverse Sensor ✗			$ 135.70	**Nett**
				$ 185.70	
	Labour Charge				
	Panel Beating			$ ~~400.00~~ 200	
	Spray Painting Charge			$ ~~300.00~~	200
	Wiring Charge			$ ~~30.00~~	✗
	Remove/Refix Reverse Sensor			$ ~~80.00~~	30
	TOTAL LABOUR			**$ 810.00**	
	ESTIMATE TOTAL			**$ 1,512.66**	

Kalvin (LKK)

23/11/18 1000hrs.

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 parts 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 305242433

Date : 24/11/18

FINALIZATION FORM

To : LKK Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHD8504U CCPL 22.11.18

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

1. The repair job shall bill to: **AXA --- SJU2882D**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$510.00
(b)	Labour Charges	$430.00
	Total for Part-By-Part Repair Cost	**$940.00**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less: 20%	
	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.

We confirm the estimates and finalized amount

Signature :

Name : LIM KWOK ENG

Tel : 62148316

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: Final Amount Subject to Insurer Approval

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 24.11.2018
Time: 09:10:02
Page: 1

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

JOB NO	:	305242433
REGN NO	:	SHD8504U
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	07.04.2016
DATE/TIME IN	:	22.11.2018 12:15
ACCIDENT DATE	:	22.11.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION					
0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE	1	L	553.00	20.00	442.40
0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP	10	L	22.00	20.00	17.60
0003 04-01-0103-1150-A I40VC PROTECTOR MAT	1	N	50.00	2.00-	50.00
				SUB-TOTAL :	510.00
JOB NATURE					
0000 L PANEL BEATING					200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA					200.00
0002 L RENEW/REFIX REVERSE SENSOR					30.00
				SUB-TOTAL :	430.00
				TOTAL :	940.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :