15/5/2010

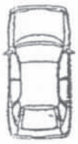
INS. CASE OWNER: CC 3 / CTl 180 21468, KIpa3

LKK:
IDAC:

ASSIGNMENT

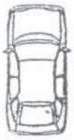
Surveyor: Awk | DOI: 27/11/18 | Date / Time : 27/11/18
Registered in Merimen: –

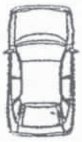
Pre-assign / CCU / FTE

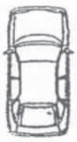


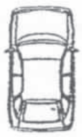
Insured Vehicle No. : 8BE 1188K | Claim No. :
Name of Insured : | Policy No. :
Insured Tel No. : | HP: | Make / Model :
Excess Sec II :S$ | D.O.A : 26/11/18 | Place of Accident :
Is driver the owner? (YES / NO) | Nature of Accident :
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : | (V/L: YES / NO) | Insured Liability : % | **Final ? Yes / No**

SHA 3924P → → →


INSRS: other loyang.
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 3924P - X.
	SBE 1188K - cub/ AIG 1602487/ Apg352 ; DOA 27/11/15

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: Email ☐ Call ☐
Repair Cost: S$ (days) Reduction: %

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$	
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 INS / 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)

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA3924P Yr Regn: 30 Apr 2011

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

Make: Hyundai Sonata c.c 1998

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

Sp.Reading 778110 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMBA810472

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 R: Hankook

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	26/11/11	D.O.I.	27/11/11

Survey held at CDGE (Loyang)

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

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	

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 408669
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:

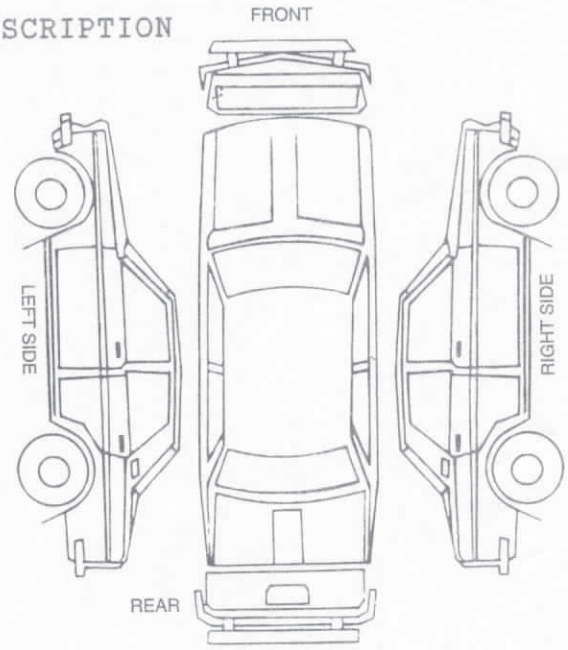
JC NO.: 305244009

TOMER	REGN NO.: SHA3924P	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E.....1/2.....F
TOMER NO. 7010045	MODEL SONATA	DATE/TIME IN 26.11.2018 12:45
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 30.04.2011	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHET41VMBA810072	COMPLETION DATE/TIME:
(P)		
OUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 26.11.2018
NATURE: 3P 26.11.2018 -C

S/NO	LABOR CODE	DESCRIPTION



IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHA3924P CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA3924P

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

Got 5 mth old

China

VEHICLE NO : SHA 3924P — **DATE 26/11/2018 14:17**

MAKE :

MODEL : HYUNDAI SONATA

China

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover ✓			$ 538.80	
	Front Bumper Sponge ✗			$ 136.30	
	Front Bumper Reinforcement ✗			$ 504.10	
	Front Bumper Grille (LH) ✗			$ 17.60	
	Front Bumper Bracket Top (LH) ✗			$ 22.40	
	Front Bumper Protector (LH) ✗			$ 29.20	
	Headlamp (LH) ✓			$ 797.90	
	Front Fender (LH) ✗ repair				
	SUB TOTAL			**$ 2,046.30**	
	LESS 20%			$ 409.26	
	DISCOUNTED TOTAL			**$ 1,637.04**	
	Front Fender Advertisement Logo (LH) ✓			$ 100.00	**Nett**
				$ 100.00	
	Labour Charge				
	Panel Beating-Repair Fender			$ ~~400.00~~ 200	
	Spray Painting Charge			$ ~~600.00~~	400
	Wiring Charge			$ ~~50.00~~	20
	Tuff Kote			$ ~~50.00~~	✗
	TOTAL LABOUR			**$ 1,100.00**	
	ESTIMATE TOTAL			**$ 2,837.04**	

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

Acknowledged by Repairer

Signature:

Date:

Kalvin (LKK)

27/11/18 1115hrs

2 days

U/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.

03

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305244009

Date : 26/11/18

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHA3924P 23.11.018

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

1. The repair job shall bill to: CHINA SBE1188K

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) $1400.00
   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 : Kalvin

Date : 28/11/18

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: