

INS. CASE OWNER

Wang Peter

CC 4, Asm 180

2263, Mja3

LKK:

85328

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

31/11/18

Date / Time:

31/11/18

Registered in Merimen:

Pre-assign / CCU / FTE

SF7 8168P

sgm014yy



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A: 29-11-18

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

Mac 980k

INSRS: CO 60
WSP: 10445
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SHC 980k - 05/11/18 149641/Ked3n2: DOA: 28/11/18
SF7 8168P - 06/11/18 1408749/Ked3n2: DOA: 28/11/18

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:	
Repair Cost:	S\$	(days)	Reduction:	%
		Email		Call
FINAL SETTLEMENT		Date/Time:	Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		Email
Repair Cost:	S\$			Call
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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT		Date/Time:	Confirm with:	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 Rpt: _____ 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: SHC 980K Yr Regn: 11 Oct, 2013

Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz Viano C.C. 2143

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

Sp. Reading: 654260 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 639813-2380 6803

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 Haruk

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 29/11/8 D.O.I. 3/12/8

Survey held at CDGE (Loyang)

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

N/S B/L

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

Date / Time	Action / Instruction

AxA
41

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

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:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 980K

DATE 30/11/2018 16:27

MAKE :

MODEL : MERCEDES BENZ VIANO

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Door Shell Sliding Protector, LH X			\$ 140.66
	Mirror Assy, Frt, LH X			\$ 1,195.02
	Mirror Glass, Frt, LH X			\$ 219.58
	Mirror Motor, Frt, LH X			\$ 407.96
	Front Fender (LH) X repair			
	SUB TOTAL			\$ 1,963.22
	LESS 20%			\$ 392.64
	DISCOUNTED TOTAL			\$ 1,570.58
	COMFORTDELGRO' Sticker (LH) X			\$ 80.00
				Nett
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 30.00 X
	Tuff Kote			\$ 50.00 X
	TOTAL LABOUR			\$ 1,080.00
	ESTIMATE TOTAL			\$ 2,730.58

Kalan 10/11/18

3/12/18 1140 hrs.

2 hrs.

L/S

After Repair

LKK Auto Consultants hereby 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.

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
820 Ubi Road 3 Singapore 680899

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

member of COMFORTDELGRO

Date/Time: 30.11.2018 15:53

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305245651

OMER

CITYCAB PTE LTD

7010070

OMER NO.

383 SIN MING DRIVE
Singapore SINGAPORE 575717

ESS

65551188

(R)

(O)

(P)

DUNT CARD NO.

REGN NO.:

SHC 980K

MILEAGE

MAKE :

MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL

VIANO CDI 2.2L

DATE/TIME IN

30.11.2018 13:30

YR OF MANU

11.10.2013

TARGET DATE

CHASSIS CODE

WDF63981323806403

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.11.2018

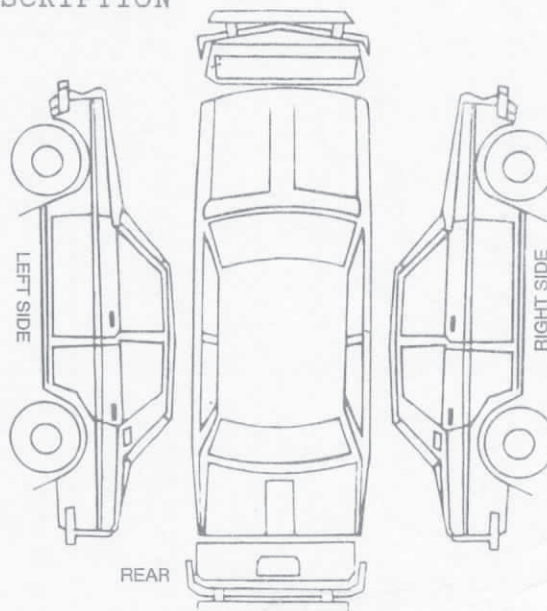
NATURE: 3P 29.11.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.:

SHC 980K

JU AXA

Vehicle No.:

SHC 980K

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No 305245651
Date : 04/12/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KELVIN
: SHC 980K

Fax :

Date of Accident : 29.11.18

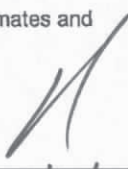
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AXA --- SFZ8168P
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges	###	\$400.00
Total for Part-By-Part Repair Cost		\$400.00
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kelvin
Date : 4/12/18

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 Insurer Approval

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.12.2018

REPAIR ESTIMATE

Time: 12:30:42

Page: 1

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

JOB NO : 305245651
REGN NO : SHC 980K
MILEAGE : 0000000000
MAKE : MERCEDES BENZ
MODEL : VIANO CDI 2.2L
DATE OF REGN : 11.10.2013
DATE/TIME IN : 30.11.2018 13:30
ACCIDENT DATE : 29.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING- FRT. 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 400.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :