

INS. CASE OWNER:

CC3, CT1 180 22274, Kipa3

LKK:
IDAC:

Surveyor: ANF DOI: ASSIGNMENT 10-12-18 Date / Time: 10-12-18
Registered in Merimen: -

Pre-assign / CCU / FTE

SLR 3133T



Insured Vehicle No. : _____ Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 6-12-18 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

194

SAC 8144 E



INSRS: _____
WSP: CDHE 10763
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

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\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

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

Insped Vehicle No: _____

Workshop m/s _____

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHC 8144E Yr Regn: 19 May 2016

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

Truck / Trailer or

Make: Hyundai c.c. 1685

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

Sp. Reading: 39448 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMH4089761

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205 / 60 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Calsonic

Front _____ Rear _____

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

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

D.O.A. 6/12/18 D.O.I. 10/12/18

Survey held at CDGE (Loyang)

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

N/S Frnt.

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

Date / Time	Action / Instruction
	CTI
	PIP

Date/Time, File Pass to? : Prell. Report Days Of Repair: _____

1) : Final Report Resurvey No. of Trip: _____

Date/Time, File Return to? _____

2) _____

Report Format: _____

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

Add Fee: : Site Insp (\$ _____) Survey Fee: _____

: Interview (\$ _____) Transportation: _____

: Tech. Invs (\$ _____) Photos _____

: Weekend (\$ _____) Others _____

TOTAL _____

A member of COMFORTDELGRO

Date/Time: 10.12.2018 10:36 Page : 1

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305249059
STOMER	COMFORT TRANSPORTATION PTE LTD <i>VAR3</i>	REGN NO.: SHC8144E	MILEAGE
/MS	7010045	MAKE : HYUNDAI	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL I-40	E.....1/2.....F
DRESS	Singapore SINGAPORE 575717	DATE/TIME IN	10.12.2018 10:00
(R)	65508755 (O)	YR OF MANU	TARGET DATE
(P)		19.05.2016	
COUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMGU089761	

JOB DESCRIPTION

Accident Date: 06.12.2018
 NATURE: 3P 06.12.2018

S/NO	LABOR CODE	DESCRIPTION
		FRONT
	CHINA - Left Front	
	LKK/Kalmi -	
		REAR

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip No.: SHC8144E File No.: LARRY Ng	Exit Pass Vehicle No.: SHC8144E	Signature/Date _____	Name of Service Advisor _____
Name of Service Advisor _____	Signature/Date _____	Name of Service Advisor _____	Date _____
To be returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC8144E
 MAKE : HYUNDAI
 MODEL : i40

DATE: 10. Dec. 2018

DOA: 6. Dec. 2018 **CHINA**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover <i>X repair</i>			\$544.50
1	Front Bumper Side Bracket – RH <i>?</i>			\$24.60
1	Front Bumper Top Bracket – RH <i>?</i>			\$22.40
10	Front Bumper Clips <i>X</i>		\$2.20	\$22.00
1	Headlamp Panel <i>X</i>			\$907.40
1	Headlamp – RH <i>X</i>			\$1,388.00
1	Front Fender – RH <i>X</i>			\$566.30
	<i>front RH wheel cover ✓</i>			
	SUB TOTAL			\$3,475.20
	LESS 20%			\$695.04
	DISCOUNTED TOTAL			\$2,780.16
1	Advertisement – LHF Fender <i>X</i>			\$100.00 Nett
	Labour Charge			\$100.00
1	Panel Beating			\$400.00 <i>200</i>
1	Spray Painting Charge			\$500.00 <i>200</i>
1	Tuff Kote			\$50.00 <i>X</i>
1	Wiring Charge			\$50.00 <i>X</i>
	TOTAL LABOUR			\$1,000.00
	ESTIMATE TOTAL			\$3,880.16

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: *Kalvin (LKK)*
 Date: *10/12/18 12:25h*
2 Ppn
PIP
After Repair photo

Larry Ng

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

Our Job Ref No . 305249059
Date : 12. Dec. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8144E

Date of Accident: 6. Dec. 2018

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

1. The repair job shall bill to: CHINA SLR3133T
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$85.68
(b) Labour Charges	\$400.00
Total for Part-By-Part Repair Cost	\$485.68
(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.

We confirm the estimates and finalized amount

Signature : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Calvin
Date : 12/12/18

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305249059
 REGN NO : SHC8144E
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 19.05.2016
 DATE/TIME IN : 10.12.2018 10:00
 ACCIDENT DATE : 06.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 107.10 20.00 85.68

SUB-TOTAL : 85.68

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 485.68

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO