

INS. CASE OWNER:

CC 3, CTI 180 22360, 19pa3

LKK:

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

11-12-18

Date / Time :

11-12-18

Registered in Merimen:

Pre-assign / CCU / FTE

SKV 5048J



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP: 6/12/18

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

SHD 7314H

INSRS:
WSP: CMAE 10445
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHD 7314H - X; SKV 5048J - 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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305249685

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

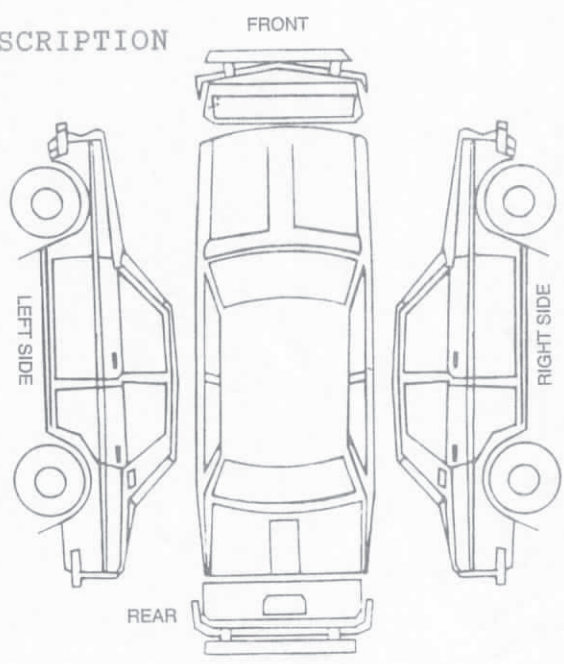
REGN NO.: SHD7314H	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 11.12.2018 09:25
YR OF MANU 04.12.2018	TARGET DATE
CHASSIS CODE KMH851CVKU122044	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.12.2018
NATURE: 3P 06.12.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHD7314H CHIANG

Vehicle No.: SHD7314H

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 7314H

DATE 7/12/2018 10:59

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X repair</i>			\$ 459.40	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X</i>		\$ 138.10	\$ 276.20	
	SUB TOTAL			\$ 735.60	
	LESS 20%			\$ 147.12	
	DISCOUNTED TOTAL			\$ 588.48	
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00	Nett
	Labour Charge			<i>200</i>	
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 300.00	<i>400</i>
	Wiring Charge			\$ 30.00	<i>X</i>
	Remove/Refix Reverse Sensor			\$ 120.00	<i>X</i>
	TOTAL LABOUR			\$ 850.00	
	ESTIMATE TOTAL			\$ 1,488.48	
<i>Kalim 16/12/18</i> <i>11/12/18 1145h</i> <i>2070</i> <i>P/R</i> <i>After Repair p Lto</i> <i>RPH</i>					
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.					

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- Display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- Any 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:

Remarks:

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

JOB NO : 305249685
REGN NO : SHD7314H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 04.12.2018
DATE/TIME IN : 11.12.2018 09:25
ACCIDENT DATE : 06.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 600.00

TOTAL : 600.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE
DATE :