15/5/2010

INS. CASE OWNER: CC 3, CTI 1900 2751, 19ja3

LKR:

IDAC:

ASSIGNMENT

Surveyor: Awk

DOI: 13/2/19

Date / Time : 13/2/19

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 2105 C		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 8/2/19	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHB 4132 X → → →

INSRS: WSP: Tel : CD6F10464 Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHB 4132 X - LB/AKA 1300 4286/MEf 303 ; DOA: 28/2/13
	GBH 2105 C, 4/CTI 180/6220/ T1 Lbe7 ; DOA: 16/8/18

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:	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 I/WS / 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

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

Veh No: SHB4132X Yr Regn: 22 Oct, 2015

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 49 0918 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UAK4 079860

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 Campro

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	8/2/19	D.O.I.	13/2/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	CTI 4,

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. 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	

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
320 Ubi Road 3 Singapore 408569
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305267689

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755 (O)
(P)

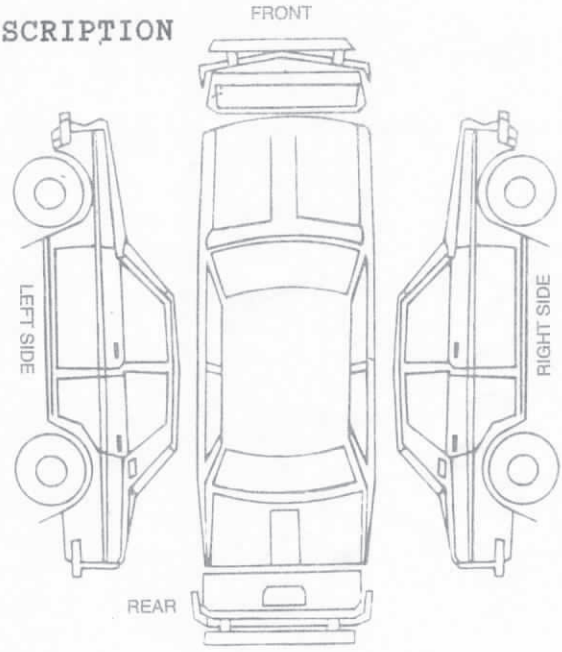
DISCOUNT CARD NO.

REGN NO.: SHB4132X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....
MODEL I-40	DATE/TIME IN 12.02.2019 10:2(
YR OF MANU. 22.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU079460	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.02.2019
NATURE: 3P 08.02.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

cknowledgement Slip

ame:
C No.:
ehicle No.: SHB4132X CHIANG

ame of Service Advisor Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB4132X

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4132X **DATE 12/2/2019 14:46**

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 553.00	
	Rear Bumper Reinforcement			$ 428.40	
	Rear Bumper Reinforcement Bracket (LH/RH)		$ 80.30	$ 160.60	
	Rear Bumper Clip 10 pcs			$ 22.00	
	Rear Bumper Bracket		$ 35.60	$ 71.20	
	Rear Bumper Sponge			$ 103.50	
	Rear Bumper Under Cover			$ 228.00	
	SUB TOTAL			**$ 1,566.70**	
	LESS 20%			$ 313.34	
	DISCOUNTED TOTAL			**$ 1,253.36**	
	Rear Bumper Rubber Mat			$ 50.00	**Nett**
	Rear Bumper Reverse Sensor			$ 135.70	**Nett**
				$ 185.70	
	Labour Charge				
	Panel Beating			$ ~~350.00~~ 200	
	Spray Painting Charge			$ ~~250.00~~	200
	Wiring Charge			$ ~~50.00~~	×
	Remove/Refix Reverse Sensor			$ ~~80.00~~	30
	TOTAL LABOUR			**$ 730.00**	
	ESTIMATE TOTAL			**$ 2,169.06**	

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
- 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:

13/2/19 1120h

2 Rp.

4/s

After Repair ph

a3

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305267689

Date : 14/02/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHB4132X 08/02/19

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

1. The repair job shall bill to: CHINA GBH2105C

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)
   Total for Lumpsum repair cost after Less:
   Final Lumpsum Repair cost $750.00

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 : Kalv
Date : 18/2/19

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: