15/5/2010

INS. CASE OWNER: CC 3 / EQI 1900 3079 / Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Ank   DOI: 18/7/19   Date / Time : 18/7/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 6809D		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 15/7/19	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**

SH9244L → ______ → ______ → ______

INSRS: WSP: CDG/G loyang Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SH9244L - CS/10/140/0118/ Stb/63 : DOA 28/5/14	
	GBH6809D - 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$		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 INS / TP RES / OD RES / EVA / INV / MV

To Inspect 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: SH 9244L Yr Regn: 13 Dec, 2017

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

Make: Hyundai Z4o c.c 1685

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

Sp.Reading 188392 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHLB41GNH4098596

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inord / Jammed / Leaked / Burnt or _____

Brake: Inord / 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 Hankook

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	15/2/19	D.O.I.	18/2/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	EQ
	P/P

Date/Time, File Pass to? _____ ☐ : Prell. Report ☐ : Final Report

1) _____ Date/Time, File Return to?

2) _____

Report Format: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Assessor ($ _____)

Survey Fee:	
Transportation:	
__S+RS__SI	
Photos	
Others	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9244L **DATE 16/2/2019 9:56**

MAKE :

MODEL : HYUNDAI i40

Larry EQ

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 X			$ 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 Advertisement Logo			$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		$ 100.00	$ 200.00	Nett
	Rear Bumper Reverse Sensor			$ 135.70	Nett
				$ 435.70	
	Labour Charge				
	Panel Beating			200 $ ~~350.00~~	
	Spray Painting Charge			$ ~~250.00~~	200
	Wiring Charge			$ ~~30.00~~	X
	Remove/Refix Reverse Sensor			$ ~~80.00~~	30
	TOTAL LABOUR			**$ 710.00**	
	ESTIMATE TOTAL			**$ 2,399.06**	

Ica Workshop

18/2/19 1050 hrs

2 Days

RIP

Before Paint & Ch...

LHK 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:

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

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 408848
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 15.02.2019 17:29 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305269323

STOMER

/MS COMFORT TRANSPORTATION PTE LTD VARS
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

COUNT CARD NO.

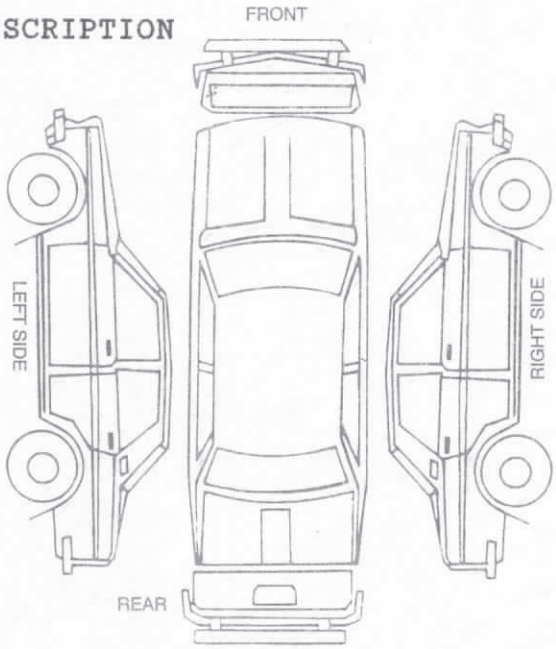
REGN NO.: SH 9244L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 15.02.2019 14:35
YR OF MANU. 13.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098596	COMPLETION DATE/TIME:

B

JOB DESCRIPTION

Accident Date: 15.02.2019
NATURE: 3P 15.02.2019

S/NO	LABOR CODE	DESCRIPTION
	EQ - Rear LH	



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SH 9244L LARRY

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9244L

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No . 305269323

Date : 21. Feb. 2019

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : **SH 9244L** Date of Accident: 15. Feb. 2019

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

1. The repair job shall bill to: **EQ** **GBH6809D**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$1,385.46
(b)	Labour Charges	$430.00
	Total for Part-By-Part Repair Cost	**$1,815.46**
(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 : L. Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvin

Date : 21/2/19

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

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.02.2019
Time: 08:55:36
Page: 1

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

JOB NO	:	305269323
REGN NO	:	SH 9244L
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	13.12.2017
DATE/TIME IN	:	15.02.2019 14:35
ACCIDENT DATE	:	15.02.2019

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION				
0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002 04-01-0103-1150-A I40VC PROTECTOR MAT	1	50.00		50.00
0003 09-01-9999-0068-A HYUNDAI REVERSE SENSOR AS	1	135.70	0.20	135.70
0004 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0005 04-01-0103-0739-G I40VC ABSORBER-RR BUMPER	1	103.50	20.00	82.80
0006 04-01-0103-0740-G I40VC BEAM-RR BUMPER#	1	428.40	20.00	342.72
0007 04-01-0103-0743-G I40VC STAY-RR BUMPER RH	1	80.30	20.00	64.24
			SUB-TOTAL :	1,135.46

JOB NATURE			
0000 L	ADVERTISEMENT - Rear Bumper	50.00	
0001 L	ADVERTISEMENT - Rear Fenders LH/RH		200.00
0002 PB	PANEL BEATING	200.00	
0003 23-502	SPRAYPAINT ON AFFECTED AREA		200.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.02.2019
Time: 08:55:36

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

JOB NO	:	305269323
REGN NO	:	SH 9244L
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	13.12.2017
DATE/TIME IN	:	15.02.2019 14:35
ACCIDENT DATE	:	15.02.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0004 L	REMOVE/REFIX REVERSE SENSOR	30.00				

SUB-TOTAL : 680.00

TOTAL : 1,815.46

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :