15/5/2010

INS. CASE OWNER: CC 3/ CTI 1900 3166 / K1pa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Ank

DOI: 19/7/19

Date / Time : 19/7/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 5507L		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 18/07/19	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**

KBT

SHC 8014Y → ______ → ______ → ______

INSRS: WSP: Covid 10 days. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time				
	SHC8014Y, CC3/CTI 1700 19186 / K1ya3n2 ; DOA 31/10/17	**STAGE**		**DATE / PIC**
	- CC3/ATG 16009426 / H1yg3q2 ; DOA: 19/5/16	Non-Reporting ltr (1st):		
	- CC6/m1 5010499 / K82a3q2 ; DOA: 14/6/15	Non-Reporting ltr (2nd):		
	GBG5507L - X	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:		☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐	☐
		Others:	☐	☐

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 IWS / 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: SH C 8014 Y Yr Regn: 28 May, 2015

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

Make: Mercedes Benz E220 c.c 2143

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

Sp.Reading: 699136 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: WDD2120012B178538

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55 R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

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

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/L

Date/Time, File Pass to? [ ] : Prell. Report

1) ______ [ ] : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: [ ] : Site Insp ($ ______) ___S+RS___SI

[ ] : Interview ($ ______) Photos

[ ] : Tech. Invs ($ ______) Others

[ ] : Weekend ($ ______)

Survey Fee: ______

Transportation: ______

Report Format ______

Lump Sum ______

COMFORTDELGRO ENGINEERING
A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : + 65 6333 6280 Facsimile : + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732
50 Ubi Ave 3 Singapore 408867

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305270293

STOMER

/MS
STOMER NO.
DRESS

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

.. (R) (O)
(P)

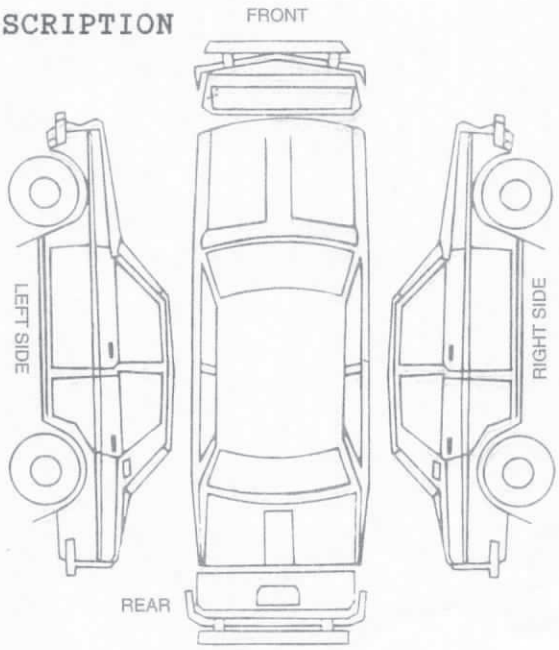
COUNT CARD NO.

REGN NO.: SHC8014Y	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI(E6)	DATE/TIME IN 18.02.2019 18:45
YR OF MANU 28.05.2015	TARGET DATE
CHASSIS CODE WDD2120012B178538	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 18.02.2019
NATURE: 3P 18.02.2019

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC8014Y CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8014Y

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

Commits
Clearing

VEHICLE NO : SHC 8014Y **DATE 19/2/2019 9:43**

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			$ 1,510.00
	Rear Bumper Reinforcement ?			$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH) ?		$ 135.00	$ 270.00
	Rear Bumper Bracket Top (LH/RH) ?		$ 125.00	$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) ?		$ 115.00	$ 230.00
	Rear Bumper Lower Cover			$ 325.00
	Rear boot lid x repair			
	SUB TOTAL			**$ 3,735.00**
	LESS 20%			$ 747.00
	DISCOUNTED TOTAL			**$ 2,988.00**
	Rear Bumper Sensor			**$ 388.00** Nett
	Labour Charge			
	Panel Beating			$ ~~400.00~~ 200
	Spray Painting Charge		~~500~~	$ 400
	Wiring Charge			$ ~~30.00~~ x
	Remove/Refix Reverse Sensor			$ ~~120.00~~ 20
	TOTAL LABOUR			**$ 850.00**
	ESTIMATE TOTAL			**$ 4,226.00**

Calvin 1ClCly
19/2/19 1125L
2 Days
4/s
After Repair photo

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 surveys on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary ... must be ...surveyed 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

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

Our Job Ref No : 305270293

Date : 21/02/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8014Y 18/02/2019

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

Z The repair job shall bill to: CHINA GBG5507L

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) $2100.00
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 : CHIANG

Tel : 62148314

Fax : 65468156

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks: