15/5/2010

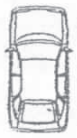
INS. CASE OWNER: VD | CC 4 / ASM 1900 3185 / KL RA3 | LKK: IDAC: 99625

ASSIGNMENT

Surveyor: AMC DOI: 20/2/19 Date / Time : 20/2/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GV 6178H "VIRTUAL" Claim No. : SGM01812

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

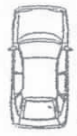
Excess Sec II :S$ D.O.A : 31/1/19 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

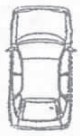
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHO 3948E → → →

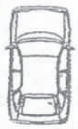


INSRS:
WSP: CONFIRM/DAYS.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHO 3948E - CS/FCC1 [illegible] ; DOA: 7/5/17
	-CS/FCC1 [illegible] ; DOA: 6/7/18
	-CS/INCL [illegible] ; DOA: 6/7/18
	GV 6178H - CS3/INCL500 [illegible] ; DOA: 7/7/18

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: Kalvin | REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / 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 D3948E Yr Regn: 29 Jun, 2011

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

Make: Hyundai Getz c.c 1991

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

Sp.Reading 71756 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHET41VMPA811917

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: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	20/1/19	D.O.I.	20/2/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	AxA
	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 _____

Survey Fee: _____

Transportation: _____ S + RS _____ SI

Photos _____

Others _____

AXIA - FZ
Usum

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3948E **DATE 20/2/2019 9:24**

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid			$ 1,349.50	
	Boot Lid Rubber			$ 110.90	
	Boot Lid Lock Upper			$ 132.10	
	Boot Lid Lock Lower			$ 30.30	
	Boot Lid Sonata Plate			$ 43.60	
	Boot Lid Hyundai Plate			$ 24.20	
	Boot Lid 'H' Emblem			$ 26.10	
	Boot Lid CRDI Plate			$ 22.70	
	Rear Bumper			$ 578.40	
	Rear Bumper Reinforcement			$ 483.30	
	Rear Bumper Clip			$ 22.00	
	Rear Bumper Sponge			$ 137.40	
	Rear Bumper Under Cover			$ 185.80	
	Rear Bumper Protector (RH)			$ 38.00	
	Rear Panel			$ 391.80	
	Rear Panel Garnish			$ 95.80	
	SUB TOTAL			**$ 3,671.90**	
	LESS 20%			$ 734.38	
	DISCOUNTED TOTAL			**$ 2,937.52**	
	Boot Lid Comfort Logo & Tel No. Sticker			$ 30.00	Nett
	Rear Bumper Reverse Sensor			$ 135.70	Nett
				$ 165.70	
	Labour Charge				
	Panel Beating			$ 850.00 400	
	Spray Painting Charge			$ 750.00 600	
	Wiring Charge			$ 50.00 X	
	Tuff Kote			$ 50.00 20	
	Remove/Refix Reverse Sensor			$ 80.00 30	
	TOTAL LABOUR			**$ 1,780.00**	
	ESTIMATE TOTAL			**$ 4,883.22**	

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts provided on "as is" basis
- Third party liability on "as is" basis
- No warranty on "as is" basis
- Supply of parts on "as is" basis

Acknowledged
Signature:
Date:

Kah Wee Alloy
20/2/19 1020h
3 Days
4/3 After Repair pls
Book in time

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
330 Ubi Road 3 Singapore 408868
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3899617 JC NO.: 305270526

TOMER

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

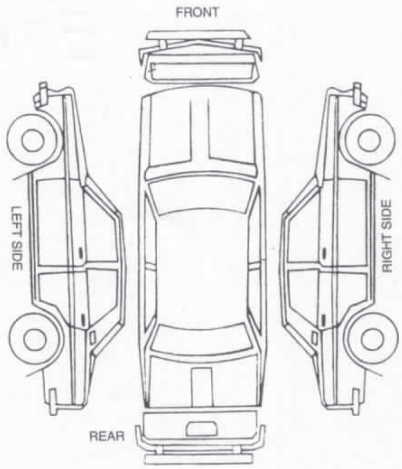
COUNT CARD NO.

REGN NO.: SHD3948E	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 19.02.2019 12:38
YR OF MANU 29.06.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA811917	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 31.01.2019
NATURE: 3P 31.02.19/B

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHD3948E FZ AXA

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3948E

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 : 305270526

Date : 21.02.2019

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3948E Date of Accident : 31.01.2019

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

1. The repair job shall bill to: AXA --- GV 6178H

2. The finalized amount shall be:

(a)	Spare Parts after List discount		$0.00
(b)	Labour Charges		$0.00
	Total for Part-By-Part Repair Cost		$0.00
(c.)	Lumpsum Repair (if applicable)		
	Total for Lumpsum repair cost after Less:	20%	$2,300.00
	Final Lumpsum Repair cost		$2,300.00

3. Estimated normal period for repairs: 3 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 : **FAUZY BIN MOKHTAR**

Tel : 62148319

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: Final Amount Subject to Insurance Approval

AXA-FZ
U8um.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHD 3948E　　DATE 20/2/2019 9:24

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid ✓			$ 1,349.50	✓
	Boot Lid Rubber ✗			$ 110.90	
	Boot Lid Lock Upper ✗			$ 132.10	
	Boot Lid Lock Lower ✗			$ 30.30	
	Boot Lid Sonata Plate ✓			$ 43.60	✓
	Boot Lid Hyundai Plate ✓			$ 24.20	✓
	Boot Lid 'H' Emblem ✓			$ 26.10	✓
	Boot Lid CRDI Plate ✓			$ 22.70	✓
	Rear Bumper ✓			$ 578.40	
	Rear Bumper Reinforcement ?			$ 483.30	
	Rear Bumper Clip ✓			$ 22.00	
	Rear Bumper Sponge ?			$ 137.40	
	Rear Bumper Under Cover ?			$ 185.80	
	Rear Bumper Protector (RH) ✗			$ 38.00	
	Rear Panel ✗ repair			$ 391.80	
	Rear Panel Garnish ✗			$ 95.80	
	SUB TOTAL			**$ 3,671.90**	
	LESS 20%			$ 734.38	
	DISCOUNTED TOTAL			**$ 2,937.52**	
	Boot Lid Comfort Logo & Tel No. Sticker ✓			$ 30.00	**Nett**
	Rear Bumper Reverse Sensor ✓			$ 135.70	**Nett**
				$ 165.70	
	Labour Charge				
	Panel Beating			$ ~~850.00~~ 400	
	Spray Painting Charge			$ ~~750.00~~	600
	Wiring Charge			$ ~~50.00~~	✗
	Tuff Kote			$ ~~50.00~~	30
	Remove/Refix Reverse Sensor			$ ~~80.00~~	30
	TOTAL LABOUR			**$ 1,780.00**	
	ESTIMATE TOTAL			**$ 4,883.22**	

Kalwill[illegible]
20/2/19 1020h
3 Rpr.
L/S
After Repair [illegible]
Book value

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.