

INS. CASE OWNER:

CC 3, CTI 1900 4036, K1fa3

LKK:  
IDAC:

Surveyor: Amc DOI: 4/13/19 Date / Time : 4/13/19  
Registered in Merimen: -

Pre-assign / CCU / FTE

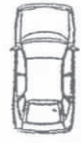


Insured Vehicle No. : SPS 4243T  
Name of Insured : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A : 2/3/19  
Is driver the owner? ( YES / NO ) Nature of Accident :

Claim No. : \_\_\_\_\_  
Policy No. : \_\_\_\_\_  
Make / Model : \_\_\_\_\_  
Place 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

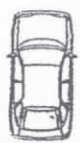
SHA 8850K



INSRS: \_\_\_\_\_  
WSP: com/bray  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	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:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

**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\$ \_\_\_\_\_

**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: \_\_\_\_\_

Supervisor: KAMIN

REF: \_\_\_\_\_

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 at Workshop n/s \_\_\_\_\_  
 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 Report: \_\_\_\_\_ 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: SHA 8850 K Yr Regn: 29 Sep, 2016  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai Z40 c.c. 1685  
 Colour: yellow A/C: Ins ed / Std / NI / NA  
 Sp. Reading: 375837 T/Radio: Ins ed / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLB414M94093842  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inor der / Jammed / Leaked / Burnt or  
 Brake: Inor der / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD Rim or  
 Tyre Size: F: 205 / 60 R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Hankook  
 Front R/Bal. 6 mm Rear R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 2/3/19 D.O.I. 4/3/19  
 Survey held at CDGE (Loyang)  
 Des. of Damages: Frl / Rear / O/S / N/S / VIC / Rooftop or  
Rear  
 The VIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<b>CTZ</b>
	<b>PIP</b>

Date/Time, File Pass to?  : Prelt. Report

: Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	_____
Transportation:	_____
_____	_____

Date/Time, File Return to?

Log Fee \_\_\_\_\_

### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 408946

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768773

A member of COMFORTDELGRO

Date/Time: 04.03.2019 08:58 Page : 1

Team: ARC Repair TP(CFSO)1

### JOB CARD

Sales Order:

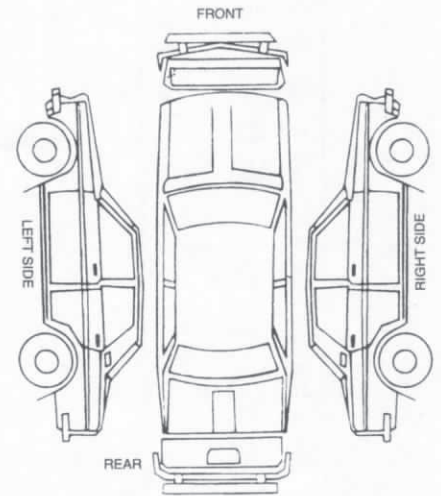
JC NO.: 305273870

STOMER  /MS STOMER NO. DRESS  (R) (P)  COUNT CARD NO.	CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O)	REGN NO.: <b>SHA8850K</b>	MILEAGE
		MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....F
		MODEL <b>I-40</b>	DATE/TIME IN <b>03.03.2019 10:05</b>
		YR OF MANU. <b>29.09.2016</b>	TARGET DATE
		CHASSIS CODE <b>KMHLB41UMGU093845</b>	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 02.03.2019  
NATURE: 3P 02.03.19 -

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: **SHA8850K**                      **JU CHINA**

Vehicle No.: **SHA8850K**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

**CITY CAB PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHA 8850K

DATE 4/3/2019 10:26

CHINA - Jm

MAKE :

P/P

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>x repair</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>x</i>			\$ 22.00	
	Rear Bumper Bracket ?		\$ 35.60	\$ 71.20	
	Rear Bumper Sponge ?			\$ 103.50	
	Rear Bumper Under Cover?			\$ 228.00	
	<b>SUB TOTAL</b>			<b>\$ 977.70</b>	
	<b>LESS 20%</b>			<b>\$ 195.54</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 782.16</b>	
	Rear Bumper Rubber Mat <i>x</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>-</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>-</i>		\$ 100.00	\$ 200.00	Nett
	Rear Bumper Reverse Sensor <i>x</i>			\$ 135.70	Nett
				<b>\$ 435.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>400.00</del> <sup>200</sup>	
	Spray Painting Charge			\$ <del>300.00</del> <sup>200</sup>	
	Wiring Charge			\$ <del>30.00</del> <i>x</i>	
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <i>x</i>	
	<b>TOTAL LABOUR</b>			<b>\$ 810.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,027.86</b>	

*Kahin 10/04/19*  
*4/3/19 1115hr.*  
*2 Dgs*  
*PIP*  
*After Repair plh*

KK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Part prices are subject to confirmation
- The survey is on a "without prejudice" basis
- To allow motorist to inspect all areas
- Supplies and materials must be new, sealed and is subject to inspection 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 305273870

Date : 06/03/19

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA8850K

Date of Accident : 02/03/19

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

1. The repair job shall bill to: CHINA --- SFS4243T  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount		<u>\$0.00</u>
(b) Labour Charges	###	<u>\$650.00</u>
<b>Total for Part-By-Part Repair Cost</b>		<b><u>\$650.00</u></b>
n1		
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u>                    </u>
<b>Final Lumpsum Repair cost</b>		<b><u>                    </u></b>

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Calvin

Date : 7/3/19

### 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:

\_\_\_\_\_