

INS. CASE OWNER:

CC3, CTI 1900 4279, K1fa3

LKK:
IDAC:

Surveyor:

Ank

DOI:

ASSIGNMENT

21/3/19

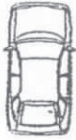
Date / Time :

21/3/19

Registered in Merimen:

Pre-assign / CCU / FTE

G66 3784R



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

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

SHO 71405



INSRS:

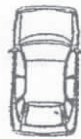
WSP:

Tel :

Liability :

RMKS:

CNR 1045



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHO 71405 - 4/18/18 16036 / ASBET : 007:29/8/18	Non-Reporting ltr (1st):	
	G66 3784R - CC3/CTI 1800 4279 / Men3n2: 007:20/3/18	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:
Repair Cost:	S\$	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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:
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/WS/TP RES/OD RES/EVA/INV/MVA

To Inspected 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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: _____ days Res.: Yes or No

Lum Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

ii)

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Ass Fee: _____

Spa Insp: _____

S-SS-14

Date/Time: 06.03.2019 15:45

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305274879

CUSTOMER

MS

CUSTOMER NO.

ADDRESS

(R)

(P)

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

COUNT CARD NO.

REGN NO.:

SHD7140S

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

06.03.2019 14:15

YR OF MANU.

10.11.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU096298

COMPLETION DATE/TIME:

JOB DESCRIPTION

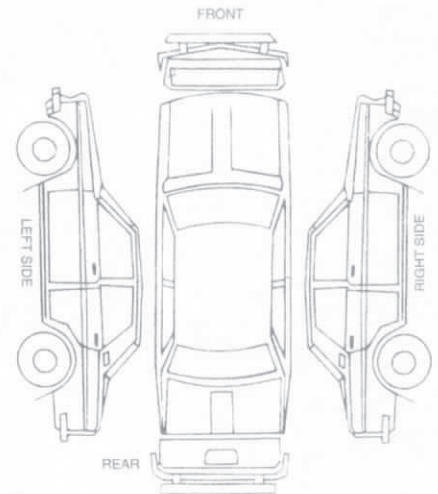
Accident Date: 06.03.2019

NATURE: 3p 06.03.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

BY:

DATE:

Vehicle No.:

SHD7140S

JU/YY

Exit Pass

Vehicle No.:

SHD7140S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Anna-Ju
P/P

DATE 6/3/2019 16:51

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper ✓			\$ 553.00
	Rear Bumper Clip 10 pcs ✓			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Rubber Mat ✓			\$ 50.00
				\$ 50.00
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00 200
	Wiring Charge			\$ 30.00 X
	Remove/Refix Reverse Sensor			\$ 80.00 10
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,320.00
Kalun Mulya ✓ 7/3/19 1100h 2 Or, P/P Return Paid p U I am a motorist hence notify the following: I have been involved in an accident and require repair work. I have been involved in an accident and require repair work. I have been involved in an accident and require repair work.				

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 305274879
Date : 08/03/19

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHD7140S

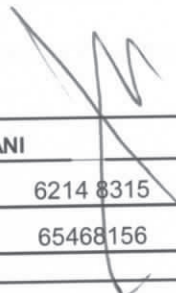
Fax :
Date of Accident : 06/03/19

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

1. The repair job shall bill to: CHINA --- GBG3784R
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		\$510.00	
(b) Labour Charges	###	\$430.00	
Total for Part-By-Part Repair Cost		\$940.00	
~			
(c.) Lumpsum Repair (if applicable)			
Total for Lumpsum repair cost after Less: <u>20%</u>			
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalm
Date : 11/3/19

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: