樹發汽車修理廠

SHU FATT AUTO WORKS

BLOCK 1009 BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723 TEL: 6273 0119 FAX: 6270 7065

Our Ref: WSK/jw/SF-quo
25th February 2019
TP-7

SLV 9735 X SUBARU FORESTER

			S$
Spare Parts	1	Rt frt headlight.	2580.40
	1	Rt frt headlight holder.	45.30
	1	Rt frt headlight washer.	115.90
	1	Rt frt headlight washer cover.	89.20
	1	Frt bumper.	594.20
	1	Frt bumper reinforcement.	298.80
	1	Rt frt bumper bracket.	45.10
	1	Frt bumper foam.	150.20
	1	Set frt bumper clips.	42.00
	2	Frt bumper side retainers. @$45.30	90.60
			4051.70
		Less 10%	405.17
			3646.53
Labour		To knock rt frt wheel house, rt frt inner panel, rt frt fender, frt lower panel, frt side panel, renew frt light, frt grille, frt bumper and assembly.	750.00
		To respray damaged parts.	750.00
		To check and reset ECU.	150.00
			5296.53

Handwritten annotations beside the spare parts: ?, ?, ?, mis, de, ?, ?, ?, ne, LH-Y RH-ne. Beside the labour: 250, 220, 100.

Yokohama 225/60R17
JF1SJ5KC5JG103257
9627

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 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:

Taufik 97495749
WP
11/3/19 @ 245pm
Resurvey before/after painting
Survey @ Lkkauto own
03 days
To check lumpsum or part by part

(17)

7

15/5/2010

INS. CASE OWNER: Richard | CC ASM ~~/AXA~~1900 4459, F1463

LKK:
IDAC:

ASSIGNMENT

Surveyor: Edwin   DOI: 12/7/19.   Date / Time : 12/7/19.
Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SGJ 7879A		Claim No. : SAM01G07 / 103603	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 11/7/19.	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**

SHD 3739S ⟶ ______ ⟶ ______ ⟶ ______

INSRS: WSP: LONE Tel : Liability : LO. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			
	SHD 37395 - [illegible] - 8/7/19	**STAGE**	**DATE / PIC**
	SGJ7879A - [illegible]	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	& smartclaim.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	- OIHR	**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$ (S$ x days)		
Loss of Income (LOI):	S$ (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 / 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: _____

PDAC 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: SHO 3739S Yr Regn: 13 Sep 2018

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

Make: Hyundai Tucson c.c 1582

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

Sp.Reading 66944 T/Radio: Installed / Std / Nil / NA

Eng/No: _____

C/No: KMHC851CVKU107568

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 Rim or _____

Tyre Size; F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	11/3/19	D.O.I.	12/3/19

Survey held at CDGE (Luoyang)

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

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

Date / Time	Action / Instruction
	A x A
	P&P

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

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech. Insp ($ _____)

☐ Legal and ($ _____)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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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

Date/Time: 11.03.2019 17:46 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305276582

MER

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

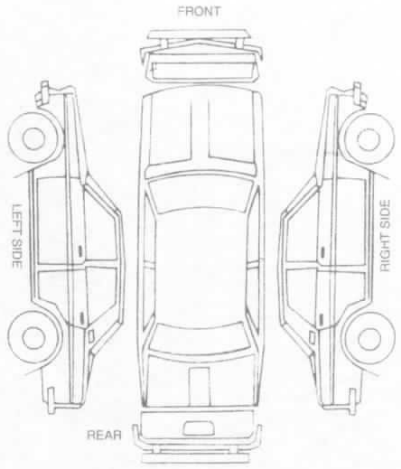
JNT CARD NO.

REGN NO.: SHD3739S	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 11.03.2019 14:10
YR OF MANU 13.09.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU107568	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.03.2019
NATURE: 3P 11.03.19

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

o.: SHD3739S LIMTS

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3739S

Name of Service Advisor Date

To be kept by Security Guard