15/5/2010

INS. CASE OWNER: CC 3 / CTI 1900 5477 / Flha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: AMC DOI: 26/3/19 Date / Time: 26/3/19

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No. : SGJ 6065		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 26/3/2019	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**

SHD6676U → → →

INSRS: WSP: Urban Wheels. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD6676U - CS/FCI/7027427/Urban2 ; DOA 10/11/17
	- CS/FCI/8013148/Urban2 ; DOA 18/3/18
	SGJ6065 - X

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: Kelvin | REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP IWS / 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: SHO 66764 Yr Regn: 9 Apr, 2015

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

Make: Hyundai Z40 c.c 1,685

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

Sp.Reading 46954 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41MMFU067952

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: 205/60R16

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	24/3/19	D.O.I.	26/3/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	CTZ
	4.

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

Report Format: _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

☐ : _____ ($ _____)

Survey Fee:	
Transportation:	
S + RS	SI
Photos	
Others	

OMFORTDELGRO ENGINEERING
ember 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
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732
[illegible] Ubi Road 3 Singapore 408705

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 3909039 JC NO.: 305280883

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

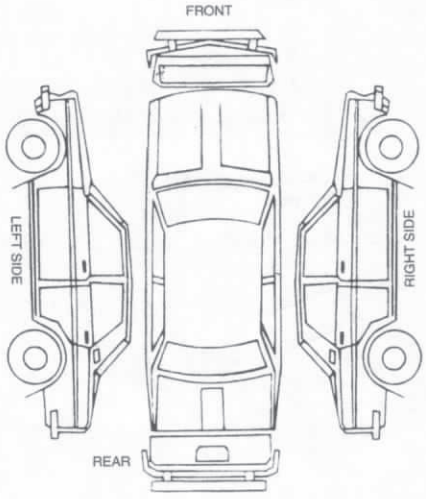
JNT CARD NO.

REGN NO.: SHD6676U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 24.03.2019 17:50
YR OF MANU 09.04.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU067952	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.03.2019
NATURE: 3P 24.03.18/B

S/NO	LABOR CODE	DESCRIPTION
		Towing - Normal



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHD6676U FZ CHINA

Vehicle No.: SHD6676U

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6676U CHINA / LKK Rear **DATE 25/3/2019 16:45** F2

MAKE :

MODEL : **HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			$ 553.00
	Rear Bumper Clip 10 pcs			$ 22.00
	Rear Bumper under cover		$228	
	Rear Bumper Reinforcement		$	
	SUB TOTAL			**$ 575.00**
	LESS 20%			$ 115.00
	DISCOUNTED TOTAL			**$ 460.00**
	Rear Bumper Rubber Mat			$ 50.00 **Nett**
				$ 50.00
	Labour Charge			
	Panel Beating			$ ~~400.00~~ 200
	Spray Painting Charge			$ ~~300.00~~ 200
	Wiring Charge			$ ~~30.00~~ X
	Remove/Refix Reverse Sensor			$ ~~80.00~~ 20
	Towing Fee (Not Accident Location)			$ 60.00 X
	TOTAL LABOUR			**$ 810.00**
	ESTIMATE TOTAL			**$ 1,320.00**

Ka Lin CCM

26/3/19 1130hr

2 Days.

U/s

After Repair photos

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 is allowed
- Supplementary item(s) is to be resurveyed and is subject to 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

a member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
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Service Centres
205 Braddell Road Singapore 579701 | 59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286 | 383 Sin Ming Drive SIngapore 575717
7 Sungei Kadut Way Singapore 728791 | 320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
6553 1111
SPARK Assist
Recovery • Towing • Accident
Appointed Partners

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 24/03/19 Time Received: 1750hrs

2. ☐ New ☐ SPARK Kakis

Name of Customer : Lim Yong Seng

Contact No. : 93393643

Vehicle No. : SHD 6676 U

Make / Model / Colour : i40

Email :

3. Vehicle Type:
- ☐ Private
- ☑ Taxi (CTPL/CCPL)
- ☐ Fleet
- ☐ STK (Boon Lay)

4. Type of Towing:
- ☑ Normal Tow
- ☐ King Dolly
- ☐ Flat Bed
- ☐ Crane-up

5. Nature of Service:
- ☐ Jumpstart
- ☑ Recovery
- ☐ Change Tyre / Battery

6. Parts Replaced/Remarks: Rear Bumper

7. Location: Blk 631 Ang Mo Kio Ave 4

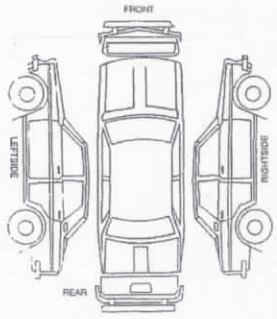
8. Vehicle Tow - In Workshop:
- ☐ Smoky Exhaust
- ☐ Overheating
- ☐ Brake Faulty
- ☐ Starting Problem
- ☑ Accident
- ☐ Return Taxi
- ☐ Wheel Jammed
- ☐ Steering Faulty
- ☐ Alternator Faulty
- ☐ Loss Power
- ☐ Engine Stalled

9. Preferred Workshop:
- ☐ Braddell
- ☐ Sin Ming
- ☐ Senoko
- ☐ Others:
- ☑ Loyang
- ☐ Sungei Kadut
- ☐ Komoco (UBI / Leng Kee)
- ☐ Pandan
- ☐ Ubi
- ☐ Cycle & Carriage (PD)

10. Odometer Reading :

Fuel Level : F | 1/4 | 1/2 | 3/4 | E

11. Radio / CD Player
- ☐ OK
- ☐ Faulty
- ☐ Not tested



: Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☑ TZ ☐ YISHUN TOWING ☐ OTHERS

Name of Driver : Noor Azn

Vehicle No. : YN 7411 K

Time Dispatch : 2300hrs

Time of Arrival : 2310hrs

Time Completed :

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

24/03/19 Date | 2310hrs Time | Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard | Date & Time of Arrival | Signature of Attending Staff/Guard

CUSTOMER'S COP

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305280883

Date : 28.03.2019

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHD6676U - CTPL Date of Accident : 24.03.219

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

1. The repair job shall bill to: CHINA --- SGJ 606S

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%	$1250.00
	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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature :

Name : Calvin

Date : 28/3/19

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: