

INS. CASE OWNER:

Stacy.

CC 4 / ASM

1900

SS81

K1fab3

LKK:

IDAC:

107077

Surveyor:

Amk

DOI:

ASSIGNMENT

29/3/2019

Date / Time:

28/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5292E

Name of Insured:

TIC SVS PLC

Insured Tel No.:

HP:

Excess Sec II :SS

5,000.00

D.O.A:

27/3/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S9M 011AB

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

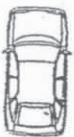
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SH 7100 G



INSRS:

WSP:

Tel:

Liability:

RMKS:

1064 Loydy



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

SH 7100 G - NS / 107077 / 1064 Loydy : 00A 5/4/19

SHC 5292E - CC / AXA 16011094 / 1064 Loydy : 00A 7/10/19

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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 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. 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 7100 h Yr Regn: 14 May 2015
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai 240 c.c. 1685
 Colour: Blue A/C: Ins: 6 Std / NI / NA
 Sp. Reading: 517444 T/Radio: Ins: 6 Std / NI / NA
 Eng/No: _____
 C/No: 1CMHLB4144F40 68936
 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: 205/60 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Welle
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 27/3/19 D.O.I. 29/3/19
 Survey held at C D G E (Loyang)
 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

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS: _____

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (S. _____)

☐ : Tech. Insp (S. _____)

☐ : Meet and _____

14

170.

TP.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 8383 6280 Facsimile + 65 8280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

450 Jlni 283 Singapore 610111

24 Serangoon Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 28.03.2019 12:50

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305282288

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

MS

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

COUNT CARD NO.

REGN NO.: SH 7100G

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 28.03.2019 10:40

YR OF MANU 14.05.2015

TARGET DATE

CHASSIS CODE KMHLB41UMFU068936

COMPLETION DATE/TIME:

JOB DESCRIPTION

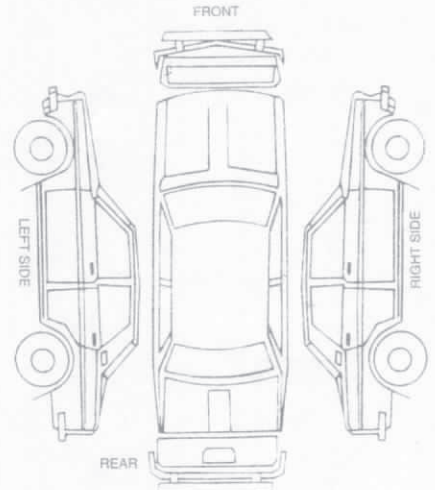
Accident Date: 27.03.2019

NATURE: 3P 27.03.19/C

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

B:

O.:

File No.:

SH 7100G

LIMITS

Vehicle No.:

SH 7100G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

AXA-4S
 DATE 28/3/2019

TS
 1630

VEHICLE NO : SH 7100G

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet ✓			\$ 2,265.90
	Bonnet Lock X			\$ 36.90
	Radiator Grille ✓			\$ 251.00
	Radiator Grille H Emblem ✓			\$ 27.50
	Front Bumper Cover ✓			\$ 544.50
	Front Bumper Sponge ✓			\$ 99.20
	Front Bumper Reinforcement ✓			\$ 402.10
	Front Bumper Grille (LH) ✓			\$ 41.60
	Front Bumper Centre Grille ✓			\$ 178.60
	Front Bumper Lip ✓			\$ 54.90
	Front Bumper Bracket Top (LH/RH) LH - RH X		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) LH - RH X		\$ 24.60	\$ 49.20
	Headlamp Support Top Cover X			\$ 222.60
	Headlamp Support Panel Assy ✓			\$ 907.40
	Headlamp (LH/RH) LH - RH X		\$ 1,388.00	\$ 2,776.00
	Radiator X			\$ 698.30
	Radiator Fan Blade, Cowling, Motor Assy X			\$ 792.95
	Radiator Bracket (RH/LH) X		\$ 6.50	\$ 13.00
	Radiator Guard X		\$ 20.00	\$ 40.00
	Horn Unit (LH/RH) ?		\$ 73.80	\$ 147.60
	Horn Wire ?			\$ 156.50
	Aircon Condenser X			\$ 927.50
	Inter Cooler X			\$ 1,032.50
	Inter Cooler Mounting (2 PCS) X			\$ 25.90
	Front LH Fender ✓			
	Front LH Fender Liner ✓			
	Front Bonnet LH/RH Hinges ✓			
	SUB TOTAL			\$ 11,736.45
	LESS 20% DISCOUNTED TOTAL			\$ 2,347.29
	DISCOUNTED TOTAL			\$ 9,389.16
	Front Number Plate			\$ 25.00
	Front No Plate Trim Cover			\$ 30.00
	Labour Charge			\$ 55.00
	Panel Beating-Repair Fender			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	TOTAL LABOUR			\$ 1,950.00
	ESTIMATE TOTAL			\$ 11,394.16

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: *Ka...*
 Date: *29/3/19*

1030 hrs.
3 Days
4/5

After Repair photo

Nett
 Nett
 600
 600
 20
 20
 60

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 Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Date : 02/04/19

Fax :

Vehicle Reg No. : SH 7100G

Date of Accident : 27-Mar-19

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

2. The finalized amount shall be:

(b) Labour Charges _____

Total for Lumpsum repair cost after Less:	20%	\$5,650.00
---	-----	------------

Final Lumpsum Repair cost	\$5,650.00
---------------------------	------------

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

We confirm the estimates and finalized amount

Signature _____

Name KALVIN

Date : 3/4/19

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
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 Zewona Approval