15/5/2010

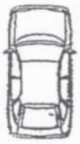
INS. CASE OWNER: | CC 4 / FWD 1900 5848 / eas | ERR: | IDAC:

ASSIGNMENT

Surveyor: AWZ   DOI: 2/4/19   Date / Time : 2/4/2019

Registered in Merimen: 2/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJG 1278D   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

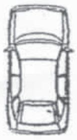
Excess Sec II :S$ D.O.A : 1/4/2019   Place of Accident :

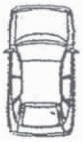
Is driver the owner? (YES / NO)   Nature of Accident :

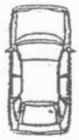
If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

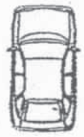
Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SHD 8584M → ______ → ______ → ______


INSRS:
WSP: DDWE/oyang.
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 8584M - CC3/AGI 7014779/61yq392 ; DOA: 29/7/17
	SJG 1278D - CC6/CT116013486/Ay6392 ; DOA: 8/3/16

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 / 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: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 85 M (8X) Yr Regn: 15 Sep 2016

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

Make: Hyundai I40 c.c 1685

Colour Yellow A/C: Insured / Std / NI / NA (6)

Sp.Reading 35 6856 T/Radio: Insured / Std / NI / NA (6)

Eng/No: _____

C/No: KMHLB41UMH409378O

Gen. Cond: Good / Fair / Poor / Burnt (6)

Steering: Inorder / Jammed / Leaked / Burnt or _____ (6)

Brake: Inorder / Jammed / Leaked / Burnt or _____ (6)

Modi: Nil / S/Rim / STD A/Rim or _____ (6)

Tyre Size; F: 205/60R16

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	1/4/19	D.O.I.	3/4/19

Survey held at CDRE (Loyang)

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

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

Date / Time	Action / Instruction
	FWD
	~~to~~ PIP

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

PbyP

VEHICLE NO : SHD 8584M **DATE 2/4/2019 13:46**

MAKE :

Like

MODEL : HYUNDAI i40

FWD

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille			$ 1,110.10	
	Front Bumper Cover			$ 1,052.20	
	Front Bumper Grille (RH)			$ 93.60	
	Front Bumper Bracket Top (RH)			$ 22.40	
	Front Bumper Bracket (RH)			$ 24.60	
	SUB TOTAL			**$ 2,302.90**	
	LESS 20%			$ 460.58	
	DISCOUNTED TOTAL			**$ 1,842.32**	
	Front Bumper Cover Advertisement Logo			$ 100.00	**Nett**
	Front Fender Advertisement Logo (RH)			$ 100.00	**Nett**
				$ 200.00	
	Labour Charge			200	
	Panel Beating			$ ~~300.00~~	
	Spray Painting Charge			$ ~~500.00~~	200
	Tuff Kote			$ ~~50.00~~	X
	TOTAL LABOUR			**$ 850.00**	
	ESTIMATE TOTAL			**$ 2,892.32**	

Kah Lin ICKK

3/4/19 10 45hrs.

2 Days

PIP

Before Paint photo

Consultant's hence notify
the following:
spray painting
survey
basis
and
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.

OMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

COMFORTDELGRO

Date/Time: 02.04.2019 12:02 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305283672

OMER

IS

OMER NO.

ESS

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R) (O)

(P)

OUNT CARD NO.

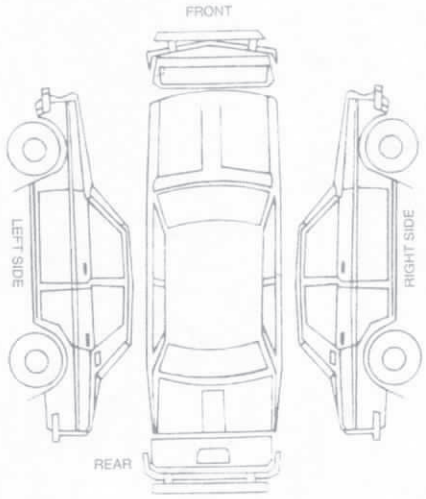
FWD

REGN NO.: SHD8584M	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 02.04.2019 10:00
YR OF MANU 15.09.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093780	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 01.04.2019
NATURE: 3P 01.04.19/C

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

vledgement Slip

No.: SHD8584M LKE

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD8584M

Name of Service Advisor

Date

To be kept by Security Guard

95

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305283672

Date : 04.04.19

FINALIZATION FORM

To : LKK Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHD8584M CCPL 01.04.19

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

1. The repair job shall bill to: **FWD** **SJG1278D**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$2,871.84
(b)	Labour Charges	$500.00
	Total for Part-By-Part Repair Cost	**$3,371.84**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less: 20%	
	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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :

Name : Kalvin

Date : 4/4/19

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		NO		
3. Survey Fees				
4. LTA Search Fee	$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 03.04.2019
Time: 16:43:10
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305283672
REGN NO	:	SHD8584M
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	15.09.2016
DATE/TIME IN	:	02.04.2019 10:00
ACCIDENT DATE	:	01.04.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION					
0001 04-01-0103-2292-G I40V3 COVER-FR BUMPER#	1	L	1,052.20	20.00	841.76
0002 04-01-0103-2164-A I40V3 GRILLE ASSY-RADIATO	1	L	1,110.10	20.00	888.08
0003 04-01-0103-2175-G I40V3 SYMBOL MARK-H	1	L	39.50	20.00	31.60
0004 04-01-0103-0782-A I40V2 LAMP ASSY-HEAD RH#	1	L	1,388.00	20.00	1,110.40
				SUB-TOTAL :	2,871.84
JOB NATURE					
0000 20-05 RENEW ADVERTISMENT STICKER-					100.00
0001 L PANEL BEATING					200.00
0002 23-502 SPRAYPAINT ON AFFECTED AREA					200.00
				SUB-TOTAL :	500.00
				TOTAL :	3,371.84

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO