15/5/2010

INS. CASE OWNER: WG Stanley- | CC 4 / Asm 1900 6138 / Kle93 | LKK: IDAC: 609176

ASSIGNMENT

Surveyor: Ank DOI: 8/4/19 Date / Time : 8/4/2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKA1955C		Claim No. :	S9M07J GQ
Name of Insured : Kannan Indu		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 5/4/2019	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**

PAI

SHB 6688 X → ______ → ______ → ______

INSRS: Countryoyars	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	~~SHB6688X - CC3/9m/ 170 243081/4/2017 ; DOI: 27/2/17~~
	~~SKA 1955C - X~~
~~8/4~~	~~MNR - sent out 1st letter.~~

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)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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: SHB6688X Yr Regn: 28 Feb, 2013

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

Make: Hyundai Sonata c.c 1991

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

Sp.Reading 692647 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VADA 833635

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 Alloy or _____

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.	5/4/19	D.O.I.	8/4/19

Survey held at CDRE (Loyang)

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

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

Date / Time	Action / Instruction
	AXA
	4).

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format: _____

Lump Sum / Bills: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 06.04.2019 13:03 Page : 1

Team: IN ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305285100

OMER

S

OMER NO.

ESS

(R)

(P)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

AXA

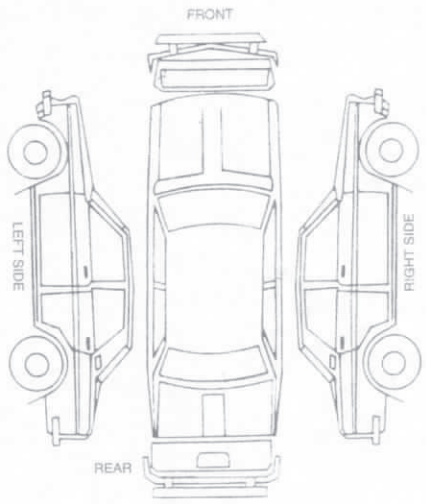
OUNT CARD NO.

REGN NO.: SHB6688X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 06.04.2019 11:10
YR OF MANU. 28.02.2013	TARGET DATE
CHASSIS CODE KMHET41VMDA833635	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.04.2019
NATURE: 3P 05.04.2019

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

No.: SHB6688X LKE

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB6688X

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

4/Sum

VEHICLE NO : SHB 6688X **DATE 8/4/2019 10:43**

MAKE : Like AXA

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — cut			$ 538.80
	Front Bumper Bracket Top (LH) ?			$ 22.40
	Front Bumper Protector (LH) ?			$ 29.20
	Headlamp (LH) —			$ 797.90
	Front Fender (LH) —			$ 593.00
	Front Fender Shield (LH) X			$ 86.00
	Front Fender Retainer X			$ 9.20
	SUB TOTAL			**$ 2,076.50**
	LESS 20%			$ 415.30
	DISCOUNTED TOTAL			**$ 1,661.20**
	Labour Charge			200
	Panel Beating			$ ~~400.00~~
	Spray Painting Charge			$ ~~600.00~~ 400
	Wiring Charge			$ ~~50.00~~ 20
	Tuff Kote			$ ~~50.00~~ 20
	TOTAL LABOUR			**$ 1,100.00**
	ESTIMATE TOTAL			**$ 2,761.20**

Kalin LKR

8/4/19 1415 hr.

3 Days

4/5

After Repair photo

LKR [illegible] inspection to 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:

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 305285100

Date : 13.04.19

FINALIZATION FORM

To : LKK Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHB6688X CTPL 05.04.19

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

1. The repair job shall bill to: **AXA --- SKA1955C**

2. The finalized amount shall be:

   (a) Spare Parts after List discount

   (b) Labour Charges

   Total for Part-By-Part Repair Cost

   (c.) Lumpsum Repair (if applicable)
   Total for Lumpsum repair cost after Less: 20% $1,750.00
   Final Lumpsum Repair cost **$1,750.00**

3. Estimated normal period for repairs: 3 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.

Signature :
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

We confirm the estimates and finalized amount

Signature :
Name : Kalvin
Date : 15/4/19

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: Final Amount Subject to Insurance Approval