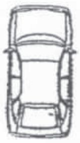
INS. CASE OWNER: Jas Jan | CC 4, Asm 1900 6144, K1 ea3 | LKK: | IDAC: 109102

ASSIGNMENT

Surveyor: Auk | DOI: 8/4/19 | Date / Time : 8/4/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : PA 7478P "VIRTUAL"		Claim No. : 59M01JE1	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 4/4/19	Place of Accident :	
Is driver the owner? (YES / NO)		Nature of Accident :	

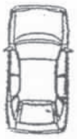
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

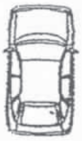
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

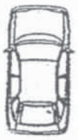
SHC360A → ____ → ____ → ____



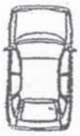
INSRS:
WSP: CDWE Company.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC360A - X
	PA7478P - CC4/ARA 1100635 4/Rgt 1 fe/c7; DOA 7/4/19

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$		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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 360A Yr Regn: 30 Sep 2013

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 8 5 8739 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL841GMD404088

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / 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 Pavanti

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	4/4/19	D.O.I.	8/4/19

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	AxA

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
205 Braddell Road Singapore 579701
Mainline – 65 6363 6280 Facsimile – 65 6280 9756
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

Date/Time: 05.04.2019 16:07 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO.: 305284828

OMER

IS CITYCAB PTE LTD
OMER NO. 7010070
IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

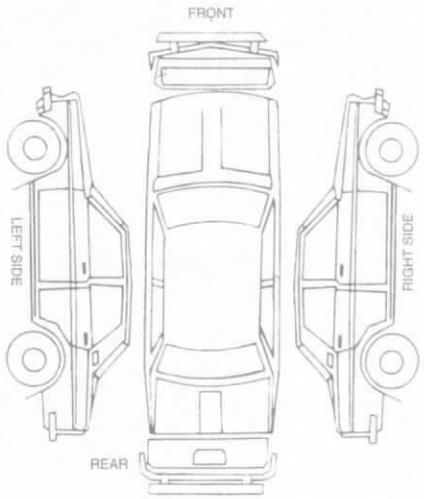
OUNT CARD NO.

REGN NO.: SHC 360A	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 05.04.2019 12:40
YR OF MANU. 30.09.2013	TARGET DATE
CHASSIS CODE KMHLB41UMDU040883	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.04.2019
NATURE: 3P 04.04.19/C

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC 360A LIMTS

f Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 360A

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.04.2019
Time: 16:17:33
Page: 1

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

JOB NO : 305284828
REGN NO : SHC 360A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 30.09.2013
DATE/TIME IN : 05.04.2019 12:40
ACCIDENT DATE : 04.04.2019

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION				
0001 04-01-0103-0579-G REAR BUMPER	1	553.00	20.00	442.40
0002 04-01-0103-0783-G REAR BUMPER SIDE BRKT RH	1	35.60	20.00	28.48
0003 04-01-0103-0585-A TAILLAMP RH	1	697.80	20.00	558.24
0004 04-01-0103-0658-G REAR WHEEL CAP RH	1	107.10	20.00	85.68
0005 04-01-0103-1150-A REAR BUMPER MAT	1	50.00		50.00
0006 04-01-0101-0111-G REAR BUMPER CLIPS	10	22.00	20.00	17.60
			SUB-TOTAL	: 1,182.40
JOB NATURE				
0000 PB PANEL BEATING-Rear Fender RH				500.00
0001 SP SPRAYPAINT CHARGE				500.00
0002 17-01 CHECK ALL LIGHTING				40.00
0003 20-00 TUFF COAT ON AFFECTED PARTS.				40.00
0004 L R/I REVERSE SENSOR				120.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.04.2019
Time: 16:17:33
Page: 2

REPAIR ESTIMATE

AXA (FVI) 12 IS
CL45)

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

JOB NO	:	305284828
REGN NO	:	SHC 360A
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	30.09.2013
DATE/TIME IN	:	05.04.2019 12:40
ACCIDENT DATE	:	04.04.2019

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,200.00

TOTAL : 2,382.40

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Kalvin Ong
8/4/19 10.20 a.m.
3 Rpy.
L/S
After Repair pls

Auto Consultants hence notify
Repairer of the following:
- Before/after spray painting
- Damaged part(s) during resurvey
- Prices are subject to confirmation
- Assessed on a "Without Prejudice" basis
- Hidden modifications is allowed
- Items must be resurveyed and is subject to approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305284828

Date : 10/04/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC 360A Date of Accident : 04-Apr-19

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

1. The repair job shall bill to: AXA --- PA7478P

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% $1,550.00
   Final Lumpsum Repair cost **$1,550.00**

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.

We confirm the estimates and finalized amount

Signature : LIM T S

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

Date : 11/4/19

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