

INS. CASE OWNER:

CC3, UP 1900 6763, 11ea3

LKK:

IDAC:

Surveyor:

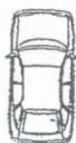
DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 657 X

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS

D.O.A : 7/4/2019

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

SHB 4078 U



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHB 4078 U - N/IN/ 9004046 / Khdhaz: 18/4/19
 - CC3/FCI 15014150 / Khdhaz: 16/10/15
 SMA 657 X - 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\$

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:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3912673

JC NO.: 305285254

STOMER

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

COUNT CARD NO.

REGN NO.:

SHB4078U

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

07.04.2019 11:40

YR OF MANU.

16.07.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU075402

COMPLETION DATE/TIME:

Accident Date: 07.04.2019

NATURE: 3P 07.04.19/B-

S/NO

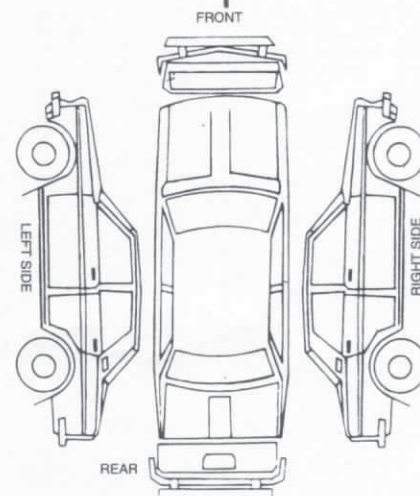
LABOR CODE

JOB DESCRIPTION

RIGHT front

DESCRIPTION

LONPAC



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHB4078U

FZ LONPAC

Vehicle No.:

SHB4078U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4078U

DATE 8/4/2019 10:53

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Bracket Top (RH) ?			\$ 22.40
	Front Bumper Bracket (RH) ✓			\$ 24.60
	Front RH Head lamp ✓			\$ 591.50
	Front RH Fender ✓			\$ 118.30
	SUB TOTAL			\$ 473.20
	LESS 20%			
	DISCOUNTED TOTAL			
	Front Fender Advertisement Logo (RH) ✓			\$ 100.00
				Nett
				\$ 100.00
	Labour Charge			
	Panel Beating-Repair Fender			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,050.00
	ESTIMATE TOTAL			\$ 1,623.20

Kalam 10/11/19

8/4/19 1400 L

3 days

4/5

After Repair 7/26

LKK Auto Care Centre hereby notify the Repairer of the following:

- To resurvey before refatter 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

Our Job Ref No : 305285254
Date : 11.04.2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB4078U

Fax :

Date of Accident : 07.04.2019

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

1. The repair job shall bill to: LONPAC --- SMA 657X
2. The finalized amount shall be:
- | | |
|--|-------------------|
| (a) Spare Parts after List discount | <u>\$0.00</u> |
| (b) Labour Charges | <u>\$0.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$0.00</u> |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: <u>20%</u> | <u>\$2,200.00</u> |
| Final Lumpsum Repair cost | <u>\$2,200.00</u> |

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 : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Calvin
Date : 12/4/19

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: