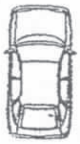
INS. CASE OWNER: Wangpejaw | CC 4, Asm 1900 6412, M fa3 | LKK: / IDAC: 109578

ASSIGNMENT

Surveyor: AMC   DOI: 10/4/19   Date / Time : 10/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC5673P   Claim No. : 59m01Jon   Wx

Name of Insured : TIC Svs Pte   Policy No. :

Insured Tel No. :   HP: Make / Model :

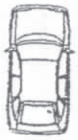
Excess Sec II :S$ 5,000.00   D.O.A : 9/4/19   Place of Accident :

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

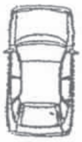
If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

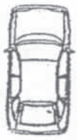
SHA3550J → → →



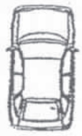
INSRS: WSP: ODLE Loyang Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA3550J - CS/FCU 1900 537 / Kvd3n7 ; DOA: 5/1/19
	- CS/FCU 1900 1588 / Df d3n7 ; DOA: 19/1/19
	- CS/FCU 1900 627 / Dfcd3n7 ; DOA: 19/1/19
	SHC5673P - CC4/Asm 1900 1601 / Kpb3 ; DOA: 1/6/18
	To get OD's vocational DL.

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: SHA 3550 J | Yr Regn: 10 Mar, 2016

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

Make: Hyundai-Z40 | c.c 1685

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

Sp.Reading: 433 691 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB81AAGU085541

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 Hankook

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	9/4/19	D.O.I.	10/4/19

Survey held at CDAE (Loyang)

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

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

Date / Time	Action / Instruction
	AxA 4s.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: $

Survey Fee:	
Transportation:	
S + RS SI	
Photos	
Others	
TOTAL	

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 6280 Facsimile : 65 6280 9795
Workshops
59 Lovang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408869
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 09.04.2019 15:54 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305285932

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

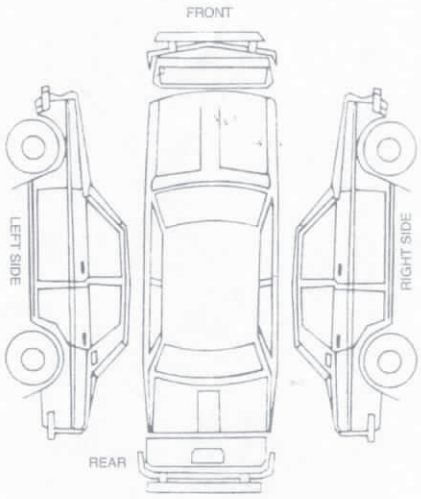
UNT CARD NO.

REGN NO.: SHA3550J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 09.04.2019 11:50
YR OF MANU. 10.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU085541	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.04.2019
NATURE: 3P 09.04.19

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHA3550J LIMTS

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA3550J

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 09.04.2019
Time: 16:14:11
Page: 1

AXA-45 12 TS

1630

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO	:	305285932
REGN NO	:	SHA3550J
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	10.03.2016
DATE/TIME IN	:	09.04.2019 11:50
ACCIDENT DATE	:	09.04.2019

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 04-01-0103-0738-G REAR BUMPER UNDER COVER	1		228.00	20.00	182.40	X
0003 04-01-0103-0783-G REAR BUMPER SIDE BRKT RH	1		35.60	20.00	28.48	?
0004 04-01-0103-0852-G REAR BUMPER REFLECTOR RH	1		30.60	20.00	24.48	X
0005 04-01-0101-0111-G REAR BUMPER CLIPS	10	L	22.00	20.00	17.60	✓
0006 09-01-9999-0068-A REVERSE SENSOR	1		135.70		135.70	X
0007 04-01-0103-1150-A REAR BUMPER MAT	1		50.00		50.00	✓
0008 04-01-0103-0739-G REAR BUMPER SPONGE	1		118.40	20.00	94.72	?
0009 04-01-0103-0740-G REAR BUMPER REINFORCEMENT	1		428.40	20.00	342.72	?
0010 04-01-0103-0743-G REAR BUMPER REIN-BRKT RH	1		80.30	20.00	64.24	?

SUB-TOTAL : 1,382.74

JOB NATURE

0000 PB PANEL BEATING ~~280.00~~ 200

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE AXA-4S

Date: 09.04.2019
Time: 16:14:11
Page: 2 /2 TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO	:	305285932
REGN NO	:	SHA3550J
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	10.03.2016
DATE/TIME IN	:	09.04.2019 11:50
ACCIDENT DATE	:	09.04.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 SP	SPRAYPAINT CHARGE					~~250.00~~ 200
0002 L	R/I REVERSE SENSOR					~~120.00~~ 30

SUB-TOTAL : 650.00

TOTAL : 2,032.74

LimfS

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Kahwa (ULCKS)

V 10/4/19 1105 hrs
2 Days
4S
After Repair photo

LKK Auto Consultants 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:
Date:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305285932

Date : 11/04/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA3550J Date of Accident : 09-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 --- **TRANSCAB** SHC5673P

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% $750.00
   Final Lumpsum Repair cost **$750.00**

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 : Lim T S

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

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

Remarks: **REAR BUMPER SIDE BRKT RH – REPLACED**

Final Amount Subject to Insurance Approval