INS. CASE OWNER: Vde | CC 4 / ASM 1900 6667 / 14pa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Awk DOI: 18/4/19 Date / Time : 18/4/19

A Smart down Registered in Merimen: 15/4/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SFZ 3639E Claim No. : S9M01KOC

Name of Insured : Policy No. : Ux

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 11/4/19 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**

SHC 1854K → → →

INSRS: WSP: Tel : Liability : RMKS: Wingtoyas.

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC1854K - 153/111 13007606/ T(for?) 11/4/13
	SFZ3639E, 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$	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 1854K Yr Regn: 26 Apr 2012

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

Make: Hyundai-Santa c.c 1991

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

Sp.Reading 249057 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHGT41VMCA823498

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or _____

Brake: Inoper / 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 Westlake

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	11/4/19	D.O.I.	15/4/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	AXA 4c

Date/Time, File Pass to? _____ : Prell. Report

1) _____ : Final Report

Date/Time, File Return to?

2) _____

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*

VEHICLE NO : SHC 1854K **DATE 12/4/2019 16:31**

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			$ 538.80
	Front Bumper Bracket Top (RH)			$ 22.40
	Front Bumper Protector (RH)			$ 29.20
	Front Bumper Bracket (RH)			$ 20.10
	Headlamp (RH)			$ 797.90
	SUB TOTAL			**$ 1,408.40**
	LESS 20%			$ 281.68
	DISCOUNTED TOTAL			**$ 1,126.72**
	Labour Charge			
	Panel Beating			$ ~~400.00~~ 200
	Spray Painting Charge			$ ~~300.00~~ 200
	Wiring Charge			$ ~~30.00~~ 20
	TOTAL LABOUR			**$ 730.00**
	ESTIMATE TOTAL			**$ 1,856.72**

15/4/19

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during the survey
- Parts prices are subject to confirmation
- Third party survey is on a ...
- No illegal modification(s) ...
- Supplementary items ... is subject to ...

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

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Date/Time: 12.04.2019 16:00 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

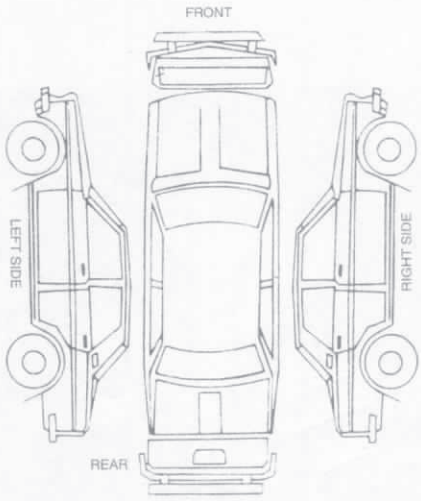
JC NO.: 305286914

TOMER		REGN NO.: SHC1854K	MILEAGE
MS	COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E.....1/2.....F
TOMER NO.	7010045	MODEL SONATA	DATE/TIME IN 12.04.2019 11:55
RESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 26.04.2012	TARGET DATE
(R) 65508755 (O)		CHASSIS CODE KMHET41VMCA823498	COMPLETION DATE/TIME:
(P)			
OUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 11.04.2019
NATURE: 3P 11.04.19/ SHORT TERM

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC1854K JU AXA

f Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1854K

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305286914

Date : 17/04/2019

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

: SHC1854K Date of Accident : 11/04/19

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

1. The repair job shall bill to: AXA --- SFZ3639E
   ###
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% **$1,200.00**
   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 : **JUMANI**
Tel : 6214 8315
Fax : 65468156

Signature :
Name : Kalvin
Date : 22/4/19

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: Final Amount Subject to Insurer Approval