

INS. CASE OWNER:

CC

CC 4 / ASM 1900

6941 / Kfa3

IDAC:

11641

Kalvin

ASSIGNMENT

Surveyor:

DOI:

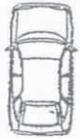
18/4/19

Date / Time:

18/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 5376Y

Claim No. :

S 9 m 01 K Q V

Name of Insured :

U/C SVS P/L

Policy No. :

Insured Tel No. :

HP:

Excess Sec II :SS

5,000.00

D.O.A.:

17/4/2019

Make / Model :

Place of Accident :

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

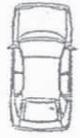
(V/L: YES / NO)

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

Insured Liability: %

Final? Yes / No

SH9850L



INSRS:

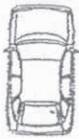
WSP:

Tel :

Liability :

RMKS:

CDWIS
10YMS



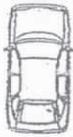
INSRS:

WSP:

Tel :

Liability :

RMKS:



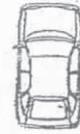
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SH9850L - CC4/ASM 1900 52941 Kfa3; 60K 23/3/19
- CC3/CTH 60100487 H/203m7; 05: 26/5/16
SH 5376Y - 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)	<input type="checkbox"/> <input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
PIR:	<input type="checkbox"/> <input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
LOD:	<input type="checkbox"/> <input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>

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\$ _____

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: _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

4/18/2019 9:30

VEHICLE NO : SH 9850L

AXA

MAKE :

MODEL : TOYOTA PRIUS

FRONT RIGHT

(TL)

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER <i>X repair</i>			\$ 499.90
FRONT BUMPER SIDE RETAINER <i>X</i>		\$ 77.00	\$ 154.00
SUB TOTAL			\$ 653.90
LESS 25%			\$ 163.48
Total			\$ 490.43
FRONT BUMPER LOGO <i>X</i>			\$ 87.10
LABOUR CHARGE			
Panel Beating			\$ 100
Spray Painting Charge			\$ 400.00
Tuff Kote			\$ 600.00
			\$ 50.00
TOTAL LABOUR			\$ 1,050.00
ESTIMATE TOTAL			\$ 1,627.53

NETT

200

X

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 "no win no fee" basis
- No illegal work
- Supplier price is subject to confirmation

Acknowledged:
Signature:
Date:

Kahin 10/10/19
18/4/19 1325hr
2 hrs
P/P
After Repair photo

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 : 305288239
Date : 22.04.2019

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SH 9850L - CTPL Date of Accident : 17.04.2019

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

1. The repair job shall bill to: AXA --- SHC5376Y
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$0.00</u>
(b) Labour Charges		<u>\$300.00</u>
Total for Part-By-Part Repair Cost		<u>\$300.00</u>
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	<u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost		<u>\$0.00</u>

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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature: 
Name : Kalvin
Date : 23/4/19

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 Insurance Approval

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.04.2019

REPAIR ESTIMATE

Time: 17:43:55

Page: 1

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

JOB NO : 305288239
REGN NO : SH 9850L
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 07.09.2017
DATE/TIME IN : 18.04.2019 07:30
ACCIDENT DATE : 17.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	PANEL BEATING	100.00
0001 L	SPRAY PAINTING CHARGE	200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :