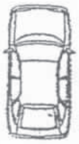
INS. CASE OWNER: Ins /nr | CC 4, Asm 1900 7530 / 19ea3 | LKK: | IDAC: 113309

ASSIGNMENT

Surveyor: Kalvin DOI: 30/4/19 Date / Time : 29/4/19

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : SKS 5999 E "VIRTUAL"		Claim No. :	SG M01LNJ
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 25/4/19	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

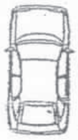
If **NO**, Driver Name / Age :

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

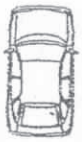
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

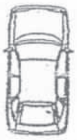
SHC 8528 G → ______ → ______ → ______



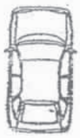
INSRS:
WSP:
Tel : Cong loyong.
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	(HC8528 G - CS/FU18007536/Uber :DOA: 13/4/18 SKS 5999 E . X
29/4	OINR.

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 IWS / 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 8528G Yr Regn: 3 Dec 2015

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 498372 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41MMG080724

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / 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.	25/4/19	D.O.I.	30/4/19

Survey held at CDAE (Loyang)

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

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

Date / Time	Action / Instruction
	AXA
	4S
	Virtual case

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 ($ _____)

Survey Fee:	
Transportation:	
___$ + PS ___SI	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 26.04.2019 16:12 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305290539

CUSTOMER	
R/MS	COMFORT TRANSPORTATION PTE LTD VARS
ISTOMER NO.	7010045
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
L. (R)	65508755 (O)
(P)	
SCOUNT CARD NO.	

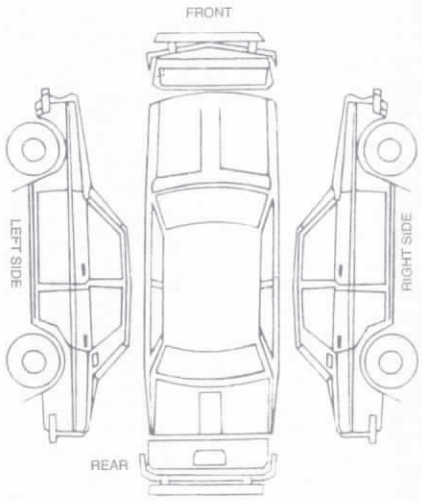
REGN NO.: SHC8528G	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.04.2019 14:40
YR OF MANU. 03.12.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080724	COMPLETION DATE/TIME:

(B)

JOB DESCRIPTION

Accident Date: 25.04.2019
NATURE: 3P 25.04.2019

S/NO	LABOR CODE	DESCRIPTION
	AXA -	Whole Left Side



HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC8528G LARRY

Larry Ng

e of Service Advisor Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8528G

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC8528G

MAKE : HYUNDAI

MODEL : i40

DATE: 26. Apr. 2019

DOA: 25. Apr. 2019

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Fender – LH —			$556.30
1	Front Door – LH × repair			$1,403.00
1	Rear Door – LH × repair			$1,351.10
	SUB TOTAL			$3,310.40
	LESS 20%			$662.08
	DISCOUNTED TOTAL			$2,648.32
1	Front Door Comfort Logo —			$75.00
1	Rear Door APP Sticker —			$80.00
1	Advertisement – LHF Fender —			$100.00
1	Advertisement – LHF Door —			$100.00
1	Advertisement – LHR Door —			$100.00
1	Advertisement – LHR Fender ×			$100.00
				$555.00
	Labour Charge			
1	Panel Beating			~~$800.00~~ 400
1	Spray Painting Charge			~~$800.00~~ 600
1	Wiring Charge			~~$80.00~~ ×
1	Tuff Kote			~~$100.00~~ 20
2	Transfer of Door		$150.00	~~$300.00~~ ×
	TOTAL LABOUR			$2,080.00
	ESTIMATE TOTAL			$5,283.32

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:

Kelvin 11/4/19

30/4/19 1106 hrs.

3 days
L/S
After Repair photo

Larry Ng

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.

03

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305290539

Date : 3. May. 2019

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8528G Date of Accident: 25. Apr. 2019

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

1. The repair job shall bill to: AXA SKS5999E

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:	
	Final Lumpsum Repair cost	**$1,500.00**

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 :

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name :

Date : 3/5/19

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

Remarks: Final Amount Subject to Insurance Approval