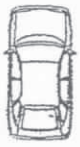
INS. CASE OWNER: CC 3 / BDI 1900 8521 / Pihas | IDAC:

ASSIGNMENT

Surveyor: ANC DOI: 13/5/19 Date / Time : 13/5/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 3797Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

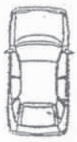
Excess Sec II :S$ D.O.A : 11/5/19 Place of Accident :

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

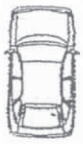
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHA 9976A → → →

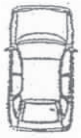


INSRS:
WSP: other buyers.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 9976A - X
	GBH 3797Z - MA/INC 19006194/24 DOA 06/04/2019

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 Kalvin REF:

Estimated Cost:

OD / TP IWS / TP RES / OD RES / EVA / INV / MV

To Insped Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 9976A Yr Regn: 11 Jun 2013

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

Make: Hyundai Santa c.c 1999

Colour: Yellow A/C: Insured / Std / NI / NA

Sp.Reading: 583471 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41VMOA 834539

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: 215/60R16

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.	11/5/19	D.O.I.	13/5/19

Survey held at CDAE (Loyang)

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

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

Date / Time	Action / Instruction
	EQ
	4L

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) __S + RS__SI

[ ] : Interview ($) Photos

[ ] : Technicals ($) Others

[ ] : Weekend ($)

Survey Fee:	
Transportation:	
__S + RS__SI	
Photos	
Others	
TOTAL	

OMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

ComfortDelGro

Date/Time: 13.05.2019 15:18 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3922058 JC NO.: 305295145

OMER

S CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

EQ INS

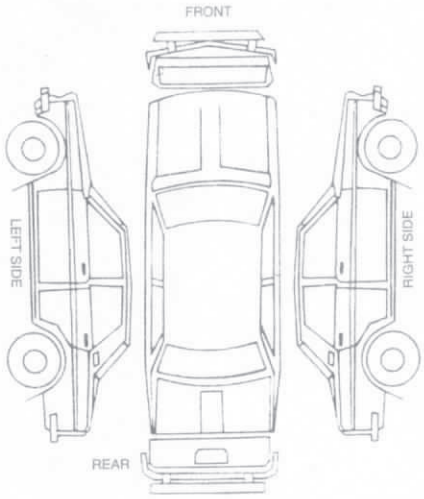
OUNT CARD NO.

REGN NO.: SHA9976A	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 11.05.2019 16:35
YR OF MANU. 11.06.2013	TARGET DATE
CHASSIS CODE KMHET41VMDA834539	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.05.2019
NATURE: 3P 11.05.2019

S/NO	LABOR CODE	DESCRIPTION
000010	23-01	TOWING FEE — $60



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA9976A LKE

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA9976A

Name of Service Advisor

Date

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

LKK/Calvin LKSum

VEHICLE NO : SHA 9976A

DATE 13/5/2019 15:12

MAKE :

MODEL : HYUNDAI SONATA

LCC EQ INS

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid			$ 1,349.50	
	Boot Lid Lock Upper			$ 132.10	
	Boot Lid Lock Lower			$ 30.30	
	Boot Lid Sonata Plate			$ 43.60	
	Boot Lid Hyundai Plate			$ 24.20	
	Boot Lid 'H' Emblem			$ 26.10	
	Boot Lid CRDI Plate			$ 22.70	
	Boot Lid Lamp (LH)			$ 230.20	
	Rear Bumper			$ 578.40	
	Rear Bumper Reinforcement ?			$ 483.30	
	Rear Bumper Clip			$ 22.00	
	Rear Bumper Sponge ?			$ 137.40	
	Rear Bumper Under Cover			$ 185.80	
	Rear Bumper Protector (LH)			$ 38.00	
	Tail Lamp (LH)		$ 344.00	$ 688.00	
	Rear Panel			$ 391.80	
	Rear Panel Garnish			$ 95.80	
	SUB TOTAL			**$ 4,479.20**	
	LESS 20%			$ 895.84	
	DISCOUNTED TOTAL			**$ 3,583.36**	
	Boot Lid Comfort Logo & Tel No. Sticker			$ 30.00	Nett
	Rear Bumper Reverse Sensor			$ 135.70	Nett
	Rear Bumper Rubber Mat			$ 50.00	Nett
				$ 215.70	
	Labour Charge				
	Panel Beating			$ 800.00	40
	Spray Painting Charge			$ 900.00	400
	Wiring Charge			$ 50.00	20
	Tuff Kote			$ 50.00	20
	Remove/Refix Reverse Sensor			$ 80.00	3
	TOTAL LABOUR			**$ 1,880.00**	
	ESTIMATE TOTAL			**$ 5,679.06**	

Kalvin Okay

13/5/19 1605 hr.

2 days

4/5

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:

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

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

Our Job Ref No 305295145

Date : 23.05.19

FINALIZATION FORM

To : LKK Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA9976A CCPL 11.05.19

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

1. The repair job shall bill to: **EQ INS --- GBH3797Z**

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%	$2,550.00
	Final Lumpsum Repair cost		**$2,550.00**

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 :

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :

Name : Kalvin

Date : 23/5/19

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

Remarks: