15/5/2010

INS. CASE OWNER: CC3 / EQI 19010295 / Klea3

LKK:

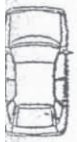
IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 10/06/2019 Date / Time : 10/06/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 5682U

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 07/06/2019

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

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

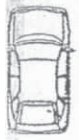
Make / Model :

Place of Accident :

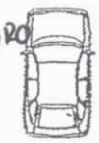
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

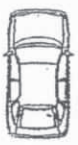
SHC 2840 T → → →



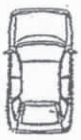
INSRS:
WSP: COMFORT DELGRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 2840 T - NS/INC10012903/Fn DOA 30/06/2010
	- NA/INC17005419/E4 DOA 18/03/2017
	- CS3/PCI150280 72/Fg bd1 DOA 03/12/2015
	- CS/FCI1 8013784/Ksd3n2 DOA 11/09/2018
	GBA 5682 - 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:		

RELIMINARY ADVICE	Date/Time:	Sent By:	
INALIZATION	Date/Time:	Confirm with:	Confirm by:
pair Cost:	S$	(days) Reduction: %	Email Call
NAL SETTLEMENT	Date/Time:	Confirm with	Email Call
nal Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
pair Cost:	S$		
ss of Rental (LOR):	S$	(days)	
ss of Use (LOU):	S$	($ x days)	
ss of Income (LOI):	S$	($ x days)	
OR only LOU only	LOR + LOU	LOR + LOI [Tick only one]	
A/LTA Search	S$		
edical:	S$		1) Claim status: Normal/Reject/Private Settle
sbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
gal Cost	S$		3) Survey fee:
tal:	S$	Global Sum S$:	
NAL PAYMENT	Date/Time:	Confirm with:	Email Call
yee 1:	S$	Name 1:	
yee 2: (Strike if N.A.)	S$	Name 2:	
yee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13)

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S/C 2840T Yr Regn: 24 Mar 2006

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

Make: Hyundai Z4 c.c 1.6 Ps

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

Sp.Reading 337522 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL8x1UM540866Z

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 Campro

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	7/6/19	D.O.I.	10/6/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	EQ
	L/S

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

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 EQ-45 LKK-Kalvin

Date: 10.06.2019
Time: 10:07:21
Page: 1 2 15

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

JOB NO	:	305301821
REGN NO	:	SHC2840T
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	24.03.2016
DATE/TIME IN	:	08.06.2019 10:30
ACCIDENT DATE	:	07.06.2019

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT	
PART REQUISITION					
0001 04-01-0103-2322-A FRT BUMPER	1	1,052.20	20.00	841.76	✓
0002 04-01-0103-0638-G FRT BUMPER UPR BRKT RH	1	22.40	20.00	17.92	?
0003 04-01-0103-0640-G FRT FENDER RETAINER RH	1	24.60	20.00	19.68	?
0004 04-01-0103-0573-A FRT FENDER RH	1	566.30	20.00	453.04	✓
0005 04-01-0103-0658-G FRT WHEEL CAP RH	1	107.10	20.00	85.68	✓
0006 28-01-0103-0003-A Frt Door ComfortDelGro RH	1	75.00		75.00	✓
0007 28-01-0103-2013-A Rear Door APPS Sticker RH	1	80.00		80.00	✓
0008 04-01-0103-0782-A HEADLAMP RH	1	1,388.00	20.00	1,110.40	?

Front RH Door x repair
Rear RH Door x repair
Rear RH Fender to repair

SUB-TOTAL : 2,683.48

JOB NATURE		
0000 20-05	Frt Fender Adv.Sticker RH	100.00 ✓
0001 20-05	Frt Door Adv.Sticker RH	100.00 ✓
0002 20-05	Rear Door Adv.Sticker RH	100.00 ✓

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE EQ-45

Date: 10.06.2019
Time: 10:07:21
Page: 2/2 TS

Lkk-Kalvin

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

JOB NO	:	305301821
REGN NO	:	SHC2840T
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	24.03.2016
DATE/TIME IN	:	08.06.2019 10:30
ACCIDENT DATE	:	07.06.2019

	JOB / PARTS DESCRIPTION	QTY IND UNIT-PRICE DISC% AMOUNT
0003 20-05	Rear Fender Adv.Sticker RH	100.00 ~
0004 20-05	Rear Bumper Adv.Sticker	50.00 X
0005 PB	PANEL BEATING-Rear Fender RH	840.00 400
0006 SP	SPRAYPAINT-Rear Bumper ETC	1500.00 1000
0007 17-01	CHECK ALL LIGHTING	40.00 X
0008 20-00	TUFF COAT ON AFFECTED PARTS.	100.00 20
0009 L	WHEEL ALIGNMENT	120.00 X
0010 20-05	Frt Champeon Tyre RH	216.00 X

SUB-TOTAL : 3,266.00

TOTAL : 5,949.48

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Kalvin (LKK)
10/6/19 10.45am
3 Days.
4/5
After Repair Check

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:

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408866
28 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 10.06.2019 08:12 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305301821

MER

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

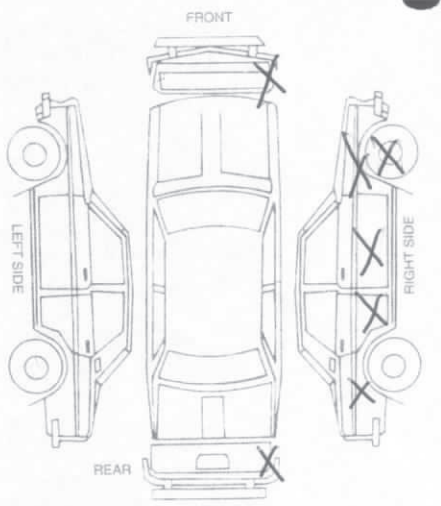
UNT CARD NO.

REGN NO.: SHC2840T	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 08.06.2019 10:30
YR OF MANU. 24.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU086672	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.06.2019
NATURE: 3P 07.06.19

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC2840T LIMTS

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2840T

Name of Service Advisor

Date

To be kept by Security Guard

a)

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305301821

Date : 11/06/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC2840T Date of Accident : 07-Jun-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 --- GBA5682U

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%	$2,700.00
	Final Lumpsum Repair cost	**$2,700.00**

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 : LIM

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

Date : 12/6/19

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: