

INS. CASE OWNER:

CC3, 071 190 10934, Klea3

LKK:  
IDAC:

Surveyor:

Kalvin

DOI:

19/6/19

Date / Time :

19/6/19

Registered in Merimen:

Pre-assign / CCU / FTE

GBB 1398L



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A: 12/6/19

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

SAc 8456 E



INSRS:  
WSP:  
Tel: *0166 60425*  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date / Time

*SAc 8456 E - call Aca 160590601 11/11/16  
- call 21 160 100301 10/11/16  
- call 21 10000521 5/6/12 ; call: 4/12/10  
GBB 1398L - 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:	
<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
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: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm 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\$ \_\_\_\_\_  
1) Claim status: Normal/Reject/Private Settle  
2) Report Format:  
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: \_\_\_\_\_



<b>Team:</b> ARC Repair TP(CLSO)1	<b>JOB CARD</b>	<b>Sales Order:</b>	<b>JC NO.:</b> 305304487
<b>STOMER</b>	<b>REGN NO.:</b> SHC8456E	<b>MILEAGE</b>	
<b>MS</b> COMFORT TRANSPORTATION PTE LTD	<b>MAKE:</b> HYUNDAI	<b>FUEL</b>	
<b>STOMER NO.</b> 7010045	<b>MODEL</b> I-40	E..... 1/2..... F	
<b>DRESS</b> 383 SIN MING DRIVE	<b>YR OF MANU.</b> 03.12.2015	<b>DATE/TIME IN</b> 17.06.2019 16:50	
<b>Singapore SINGAPORE 575717</b>	<b>CHASSIS CODE</b> KMHLB41UMGU080655	<b>TARGET DATE</b>	
<b>65508755 (R) (P)</b>		<b>COMPLETION DATE/TIME:</b>	
<b>COUNT CARD NO.</b>			

JOB DESCRIPTION

**Accident Date:** 17.06.2019  
**NATURE:** 3P 17.06.2019

Y/NO	LABOR CODE	DESCRIPTION
	CHINA - Rear	
	Lkk/Kalmi -	

Sur

CHECKED & PASSED OUT BY: \_\_\_\_\_

<b>SERVICE ADVISOR</b>		<b>CUSTOMER'S SIGNATURE</b>	
<b>Knowledge Slip</b>	<b>Exit Pass</b>		
<b>Vehicle No.:</b> SHC8456E	<b>Vehicle No.:</b> SHC8456E		
<b>Signature/Date:</b> Larry Ng	<b>Name of Service Advisor:</b>	<b>Date:</b>	
To be returned to Service Reception upon collection		To be kept by Security Guard	

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8456E

DATE 18/6/2019 17:09

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid /			\$ 2,174.90
	Boot Lid Lock Upper X			\$ 102.60
	Boot Lid Lock Lower X			\$ 31.70
	Boot Lid 'H' Emblem /			\$ 28.70
	Boot Lid CRDI Plate /			\$ 27.90
	Bootlid Moulding /			\$ 85.00
	Bootlid i40 Emblem /			\$ 27.90
	Bootlid Lower Garnish X			\$ 227.90
	Rear Bumper /			\$ 553.00
	Rear Bumper Reinforcement ?			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs /			\$ 22.00
	Rear Bumper Bracket ?		\$ 35.60	\$ 71.20
	Rear Bumper Sponge ?			\$ 103.50
	Rear Bumper Under Cover /			\$ 228.00
	Rear Panel X			\$ 526.70
	Rear Panel Garnish X			\$ 57.70
	Rear Panel Lower Panel X			\$ 89.40
	<b>SUB TOTAL</b>			<b>\$ 4,947.10</b>
	<b>LESS 20%</b>			<b>\$ 989.42</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,957.68</b>
	Boot Lid Comfort Logo & Tel No. Sticker /			\$ 30.00
	Boot Lid Advertisement Logo /			\$ 100.00
	Rear Bumper Reverse Sensor /			\$ 135.70
	Rear Bumper Rubber Mat /			\$ 50.00
	Rear Bumper Advertisement Logo /			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) /			\$ 200.00
			\$ 100.00	\$ 565.70
	<b>Labour Charge</b>			
	Panel Beating			\$ 6.00
	Spray Painting Charge			\$ 800.00
	Wiring Charge			\$ 900.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 50.00
	Towing Fee			\$ 80.00
				\$ 60.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,880.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 6,403.38</b>

**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 Fault" 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: *Kabin (10/6)*  
 Date: *19/6/19 11:54*  
*3 R, 4s*  
*After Pin 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 . 305304487

Date : 21. Jun. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8456E

Date of Accident: 17. Jun. 2019

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

1. The repair job shall bill to: CHINA GBB 1396L

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** \$3,500.00

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 : [Signature]

Signature : [Signature]

Name : Larry Ng

Name : Kalvin

Tel : 6214 8316

Date : 24/6/19

Fax : 6546 8156

### 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:

\_\_\_\_\_

\_\_\_\_\_