15/5/2010

INS. CASE OWNER: CC 4, AIG 190 11123, KIka3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Ank

DOI: 24/6/19

Date / Time : 24/6/19

Registered in Merimen: 24/6/19

Pre-assign / CCU / FTE

GX

Insured Vehicle No. : SMC 5646J

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 22/6/2019

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

SHE 986 U → ______ → ______ → ______

INSRS: WSP: Orig Lpyus. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHE986U - C93/FU1400616814Xbdi ; DOA: 26/3/14
	SMC5646J . 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:	☐	☐

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:	

(08/11/13)

Surveyor: Kalvin

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: SHC 9864 Yr Regn: "Oct 2013

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

Truck / Trailer or _____

Make: Mercedes Benz Viano c.c 2143

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

Sp.Reading 670405 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF63981323803994

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: 225/60 R16C

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.	22/6/19	D.O.I.	24/6/19

Survey held at CDGE (Loyang)

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

Rem

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

Date / Time	Action / Instruction
	AZA 41.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech. Invs ($ _____)

Report Format : _____

Survey Fee:	
Transportation:	
___$ + RS, ___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

COMFORTDELGRO

Date/Time: 24.06.2019 14:27 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3932423 JC NO.: 305305725

VAPS

USTOMER	
R/MS	CITYCAB PTE LTD
USTOMER NO.	7010070
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
L. (R)	65551188 (O)
(P)	
SCOUNT CARD NO.	

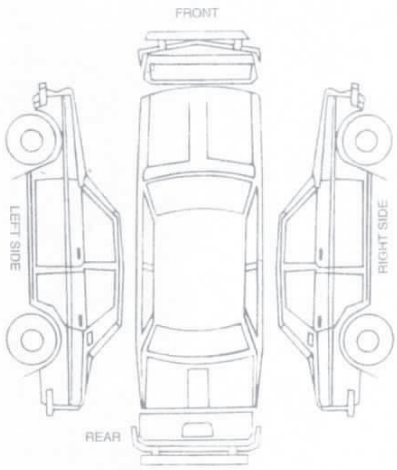
REGN NO.: SHC 986U	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL VIANO CDI 2.2L	DATE/TIME IN 24.06.2019 10:20
YR OF MANU. 11.10.2013	TARGET DATE
CHASSIS CODE WDF63981323803994	COMPLETION DATE/TIME:

(B)

JOB DESCRIPTION

Accident Date: 22.06.2019
NATURE: 3P 22.06.2019

S/NO	LABOR CODE	DESCRIPTION
	ALH - Rear	



HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC 986U LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 986U

Name of Service Advisor

Date

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 986U **DATE 24/6/2019 10:33**

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 1,372.00	
	Bumper L/H Side, RR			$ 473.60	
	Bumper R/H Side, RR			$ 473.60	
	Tail Gate Assy			$ 3,951.98	
	Tail Gate Weathership			$ 166.63	
	Tail Gate Mercedes Star Logo			$ 45.46	
	Tail Gate "2.2" Logo			$ 78.00	
	Tail Gate "CDI " Logo			$ 78.00	
	Tail Gate Via No Logo			$ 78.00	
	Tail Gate Lock			$ 273.40	
	Tail Gate Lock Outer Handle			$ 175.54	
	Number Plate Garnish, RR			$ 166.78	
	Tail Lamp Assy , LH			$ 622.44	
	Tail Lamp Assy , RH			$ 622.44	
	Tail Lamp Reflector Upper, LH			$ 105.74	
	Tail Lamp Reflector Upper, RH			$ 105.74	
	Rear Windscreen Glass			$ 1,273.98	
	SUB TOTAL			**$ 10,063.33**	
	LESS 20%			**$ 2,012.67**	
	DISCOUNTED TOTAL			**$ 8,050.66**	
	Reverse Sensor			$ 288.00	**Nett**
	Rear Bumper Rubber Mat			$ 50.00	**Nett**
	Tail Gate "MAXICAB" Logo			$ 30.00	**Nett**
	Rear Windscreen Sealant			$ 46.00	**Nett**
				$ 414.00	
	Labour Charge				
	Panel Beating			$ ~~800.00~~	
	Spray Painting Charge			$ ~~600.00~~	400
	Wiring Charge			$ ~~30.00~~	x
	Tuff Kote	3 Rep.		$ ~~50.00~~	20
	Remove/Refix Cushion & Upholstery Rear			$ ~~150.00~~	x
	Remove/Refix Rear Windscreen Glass (sealant)	4/5		$ ~~150.00~~	100
	Remove/Refix Reverse Sensor	After Repair		$ ~~120.00~~	30
	TOTAL LABOUR			**$ 1,900.00**	
	ESTIMATE TOTAL			**$ 10,364.66**	

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged parts) 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:

Calvin Ng 24/6/19

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.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No . 305305725

Date : 27. Jun. 2019

FINALIZATION FORM

To : **LKK** Fax :

Attn : KALVIN

Vehicle Reg No. : **SHC 986U** Date of Accident: 22. Jun. 2019

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

1. The repair job shall bill to: **AIG** **SMC5646J**

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 **$4,550.00**

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 : Kalvin

Date : 28/6/19

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

Remarks: