

INS. CASE OWNER:

CC 4, ALM 190 11125, P1da3

LKK:

IDAC:

Surveyor:

Calvin

DOI:

ASSIGNMENT

24/6/2019

Date / Time :

24/6/19

Registered in Merimen:

24/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 3528E

Claim No. : 6X

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : S\$

D.O.A : 23/6/2019

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

SHA 3700S



INSRS:

WSP: cont layers.

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 3700S - NS/INCL 20160601 ALM 190 11125 ; BOLA: 16/08/19  
SLJ 3528E. 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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:



Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305305722

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

R/MS

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

L. (R)

65508755

(O)

(P)

SCOUNT CARD NO.

REGN NO.:

SHA7700S

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

23.06.2019 17:00

YR OF MANU.

28.05.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU069206

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 23.06.2019

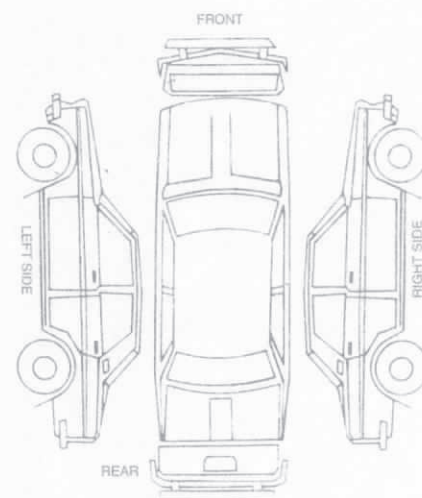
NATURE: 3P 23.06.2019 ( C )

S/NO

LABOR CODE

DESCRIPTION

A/G - Left Front



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e:

lo.:

le No.:

SHA7700S

LARRY

Vehicle No.:

SHA7700S

Larry Ng

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

a returned to Service Reception upon collection

To be kept by Security Guard



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 7700S

DATE 24/6/2019 11:55

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille ✕			\$ 251.00
	Radiator Grille H Emblem ✕			\$ 27.50
	Front Bumper Cover ✓			\$ 544.50
	Front Bumper Grille (LH) ✕			\$ 41.60
	Front Bumper Centre Grille ✕			\$ 178.60
	Front Bumper Bracket Top (LH) ?			\$ 22.40
	Front Bumper Bracket (LH) ✓			\$ 24.60
	Headlamp (LH) ✓			\$ 1,388.00
	Front Fender (LH) ✓			\$ 566.30
	Front Fender Shield (LH) ✓			\$ 175.90
	Front Fender Retainer ?			\$ 24.60
	Front Wheel Hub Cap, LH ✓			\$ 107.10
	<b>SUB TOTAL</b>			<b>\$ 3,352.10</b>
	<b>LESS 20%</b>			<b>\$ 670.42</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,681.68</b>
	Front Fender Advertisement Logo (LH) ✓			\$ 100.00 <b>Nett</b>
				<b>\$ 100.00</b>
	<b>Labour Charge</b>			<b>300</b>
	Panel Beating			\$ 400.00
	Spray Painting Charge			<del>\$ 500.00</del> 400
	Wiring			\$ 50.00 20
	Frt Wheel Alignment			\$ 80.00 40
	TOWING FEE			\$ 60.00 -
	<b>TOTAL LABOUR</b>			<b>\$ 830.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,611.68</b>
<p>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.</p>				

ACG

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- 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:

Larry Ng

Kahin 16/6/19

24/6/19 15454

2 hrs

45

Alfa Rpin p 44



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

<b>Job Requisition</b>		
<p>1. Date: <u>23/6/19</u> Time Received: <u>1750</u></p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis</p> <p>Name of Customer : <u>Chiam Ju Seng</u></p> <p>Contact No. : <u>92730780</u></p> <p>Vehicle No. : <u>SHA 7700S</u></p> <p>Make / Model / Colour : <u>I 40</u></p> <p>Email : _____</p>	<p>3. Vehicle Type:</p> <p><input type="checkbox"/> Private</p> <p><input checked="" type="checkbox"/> Taxi (CTPL/CCPL)</p> <p><input type="checkbox"/> Fleet</p> <p><input type="checkbox"/> STK (Boon Lay)</p> <p>4. Type of Towing:</p> <p><input type="checkbox"/> Normal Tow</p> <p><input type="checkbox"/> King Dolly</p> <p><input type="checkbox"/> Flat Bed</p> <p><input checked="" type="checkbox"/> Crane-up</p> <p>5. Nature of Service:</p> <p><input type="checkbox"/> Jumpstart</p> <p><input type="checkbox"/> Recovery</p> <p><input type="checkbox"/> Change Tyre / Battery</p> <p>6. Parts Replaced/Remarks:</p> <p>_____</p> <p>_____</p>	
<p>7. Location: <u>Lower Delta</u></p> <p>9. Preferred Workshop:</p> <p><input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan</p> <p><input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi</p> <p><input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle &amp; Carriage (PD)</p> <p><input type="checkbox"/> Others: _____</p>	<p>8. Vehicle Tow - In Workshop:</p> <p><input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed</p> <p><input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty</p> <p><input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty</p> <p><input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power</p> <p><input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled</p> <p><input type="checkbox"/> Return Taxi</p>	
<p>10. Odometer Reading : _____</p> <p>Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E</p>	<p>11. Radio / CD Player</p> <p><input type="checkbox"/> OK</p> <p><input type="checkbox"/> Faulty</p> <p><input type="checkbox"/> Not tested</p>	
<b>Job Attended</b>		
<p>12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS</p> <p>Name of Driver : <u>Boy</u></p> <p>Vehicle No. : <u>YN2337M</u></p> <p>Time Dispatch : <u>1750</u></p> <p>Time of Arrival : <u>1825</u></p> <p>Time Completed : <u>1925</u></p>		
<div style="text-align: center;"> </div> <p># : Cracked X : Dented</p> <p>/ : Scratched O : Missing</p> <p>Signature of Customer _____</p>		
<b>Cash Invoice Details (if applicable)</b>		
<p>13. Cash Invoice No. : _____</p>		
<b>Customer Acknowledgement</b>		
<p>a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.</p> <p>b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.</p> <p>c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p>		
<u>23/6/19</u> Date	<u>1825</u> Time	 Signature of Customer
<b>14. WORKSHOP</b>		
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard

## COMFORTDELGRO ENGINEERING

Our Job Ref No : 305305722  
Date : 25. Jun. 2019

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHA7700S

Fax :

Date of Accident: 23. 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 SLJ3528E
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** \$2,500.00
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 : [Signature]  
Name : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature : [Signature]  
Name : Kalvi  
Date : 26/6/19

### 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: