INS. CASE OWNER: CC 4/ Alb 190 11130 , Flka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Ank

DOI: 24/6/2019

Date / Time : 24/6/2019

Registered in Merimen: 24/6/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SmJ 9124K

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 23/6/2019

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

If **NO**, Driver Name / Age :

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

Claim No. : ax

Policy No. :

Make / Model :

Place of Accident :

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

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

SHB 3036 Y → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Chng loyang.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHB3036Y - CC3/F141501530X/kgbell : DOA: 1/9/15
	- MA/AHG600265/V3 : DOA: 1/1/16
	SmJ 9124K. 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: 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: SHB 303 6Y Yr Regn: 22 Jun 2017

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

Make: Toyota Prius c.c 1798

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

Sp.Reading 283754 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FA5035594889

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: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pavanti

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	23/6/19	D.O.I.	24/6/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	A2K
	PIP

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

ComfortDelGro Engineering Pte Ltd

COMFORTDELGRO

Date/Time: 24.06.2019 10:19 Page : 1

JOB CARD

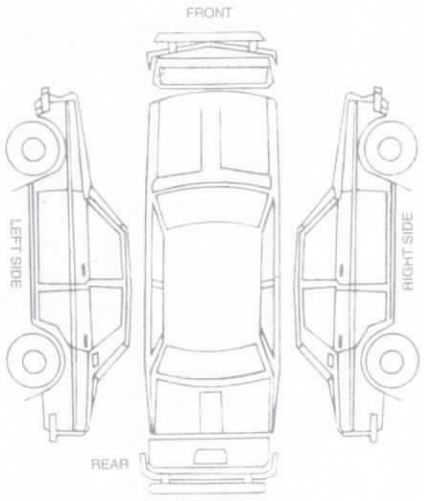
Team: ARC Repair TP(CFSO)1 Sales Order: JC NO.: 305305641

STOMER	REGN NO.: SHB3036Y / MILEAGE
/MS CITYCAB PTE LTD	MAKE : TOYOTA / FUEL E.....1/2.....F
STOMER NO. 7010070	MODEL PRIUS HYBRID(G4) / DATE/TIME IN 23.06.2019 09:30
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 22.06.2017 / TARGET DATE
(R) 65551188 (O)	CHASSIS CODE JTDKB3FU503559489 / COMPLETION DATE/TIME:
(P)	
COUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 23.06.2019
NATURE: 3P 23.06.2019

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHB3036Y CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB3036Y

Name of Service Advisor

Date

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE

24/6/2019 9:39

VEHICLE NO : SHB 3036Y

MAKE :

MODEL : TOYOTA PRIUS

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	LAMP ASSY, FOG, RH			$ 920.00
	FRONT BUMPER COVER			$ 499.90
	FRONT BUMPER CLIPS			$ 22.00
	FRONT BUMPER SIDE RETAINER ?			$ 77.00
	UNIT ASSY, HEADLAMP, RH (LED)			$ 3,455.00
	SUB TOTAL			$ 4,973.90
	LESS 25%			$ 1,243.48
	DISCOUNTED TOTAL			$ 3,730.43
	LABOUR CHARGE			
	Panel Beating			$ ~~400.00~~ 200
	Spray Painting Charge			$ ~~300.00~~ 200
	Wiring Charge			$ ~~50.00~~ 20
	TOTAL LABOUR			$ 750.00
	ESTIMATE TOTAL			$ 4,480.43

24/6/19

2 days

LKK Auto Consultants hence notify the Repairer of the following:
- To show/... 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 : 305305641

Date : 25/06/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. SHB3036Y 23/06/2019

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

Z The repair job shall bill to: AIG SMJ9124K

2. The finalized amount shall be:

(a) $3,656.18

(b) $420.00

$4,076.18

(c.)

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name : Kalvin

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 25.06.2019
Time: 10:44:47
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305305641
REGN NO	:	SHB3036Y
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	22.06.2017
DATE/TIME IN	:	23.06.2019 09:30
ACCIDENT DATE	:	23.06.2019

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION				
0001 04-01-0302-2292-A PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92
0002 04-01-0302-2915-G PRIG4 UNIT ASSY HEADLAMP	1	3,455.00	25.00	2,591.25
0003 04-01-0302-4991-G PRIG4 LAMP ASSY FOG RH	1	920.00	25.00	690.00
			SUB-TOTAL :	3,656.17
JOB NATURE				
0000 PB PANEL BEATING				200.00
0001 SP SPRAYPAINT CHARGE				200.00
0002 17-01 CHECK ALL LIGHTING				20.00
			SUB-TOTAL :	420.00
			TOTAL :	4,076.17

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :