

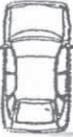
INS. CASE OWNER:

CC 4, A16 190 11179, Klda3

LKK:  
IDAC:

Surveyor: Calvin DOI: ASSIGNMENT 24/6/2019 Date / Time: 24/6/19  
Registered in Merimen: 25/6/19

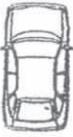
Pre-assign / CCU / FTE



Insured Vehicle No. : SFT 6624J Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$\$ D.O.A: 23/6/19 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

GAA 1660J → SFT 6624J → SH 8208 Z → \_\_\_\_\_



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP: 048 0202  
Tel :  
Liability :  
RMKS: TP



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SH 8208 Z - 05/06/2019 12:30 PM HVBC2 ; D.O.A: 24/6/19</u>	Non-Reporting ltr (1st):	
<u>SFT 6624J - X</u>	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> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$\$ ( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____		
Repair Cost: \$\$		
Loss of Rental (LOR): \$\$ ( _____ days)		
Loss of Use (LOU): \$\$ (\$ _____ x days)		
Loss of Income (LOI): \$\$ (\$ _____ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search		
Medical: \$\$		
Disbursement: \$\$ (e.g. Tow/ Independent )		
Legal Cost		
<b>Total:</b> \$\$ <b>Global Sum \$\$:</b> _____		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$\$ Name 1: _____		
Payee 2: (Strike if N.A.) \$\$ Name 2: _____		
Payee 3: (Strike if N.A.) \$\$ Name 3: _____		

(08/11/13)

Surveyor: Kalvin

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected 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: SH 82082 Yr Regn: 29 Dec 2016

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 498705 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 1CMHLB4144H4697858

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205 / 60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Pirelli

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 23/6/19 D.O.I. 24/6/19

Survey held at CPGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	AZH PIF

Date/Time, File Pass to?  : Preli. Report  : Final Report

Date/Time, File Return to? \_\_\_\_\_

Report Format: \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  : Interview (\$ \_\_\_\_\_)  : Tech Invs (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_ \$ + RS, \_\_\_\_\_ \$  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_

TOTAL \_\_\_\_\_

COMFORTDELGRO

Date/Time: 24.06.2019 14:55 Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305305729

CUSTOMER  
 NAME: COMFORT TRANSPORTATION PTE LTD  
 CUSTOMER NO.: 7010045  
 ADDRESS: 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 TEL (R): 65508755 (O)  
 (P)  
 ACCOUNT CARD NO.

VAPS

REGN NO.: SH 8208Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 24.06.2019 12:25
YR OF MANU.: 29.12.2016	TARGET DATE
CHASSIS CODE: KMHLB41UMHU097354	COMPLETION DATE/TIME:

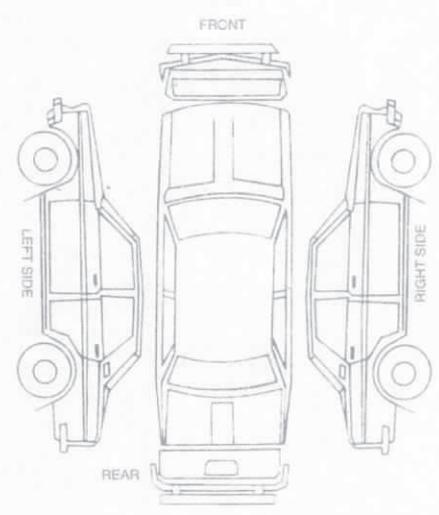
(B)

### JOB DESCRIPTION

Accident Date: 23.06.2019  
 NATURE: 3P 23.06.2019

S/NO                      LABOR CODE                      DESCRIPTION

A19 - Rear



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

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip  
 Name: LARRY  
 Vehicle No.: SH 8208Z  
 Signature/Date: \_\_\_\_\_  
 Name of Service Advisor: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Returned to Service Reception upon collection

Exit Pass  
 Vehicle No.: SH 8208Z  
 Name of Service Advisor: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

Acc

VEHICLE NO : SH 8208Z

DATE 24/6/2019 14:23

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	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
	<b>SUB TOTAL</b>			\$ 1,566.70
	<b>LESS 20%</b>			\$ 313.34
	<b>DISCOUNTED TOTAL</b>			\$ 1,253.36
	Rear Bumper Rubber Mat ✓			\$ 50.00
	Rear Bumper Advertisement Logo ✓			\$ 50.00
	Rear Bumper Reverse Sensor X			\$ 135.70
	Rear Fender Advertisement Logo (LH/RH) ✓		\$ 100.00	\$ 200.00
				\$ 435.70
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>400.00</del> 200
	Spray Painting Charge			\$ <del>300.00</del> 200
	Wiring Charge			\$ <del>30.00</del> X
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> 30
	<b>TOTAL LABOUR</b>			\$ 810.00
	<b>ESTIMATE TOTAL</b>			\$ 2,499.06

Nett  
Nett  
Nett  
Nett

Larry Ng

Kalin CLK14  
24/6/19 1535h  
207,  
P/P  
Before Paint

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: [Signature]  
 Date: [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

Our Job Ref No . 305305729  
Date : 25. Jun. 2019

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

## FINALIZATION FORM

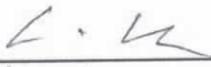
To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SH 8208Z Date of Accident: 23. Jun. 2019

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

1. The repair job shall bill to: AIG SFT6624J
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$692.40
(b) Labour Charges	\$430.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$1,122.40</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	
<b>Final Lumpsum Repair cost</b>	
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 : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

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

Remarks:

\_\_\_\_\_

\_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD

Date: 25.06.2019

Time: 15:28:43

REPAIR ESTIMATE

Page: 1

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

JOB NO : 305305729  
REGN NO : SH 8208Z  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 29.12.2016  
DATE/TIME IN : 24.06.2019 12:25  
ACCIDENT DATE : 23.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40	
0002	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40	
0003	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00		50.00	
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	
							SUB-TOTAL : 692.40

JOB NATURE

0000	PB	PANEL BEATING				200.00	
0001	23-502	SPRAYPAINT ON AFFECTED AREA				200.00	
0002	L	REMOVE/REFIX REVERSE SENSOR				30.00	
							SUB-TOTAL : 430.00
							TOTAL : 1,122.40

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :