15/5/2010

INS. CASE OWNER: CC4/AIG 190 11194/19da3

LKK:

IDAC:

ASSIGNMENT

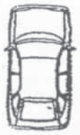
Surveyor: Awk

DOI: 26/6/2019

Date / Time : 28/6/19

Registered in Merimen: 28/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH9759R

Claim No. :

Gt

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 25/6/2019

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

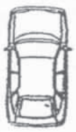
Driver Tel No. :

(V/L: YES / NO)

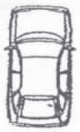
Insured Liability : %

Final ? Yes / No

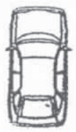
SHA2808Z → ____ → ____ → ____



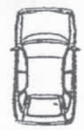
INSRS:
WSP: Chwee loyang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA2808Z - CS/FG1 700 48121 / Ivb02 ; DOA: 4/3/17
	- MS/MC1701 9925/MIvb02 ; DOA: 18/10/17
	SMH9759R - 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:	

ASS. REC. BY: Kalvin | REF: AIG

ASSIGNMENT

From: | Date: 26/6/19

Estimated Cost:

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

To Inspect Vehicle No: SHA 2808Z

at Workshop m/s Comfort Delgro

of 591 Loyang Drive

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 IWP

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SHA2808Z | Yr Regn: 21 Mar 2014

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

Make: Hyundai Z16 | c.c 1685

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

Sp.Reading 92708 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB41AMEU057286

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: 205/60R16

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.	25/6/19	D.O.I.	26/6/19

Survey held at COHE (Loyang)

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

als Front.

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

Date / Time	Action / Instruction

4/.

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 ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

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

COMFORTDELGRO ENGINEERING

COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 25.06.2019 15:09 Page : 1

JOB CARD

Team: ARC Repair TP(CLSO)1 Sales Order: JC NO.: 305306310

REGN NO.: SHA2808Z	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.06.2019 11:40
YR OF MANU. 21.03.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU052861	COMPLETION DATE/TIME:

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
RESS. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

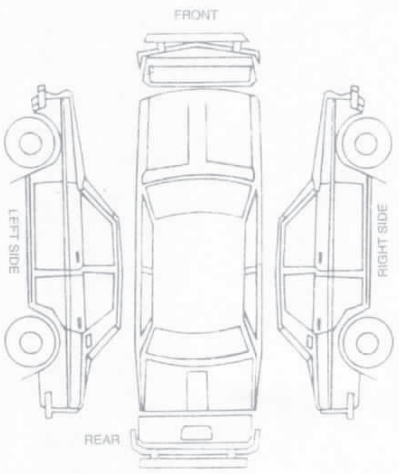
OUNT CARD NO.

AIG

JOB DESCRIPTION

Accident Date: 25.06.2019
NATURE: 3P 25.06.2019

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

vledgement Slip

No.: SHA2808Z LKE

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA2808Z

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 2808Z **DATE : 25.06.2019**

LKK AIG

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover —			$ 544.50
	Front Bumper Sponge ✗			$ 99.20
	Front Bumper Reinforcement ✗			$ 402.10
	Front Bumper Grille (LH) ?			$ 41.60
	Front Bumper Bracket Top (LH) ?			$ 22.40
	Front Bumper Bracket (LH) ?			$ 24.60
	Headlamp Support Top Cover ✗			$ 222.60
	Headlamp Support Panel Assy ✗			$ 907.40
	Headlamp (LH) —			$ 1,388.00
	Front Fender (LH) ✗ repair			$ 663.00
	Front Fender Shield (LH) ✗			$ 174.90
	SUB TOTAL			**$ 4,490.30**
	LESS 20%			$ 898.06
	DISCOUNTED TOTAL			**$ 3,592.24**
	Labour Charge			
	Panel Beating			$ ~~1,000.00~~ 300
	Spray Painting Charge			$ ~~500.00~~ 400
	Wiring Charge			$ ~~50.00~~ 20
	Tuff Kote			$ ~~50.00~~ ✗
	Towing Charge			$ ~~50.00~~ ✗
	Remove/Refix Aircon & Refill Gas			$ ~~150.00~~ ✗
	TOTAL LABOUR			**$ 1,800.00**
	ESTIMATE TOTAL			**$ 5,392.24**

Kahz (LKK)

26/6/19 1040h

2lz,

Us

After Repair photo

LKK Auto Consultants hereby notify the Repairer of the following:
• To resurvey before any 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:

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.

05

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305306310

Date : 27.06.19

FINALIZATION FORM

To : LKK Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA2808Z CTPL 25.06.19

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

1. The repair job shall bill to: **AIG --- SMH9259R**

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: 20% $1,800.00
   Final Lumpsum Repair cost **$1,800.00**

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.

Signature :
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

We confirm the estimates and finalized amount

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		NO		
3. Survey Fees				
4. LTA Search Fee	$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks: