

INS. CASE OWNER:

CC4 / AG190 11237, K1 da3

Surveyor:

Ank

DOI:

ASSIGNMENT

26/6/2019

Date / Time:

25/6/2019

Registered in Merimen:

26/6/19

Pre-assign / CCU / FTE

SME 2245 S



Insured Vehicle No.:

Claim No.:

Name of Insured:

Lim Chan Wan.

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

SHO 7128 D



INSRS:

WSP:

Tel:

Liability:

RMKS:

lowe byang



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHO 7128 D - X; SME 2245 S - X

SHO 7128 D - sent out by letter.

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\$

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:

(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 Rpt: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: \_\_\_\_\_

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

Truck / Trailer or

Make: \_\_\_\_\_

Colour: \_\_\_\_\_

Sp. Reading: \_\_\_\_\_

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

C/No: \_\_\_\_\_

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 Alum or

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

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

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. \_\_\_\_\_

L/Bal. \_\_\_\_\_

D.O.A. \_\_\_\_\_

Survey held at \_\_\_\_\_

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

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

Rear

R/Bal. \_\_\_\_\_

L/Bal. \_\_\_\_\_

D.O.I. \_\_\_\_\_

CPGE (Loyang)

Plan

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final Report

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

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

Add Fee: \_\_\_\_\_

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Insp (\$ \_\_\_\_\_)

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

TOTAL

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305306311

IMMER  
COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)  
(P)

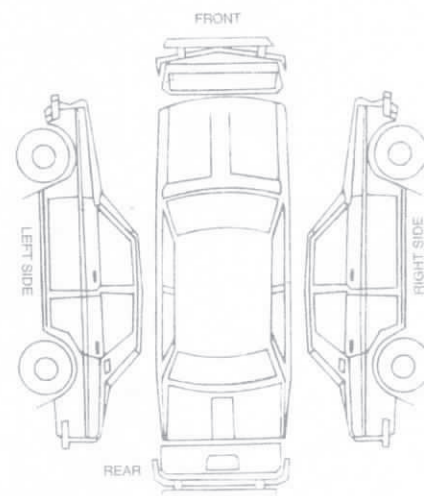
REGN NO.: SHD7128D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.06.2019 13:55
YR OF MANU. 10.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU096272	COMPLETION DATE/TIME:

UNT CARD NO.

## JOB DESCRIPTION

Accident Date: 25.06.2019  
NATURE: 3P 25.06.19

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SHD7128D

JU AIG

Vehicle No.:

SHD7128D

of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD 7128D

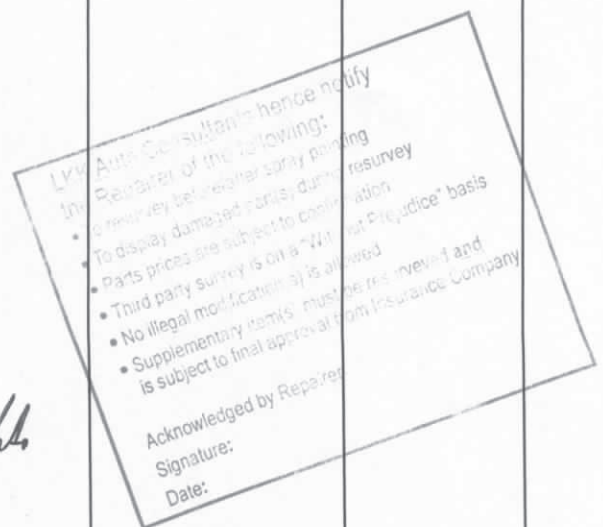
DATE 25/6/2019 16:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Bracket		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover			\$ 228.00	
	<b>SUB TOTAL</b>			<b>\$ 874.20</b>	
	<b>LESS 20%</b>			<b>\$ 174.84</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 699.36</b>	
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisemetn Logo			\$ 50.00	Nett
	Rear Fender Advertisemetn Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				<b>\$ 300.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>400.00</del> 200	
	Spray Painting Charge			\$ <del>300.00</del> 230	
	Wiring Charge			\$ <del>30.00</del> X	
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> 70	
	<b>TOTAL LABOUR</b>			<b>\$ 810.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,809.36</b>	

Kaler 1C/KC/K  
 26/6/19 1105hrs  
 2 Day,  
 PIP  
 Before Paint p/h



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 305306311  
Date : 08/07/19

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHD7128D

Fax :

Date of Accident : 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 --- SME2245S  
###
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) NI  
Total for Lumpsum repair cost after Less: 20% \$1100.00  
**Final Lumpsum Repair cost** \_\_\_\_\_

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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature : [Signature]  
Name : Kalvin  
Date : 10/7/19

### 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: