15/5/2010

INS. CASE OWNER: Wang Peter | CC4/ASM1901/1840 / Klpa3 | LKK: 125/14 IDAC:

ASSIGNMENT

Surveyor: AMC DOI: 4/7/19 Date / Time : 4/7/19

Registered in Merimen: — —

Pre-assign / CCU / FTE

Insured Vehicle No. : SDY 9666R Claim No. : S9M0157B

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 3/7/19 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**

SHA 7798K → → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CO Wei Loyang	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA 7798K : CS/FC1180026O6/TIqd3nz D.O.A : 3/7/18
	SDY9666R : 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: SHA 7798K Yr Regn: 3 Sep 2018

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

Make: Hyundai Tucson c.c 1586

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

Sp.Reading 120643 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU107376

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: 195/65 R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	3/7/19	D.O.I.	4/7/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	A x A
	NIL

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 Insp ($ _____)

☐ _____

Report Format

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING Pte

member of COMFORTDELGRO

Date/Time: 03.07.2019 14:53 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

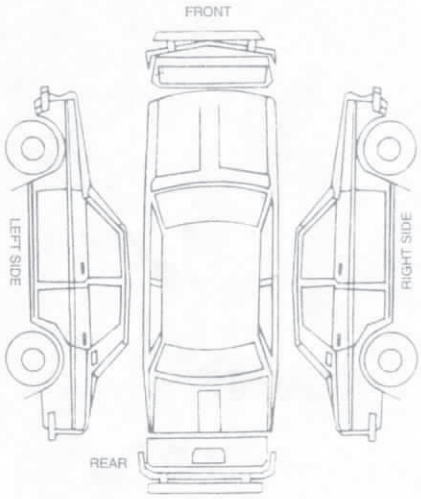
JC NO.: 305308358

OMER	REGN NO.: SHA7798K
IS COMFORT TRANSPORTATION PTE LTD	MILEAGE
OMER NO. 7010045	MAKE : HYUNDAI
IESS 383 SIN MING DRIVE	FUEL E.....1/2.....F
Singapore SINGAPORE 575717	MODEL IONIQ(G2)
(R) 65508755 (O)	DATE/TIME IN 03.07.2019 11:15
(P)	YR OF MANU. 03.09.2018
OUNT CARD NO.	TARGET DATE
	CHASSIS CODE KMHC851CVKU107376
	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.07.2019
NATURE: 3P 03.07.19

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA7798K CHIANG

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7798K

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7798K **DATE 3/7/2019 14:47**

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 459.40	
	Rear Bumper Reinforcement Bracket (LH/RH)		$ 138.10	$ 276.20	
	Rear Bumper Centre Moulding Assy			$ 451.25	
	Rear Bumper Lower Centre Moulding Assy			$ 47.50	
	Rear Bumper Side Bracket (LH/RH)		$ 33.10	$ 66.20	
	Rear Bumper Cover Clips			$ 22.00	
	SUB TOTAL			**$ 1,322.55**	
	LESS 20%			$ 264.51	
	DISCOUNTED TOTAL			**$ 1,058.04**	
	Rear Bumper Reserve Sensor			$ 135.70	**Nett**
	Rear Bumper Rubber Mat			$ 50.00	**Nett**
				$ 185.70	
	Labour Charge				
	Panel Beating			$ ~~400.00~~ 200	
	Spray Painting Charge			$ ~~300.00~~ 200	
	Wiring Charge			$ ~~50.00~~	
	Remove/Refix Reverse Sensor			$ ~~120.00~~	
	TOTAL LABOUR			**$ 870.00**	
	ESTIMATE TOTAL			**$ 2,113.74**	

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.

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- [illegible]
- [illegible] is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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T

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305308358

Date : 08/07/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHA7798K 03/07/19

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

Z The repair job shall bill to: AXA SDY9666R

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$361.00
(b)	Labour Charges	$400.00
	Total for Part-By-Part Repair Cost	$761.00
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less:	
	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 :

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name : Kalvin

Date : 9/7/19

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: Final Amount Subject to Insurance Approval