15/5/2010

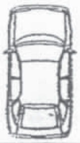
INS. CASE OWNER: Kitty Teo | CC 41/ ASM190 11985 / KLP a3 | LKK: IDAC: 125456

ASSIGNMENT

Surveyor: kalvin DOI: 8/7/19 Date / Time : 8/7/19

Registered in Merimen: ✓

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 35045 Claim No. : S9M01TON

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

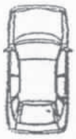
Excess Sec II :S$ D.O.A : 4/7/19 Place of Accident :

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

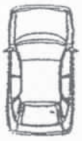
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

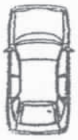
SHD 3054J → → →



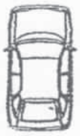
INSRS:
WSP: Comfort
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 3054J : NS/1MC1300X466/M1y1k3
	D.O.A : 15/3/13
	SLP 35045 : 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: Kalvin

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Insped Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S | O/S

Remark: **The veh had commenced its repair at the time of inspection.**

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: SHD3054J Yr Regn: 14 July / 2016

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

Make: Hyundai I40 c.c 1685

Colour Blue A/C: [✓ Insured] / Std / NI / NA

Sp.Reading 399582 T/Radio: [✓ Insured] / Std / NI / NA

Eng/No:

C/No: KMHLB41UMGU091821

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 [illegible]

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	4/7/19		D.O.I.	8/7/19	

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	AxA
	PAP

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:

Add Fee: ☐ : Site Insp ($) __S + RS, __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

Report Format :

TOTAL

COMFORTDELGRO
ENGINEERING
A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 05.07.2019 17:54 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305309096

STOMER

/MS COMFORT TRANSPORTATION PTE LTD VARS
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65508755 (O)
(P)

B

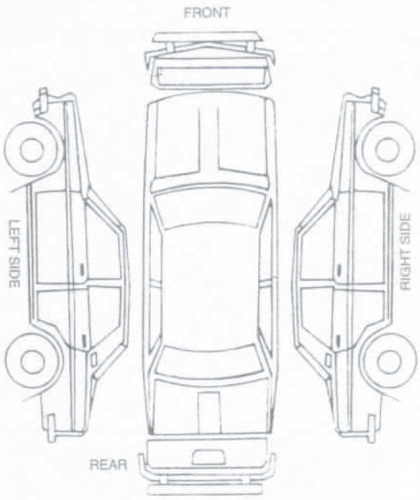
SCOUNT CARD NO.

REGN NO.: SHD3054J	MILEAGE
MAKE : HYUNDAI	FUEL E...............1/2................F
MODEL I-40	DATE/TIME IN 05.07.2019 14:35
YR OF MANU 14.07.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091891	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.07.2019
NATURE: 3P 04.07.2019

S/NO	LABOR CODE	DESCRIPTION
	AXA - Right Rear	



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHD3054J LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3054J

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO	**: SHD3054J**	**DATE:**	**5. Jul. 2019**
MAKE	**: HYUNDAI**		
MODEL	**: i40**	**DOA:**	**4. Jul. 2019**

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	Front Door – RH ×			$1,403.00	
1	Rear Door – RH –			$1,351.10	
1	Rear Fender – RH x Rpr			$566.30	
1	Rocker Panel Garnish – RH x Rpr			$483.60	
1	Rear Bumper x Rpr			$553.00	
10	Rear Bumper Clips –		$2.20	$22.00	
1	Rear Wheel Cover – RH /			$107.10	
	SUB TOTAL			**$4,486.10**	
	LESS 20%			$897.22	
	DISCOUNTED TOTAL			**$3,588.88**	
1	Front Door Comfort Logo ×			$75.00	**Nett**
1	Rear Door APP Sticker /			$80.00	**Nett**
1	Rear Bumper Rubber Mat ×			$50.00	**Nett**
				$205.00	
	Labour Charge				
1	Panel Beating			~~$750.00~~ 300	
1	Spray Painting Charge			~~$1,000.00~~	800
1	Wiring Charge			~~$100.00~~	x
1	Tuff Kote			~~$100.00~~	30
2	Transfer of Door		$150.00	~~$300.00~~	50
	TOTAL LABOUR			**$2,250.00**	
	ESTIMATE TOTAL			**$6,043.88**	

Ka Lin i/c [illegible]
8/7/19 1145h
3 Pgs
P/P
Retain Part pls

Larry Ng

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 [illegible] rectification(s) is allowed
- Supplementary item(s) must be [illegible] 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 . 305309096
Date : 10. Jul. 2019

FINALIZATION FORM

To : LKK
Fax :
Attn : KALVIN
Vehicle Reg No. : **SHD3054J**
Date of Accident: 4. Jul. 2019

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

1. The repair job shall bill to: **AXA** **SLP3504S**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$1,246.56
(b)	Labour Charges	$1,180.00
	Total for Part-By-Part Repair Cost	**$2,426.56**
(c.)	Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: **Final Lumpsum Repair cost**	

3. Estimated normal period for repairs: **3** 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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

We confirm the estimates and finalized amount

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

Remarks: Final Amount Subject to Insurance Approval