

Surveyor:

KALVIN

DOI:

ASSIGNMENT

5/7/19

Date / Time:

5/7/19

Registered in Merimen:

Pre-assign / CCU / FTE:



Insured Vehicle No. : GBE 2153 D

Claim No. : _____

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

SHC 8954J

INSRS:
WSP: Comfort Delgro
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHC 8954J : CC4 / 111 19005786 / U99392

D.O.A : 30/3/19

: N/A / CT 19011880 / h4 D.O.A : 4/7/19

: NS / INC 18006275 / K1/bn2

D.O.A : 30/3/18

GBE 2153 D :

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: 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 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: SHC 89545Yr Regn: 2 Apr 2016

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

Truck / Trailer or

Make: Hyundai 2.4C.C. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading 348056

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM H1041064087824

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 / 60 R16R: 7

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

TOYO / YOKO or Mark

Front

Rear

R/Bal. 7

mm

R/Bal. 7

mm

L/Bal. 7

mm

L/Bal. 7

mm

D.O.A. 4/2/19D.O.I. 5/2/19Survey held at CPGE (Loyang)

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

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

Date / Time Action / Instruction

CTZ
c/s.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

Add Fee:

☐ : Site Insp (\$ _____)

S + RS, SI

☐ : Interview (\$ _____)

Photos

☐ : Tech Insp (\$ _____)

Others

Report Format:

TOTAL

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305308793

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.: SHC8954J

MILEAGE

MAKE : HYUNDAI

FUEL

MODEL I-40

DATE/TIME IN
04.07.2019 14:35

YR OF MANU. 21.04.2016

TARGET DATE

CHASSIS CODE
KMHLB41UMGU087824

COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

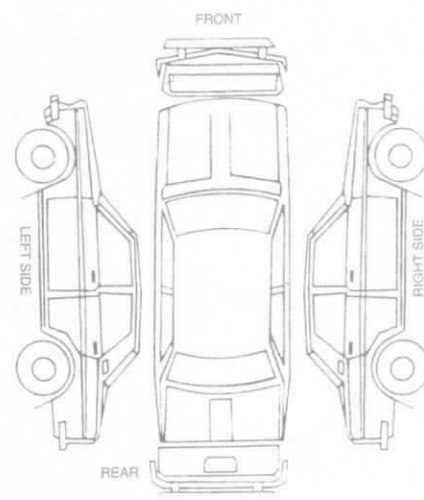
Accident Date: 04.07.2019

NATURE: 3P 04.07.2019

S / NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

edgement Slip

Exit Pass

SHC8954J

LIKE

Vehicle No.:

SHC8954J

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 : SHC 8954J

DATE 4/7/2019 16:44

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
	<i>Rear Bumper</i>			<i>2174.90</i>
	SUB TOTAL			\$ 874.20
	LESS 20%			\$ 174.84
	DISCOUNTED TOTAL			\$ 699.36
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 435.70
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 830.00
	ESTIMATE TOTAL			\$ 1,965.06

Kalia LKK

5/7/19 11:55 AM
3 Days
LIS
After Repair p LKK

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:
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.

LKK/kawin

H/Sun

LKK

CHINA

-50%

Nett

Nett

Nett

Nett

300

400.00

500.00

50.00

80.00

300

Our Job Ref No 3053068793
Date : 09.07.19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC8954J CTPL

Fax :


04.07.19


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

1. The repair job shall bill to: CHINA --- GBE2153D
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% \$2400.00
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.

We confirm the estimates and finalized amount

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

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

Remarks: