15/5/2010

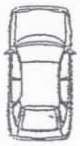
INS. CASE OWNER: Peter Wang | CC4 / ASM1901 2199 / K1 pa3 | LKK: IDAC: 126007

ASSIGNMENT

Surveyor: Calvin DOI: 10/7/19 Date / Time: 10/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 1346 Claim No. : S9M01TPF

Name of Insured : Trans-Cab Services Pte Ltd Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 9/7/19 Place of Accident :

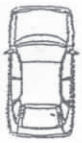
Is driver the owner? (YES / NO) Nature of Accident :

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

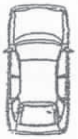
Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SHD 7182X → → →

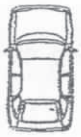
INSRS:
WSP: ComfortDelgro Loyang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD7182X : CC6/1111700853H/Ayb3g2; D.O.A : 25/4/17
	SHD1346 : CC4/ASM1901 0635/Apa3; D.O.A : 10/6/19

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: SHD 7182X Yr Regn: 17 Nov, 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: 408422 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHL841WMHU09 6411

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.	9/7/19		D.O.I.	10/7/19

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

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 ($) __S + RS, __SI

☐ : Interview ($)

☐ : Tech. Insp ($

Report Format:

Survey Fee:	
Transportation:	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

A Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 09.07.2019 16:49 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

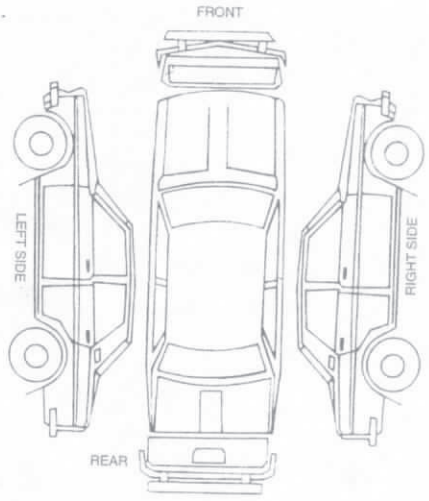
Sales Order: JC NO.: 305310005

JSTOMER	COMFORT TRANSPORTATION PTE LTD VARS	REGN NO.: SHD7182X	MILEAGE
R/MS			
JSTOMER NO.	7010045	MAKE : HYUNDAI	FUEL E.....1/2.....F
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 09.07.2019 15:10
L. (R)	65508755 (O)	YR OF MANU 17.11.2016	TARGET DATE
(P)			
SCOUNT CARD NO.	(B)	CHASSIS CODE KMHLB41UMHU096411	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.07.2019
NATURE: 3P 09.07.2019

S/NO	LABOR CODE	DESCRIPTION
	AXA - Right Rear	



SUR

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

No.: SHD7182X LARRY

Larry Ng

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD7182X

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD7182X

MAKE : HYUNDAI

MODEL : i40

DATE: 9. Jul. 2019

DOA: 9. Jul. 2019

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper x repair			$553.00
10	Rear Bumper Clips x		$2.20	$22.00
1	Rear Bumper Side Bracket – RH x			$35.60
	SUB TOTAL			$610.60
	LESS 20%			$122.12
	DISCOUNTED TOTAL			$488.48
				$-
	Labour Charge			
1	Panel Beating			~~$250.00~~ 200
1	Spray Painting Charge			~~$500.00~~ 200
1	Remove/refix Reverse Sensor			~~$100.00~~ x
	TOTAL LABOUR			$850.00
	ESTIMATE TOTAL			$1,338.48

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.

Larry Ng

K... 10/7/19 1045h
2 days
P/P After Repair photo

KK 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
- Supplementary ... is subject to final approval from insurance company

Acknowledged by Repairer

Signature:

Date:

45

COMFORTDELGRO ENGINEERING

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

Our Job Ref No . 305310005

Date : 11. Jul. 2019

FINALIZATION FORM

To : **LKK** Fax :

Attn : KALVIN

Vehicle Reg No. : **SHD7182X** Date of Accident: 9. 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** **SHD134G (Transcab)**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	/
(b)	Labour Charges	$400.00
	Total for Part-By-Part Repair Cost	**$400.00**
(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 : L.N.G

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvin

Date : 12/7/19

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 Insurers Approval

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 11.07.2019
Time: 11:04:05
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO	:	305310005
REGN NO	:	SHD7182X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	17.11.2016
DATE/TIME IN	:	09.07.2019 15:10
ACCIDENT DATE	:	09.07.2019

JOB / PARTS DESCRIPTION		QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION					
				SUB-TOTAL :	0.00
JOB NATURE					
0000 PB	PANEL BEATING		200.00		
0001 23-502	SPRAYPAINT ON AFFECTED AREA				200.00
				SUB-TOTAL :	400.00
				TOTAL :	400.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :