

INS. CASE OWNER:

CC3 / CT1 190 / 2200 / Kaa3

LKK:  
IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

8/21/19

Date / Time :

8/21-9

Registered in Merimen:

Pre-assign / CCU / FTE

GUA 2563 A



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$5

D.O.A: 8/21/2019

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

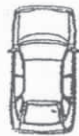
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SHO 65944



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHO 65944 - cupl Agem 18/02/26-21 Kip 6392 ; BOA: 16/1/18

GUA 2563A - cupl Agem 18/02/26-21 Kip 6392 ; BOA: 3/6/10

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:

\$5

(

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:

\$5

Loss of Rental (LOR):

\$5

(

days)

Loss of Use (LOU):

\$5

(\$

x

days)

Loss of Income (LOI):

\$5

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent )

Legal Cost

\$5

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$5

Global Sum \$5:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:



COMFORTDELGRO

Date/Time: 08.07.2019 15:59

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order: 3936219

JC NO.: 305309599

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

REGN NO: SHD6594Y

MILEAGE

MAKE: HYUNDAI

FUEL

MODEL I-40

DATE/TIME IN 08.07.2019 10:45

YR OF MANU 23.06.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU091544

COMPLETION DATE/TIME:

CHINA

UNT CARD NO.

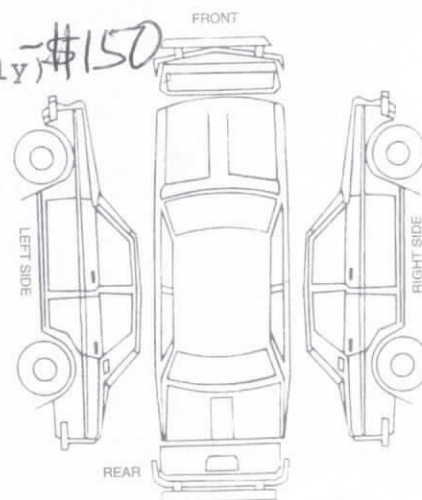
## JOB DESCRIPTION

Accident Date: 08.07.2019

NATURE: 3P 08.07.2019

S/NO LABOR CODE  
000010 23-01

DESCRIPTION  
TOWING FEE (King Dolly) ~~\$150~~



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SHD6594Y

LKE

Vehicle No.:

SHD6594Y

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD 6594Y

MAKE :

MODEL : HYUNDAI i40

DATE 8/7/2019 16:35

CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bootlid Moulding /			\$ 85.00	
	Rear Bumper /			\$ 553.00	
	Rear Bumper Clip 10 pcs -			\$ 22.00	
	Rear Bumper Bracket (LH/RH) <i>UH RH</i>		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover /			\$ 228.00	
	Rear Fender Inner Lining (LH/RH) <i>X</i>		\$ 169.30	\$ 338.60	
	<i>Rear Tail Lamp (LH) -</i>				
	<i>Rear Fender (LH) x 1000</i>				
	SUB TOTAL			\$ 1,297.80	
	LESS 20%			\$ 259.56	
	DISCOUNTED TOTAL			\$ 1,038.24	
	Rear Bumper Rubber Mat /			\$ 50.00	Nett
	Rear Bumper Reverse Sensor /			\$ 135.70	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 400.00	
	Spray Painting Charge			<del>\$ 300.00</del> <i>500</i>	<i>400</i>
	Wiring Charge			\$ 30.00	<i>20</i>
	Towing Fees- King Dolly			\$ 150.00	<i>60</i>
	Remove/Refix Reverse Sensor			\$ 80.00	<i>30</i>
	TOTAL LABOUR			\$ 960.00	
	ESTIMATE TOTAL			\$ 2,183.94	

*Ka Lin (UCC)**8/7/19 1620hr.**200**4/5**After Repair p 60*

Customer's insurance company must be notified of the following:

- To receive a full survey after spray painting
- To display damaged parts during resurvey
- Parts repair is subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary repair 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.

Date : 11.07.19

Fax:

Vehicle Reg No. SHD6594Y CTPL

08.07.19

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

1. The repair job shall bill to: CHINA --- GBA2563A

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%

\$1,650.00

**Final Lumpsum Repair cost**

**\$1,650.00**

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : \_\_\_\_\_

Name : Kahk

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

Remarks: