

INS. CASE OWNER:

CC 3 / CT1 190 12088 / K1ka3

ASSIGNMENT

Surveyor:

kalvin

DOI:

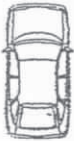
10/7/19

Date / Time:

10/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : WC 4734B

Claim No. : _____

Name of Insured : _____

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

SHC 8486T



INSRS:

WSP: CDHE Loyang

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 8486T 1 X
WC 4734B 1 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\$

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 8486T Yr Regn: 3 Dec 2015

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 443178 T/Radio: Insured / Std / NI / NA

Eng/No.: _____

C/No: KM HLB41UM 64080691Gen. Cond: Good / Fair / Poor / BurntSteering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 205 / 60 R16

R: _____

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

TOYO / YOKO or Hq/Kate

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/7/11 D.O.I. 10/7/11Survey held at CPHE (Loyang)

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

Front

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

Date / Time	Action / Instruction
	CTZ
	48

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Insp (\$)

Report Format:

TOTAL

COMFORTDELGRO

Date/Time: 10.07.2019 13:17

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305310196

OWNER

REGN NO.:

SHC8486T

MILEAGE

IS

COMFORT TRANSPORTATION PTE LTD

7010045

OWNER NO.

RESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

10.07.2019 08:45

YR OF MANU

03.12.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU080691

COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

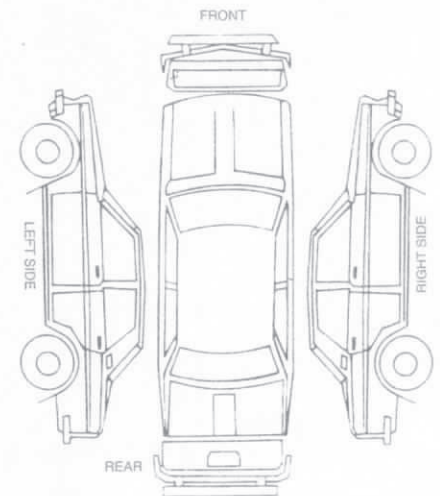
Accident Date: 09.07.2019

NATURE: 3P 09.07.2019

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.:

SHC8486T

CHIANG

Vehicle No.:

SHC8486T

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 : SHC 8486T

DATE 10/7/2019 10:49

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet ✓			\$ 2,265.90
	Bonnet Lock ✕			\$ 36.90
	Radiator Grille ✓			\$ 1,110.10
	Radiator Grille H Emblem ✓			\$ 39.50
	Front Bumper Cover ✓			\$ 1,052.20
	Front Bumper Sponge ✕			\$ 99.20
	Front Bumper Reinforcement ✕			\$ 402.10
	Front Bumper Grille (LH/RH) ✕		\$ 93.60	\$ 187.20
	Front Bumper Grille Airduct (LH/RH) ✕		\$ 26.20	\$ 52.40
	Front Bumper Bracket Top (LH/RH) ✕		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) ✕		\$ 24.60	\$ 49.20
	Headlamp (LH/RH) LH ✓ RH ✕		\$ 1,388.00	\$ 2,776.00
	SUB TOTAL			\$ 8,115.50
	LESS 20%			\$ 1,623.10
	DISCOUNTED TOTAL			\$ 6,492.40
	Front Number Plate ✓			\$ 25.00 Nett
	Front No Plate Trim Cover ✓			\$ 30.00 Nett
				\$ 55.00
	Labour Charge			
	Panel Beating			\$ 400.00 ³⁰⁰
	Spray Painting Charge			\$ 600.00 ⁴⁰⁰
	Wiring Charge			\$ 50.00 ²⁰
	Tuff Kote			\$ 50.00 ²⁰
	TOTAL LABOUR			\$ 1,100.00
	ESTIMATE TOTAL			\$ 7,647.40

Kahin 16/10/19

10/7/19 1330 hrs.

3 Days

4/5

After Repair photo

KK Auto Consultants hence notify
 is Required of the following:
 • To resurvey the car after spray painting
 • To display damaged parts during resurvey
 • This prices are subject to confirmation
 • Third party survey is on a "No Fault Prejudice" basis
 • No illegal modification to the car
 • Supplemental charges subject to survey and
 is subject to the "No Fault Prejudice" principle

Acknowledged by: [Signature]
 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 Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

Fax :

09/07/19

\$4,200.00

Signature : _____
Name : Kaluh
Date : 15/7/19

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: