15/5/2010

INS. CASE OWNER: CC 3/QBE 190/2626/19 da3

LKK:

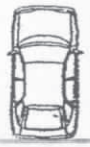
IDAC:

ASSIGNMENT

Surveyor: Calvin DOI: 16/7/19 Date / Time : 16/7/19

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SGT 5875 X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

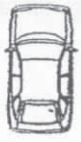
Excess Sec II :S$ D.O.A : 16/7/19 Place of Accident :

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

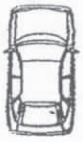
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

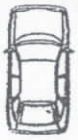
SHB 7280P → → →



INSRS:
WSP: Lower Layang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB7280P : NA/MSG/00/4653/C2 ; D.O.A: 23/7/19
	SGT 5875 X : 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 Inspect 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 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: SHB 2280P Yr Regn: 2017

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

Make: Toyota Previa c.c 1798

Colour Yellow A/C: Insured / Std / NI / NA

Sp.Reading 288791 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FG60355 9033

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: 195/65R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Dawanti

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	16/7/19	D.O.I.	16/7/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	QOE

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 ($ _____)

☐ : Interview ($ _____)

☐ Tech. Insp ($ _____)

Report Format: _____

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE (QBE - CP/P) LKK - Kalvin

Date: 16.07.2019
Time: 15:30:01
Page: 1 12 15

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305311733
REGN NO	:	SHB2280P
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	22.06.2017
DATE/TIME IN	:	16.07.2019 12:30
ACCIDENT DATE	:	16.07.2019

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION				
0001 04-01-0302-2292-A FRONT BUMPER	1	490.50	25.00	367.87 —
0002 04-01-0302-2871-G FRONT BUMPER SIDE BRKT LH	1	77.00	25.00	57.75 ?
0003 04-01-0302-2815-G HEADLAMP LH	1	2,530.10	25.00	1,897.57 ?
0004 04-01-0302-4891-G FOGLAMP LH	1	910.20	25.00	682.65 ?
0005 04-01-0302-0574-G FRONT FENDER LH	1	945.30	25.00	708.97 —
0006 04-01-0302-2297-G FRT FENDER (HYBRID) LH	1	53.50	25.00	40.12 —
			SUB-TOTAL :	3,754.93

JOB NATURE		
0000 20-05	Frt Fender ComfortDelgro LH	100.00 —
0001 PB	PANEL BEATING	~~560.00~~ 200
0002 SP	SPRAYPAINT CHARGE	~~500.00~~ 400
0003 17-01	CHECK ALL LIGHTING	~~40.00~~ X
0004 20-00	TUFF COAT ON AFFECTED PARTS.	~~40.00~~ 20

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.07.2019
Time: 15:30:01
Page: 2

REPAIR ESTIMATE (QBE-CP/P) 2 TS

LKK-Kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305311733
REGN NO	:	SHB2280P
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(C
DATE OF REGN	:	22.06.2017
DATE/TIME IN	:	16.07.2019 12:30
ACCIDENT DATE	:	16.07.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT

SUB-TOTAL : 1,240.00

TOTAL : 4,994.93

AUTHORISED : YES / NO

LIMFS

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

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:

Kalvin (LKK)
16/7/19 1700 hrs.
2 Pcs
PCP
Before Paint pls

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Workshops

Date/Time: 16.07.2019 15:21 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

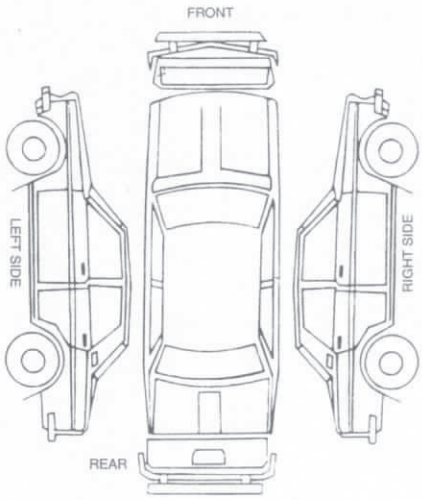
Sales Order: JC NO.: 305311733

TOMER		REGN NO.: SHB2280P	MILEAGE
MS	CITYCAB PTE LTD	MAKE : TOYOTA	FUEL E.....1/2.....F
TOMER NO.	7010070	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 16.07.2019 12:30
RESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 22.06.2017	TARGET DATE
(R) 65551188 (O)		CHASSIS CODE JTDKB3FU603559033	COMPLETION DATE/TIME:
(P)			
OUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 16.07.2019
NATURE: 3P 16.07.19/C

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHB2280P LIMTS

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB2280P

Name of Service Advisor

Date

To be kept by Security Guard

93

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305311733

Date : 19/07/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB2280P Date of Accident : 16-Jul-19

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

1. The repair job shall bill to: QBE INS --- SGT5875X

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$3,014.55
(b)	Labour Charges	$720.00
	Total for Part-By-Part Repair Cost	**$3,734.55**

(c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
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 :

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

Date : 23/7/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.07.2019
Time: 18:02:42
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305311733
REGN NO	:	SHB2280P
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	22.06.2017
DATE/TIME IN	:	16.07.2019 12:30
ACCIDENT DATE	:	16.07.2019

JOB / PARTS DESCRIPTION		QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION					
0001 04-01-0302-2292-A	FRONT BUMPER	1	490.50	25.00	367.87
0002 04-01-0302-2815-G	HEADLAMP LH	1	2,530.10	25.00	1,897.57
0003 04-01-0302-0574-G	FRONT FENDER LH	1	945.30	25.00	708.97
0004 04-01-0302-2297-G	FRT FENDER (HYBRID) LH	1	53.50	25.00	40.12
				SUB-TOTAL :	3,014.53
JOB NATURE					
0000 20-05	Frt Fender ComfortDelgro LH				100.00
0001 PB	PANEL BEATING				200.00
0002 SP	SPRAYPAINT CHARGE				400.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.				20.00
				SUB-TOTAL :	720.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305311733
REGN NO	:	SHB2280P
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(C
DATE OF REGN	:	22.06.2017
DATE/TIME IN	:	16.07.2019 12:30
ACCIDENT DATE	:	16.07.2019

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,734.53

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :