1/5/2010

INS. CASE OWNER: CC3 / CTI 19012669 / kl ea3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 17/7/19 Date / Time : 17/7/19

Registered in Merimen: 18/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 3705P		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A :	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**

SHA 834K → → →

INSRS: WSP: City Cab Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA834K : HS/INC12015784/H1y/n ; D.O.A : 17/8/12
	GBH 3705P : 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: Kelvin

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: SHA 834K Yr Regn: 9/04/2014

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

Make: Hyundai Z.o. c.c 1685

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

Sp.Reading 5 61444 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41AMBU486167

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.	16/7/19	D.O.I.	17/7/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	CTZ 41

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:	
___$ + RS, ___SI	
Photos	
Others	
TOTAL	

China

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Maritime – 65 6383 8080 Facsimile – 65 6280 9799
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758136
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 16.07.2019 16:20 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305311736

OMER

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

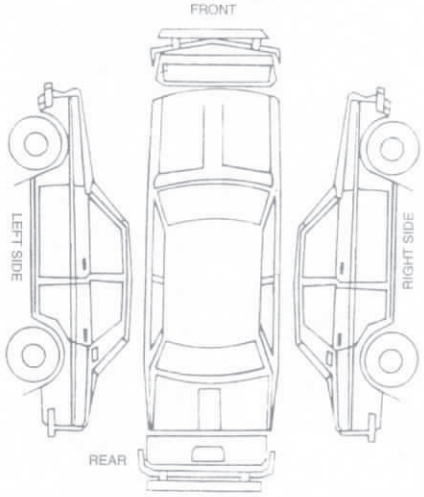
OMER NO.
SS
R)
P)
UNT CARD NO.

REGN NO.: SHA 834K	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 16.07.2019 13:45
YR OF MANU. 09.10.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU061607	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.07.2019
NATURE: 3P 16.07.19

S/NO	LABOR CODE	DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

: SHA 834K LIMTS

ervice Advisor

Signature/Date

ned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 834K

Name of Service Advisor

Date

To be kept by Security Guard

China Taiping (LLS) TS

CITY CAB PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 834K **DATE 17/7/2019**

LKK - Kalvin

MAKE :
MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid ✓			$ 2,174.90	
	Boot Lid Lock Upper ✗			$ 102.60	
	Boot Lid Lock Lower ✗			$ 31.70	
	Boot Lid 'H' Emblem ✓			$ 28.70	
	Boot Lid CRDI Plate ✓			$ 27.90	
	Rear Bumper ✓			$ 553.00	
	Rear Bumper Clip 10 pcs ✓			$ 22.00	
	SUB TOTAL			**$ 2,940.80**	
	LESS 20%			$ 588.16	
	DISCOUNTED TOTAL			**$ 2,352.64**	
	Boot Lid City Cab Logo & Tel No. Sticker ✓			$ 30.00	**Nett**
	Rear Bumper Reverse Sensor ✗			$ 135.70	**Nett**
				$ 165.70	
	Labour Charge				
	Panel Beating			$ ~~400.00~~ 300	
	Spray Painting Charge			$ ~~600.00~~ 400	
	Wiring Charge			$ ~~50.00~~ 20	
	Tuff Kote			$ ~~50.00~~ 20	
	Remove/Refix Reverse Sensor			$ ~~80.00~~ 30	
	TOTAL LABOUR			**$ 1,180.00**	
	ESTIMATE TOTAL			**$ 3,698.34**	

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
17/7/19 1040
3 Days
4s
After Repair photo

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

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

Our Job Ref No : 305311736

Date : 18/07/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA 834K 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: CHINA TAIPING --- GBH3705P

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% $2,450.00
   Final Lumpsum Repair cost **$2,450.00**

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 : LIM

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

Date : 19/7/19

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: