15/5/2010

INS. CASE OWNER:

CC3/CTI19014229/K1ha3

LKK:

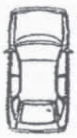
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 14/08/2019 Date / Time : 14/08/2019

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : SDB 1333A Claim No. :

Name of Insured : Policy No. :

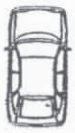
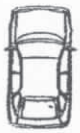
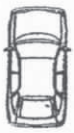
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 11/08/2019 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**

SJJ 2818Z →	SDB 1333A →	SHA 1820T →	
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: CDGE LOYANG	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 1820T - CS/FCI18009131/Uqbn2 ; DOA : 19/05/18	Non-Reporting ltr (1st):	
	SDB 1333A - NBA/CTI19014014/Y ; DOA : 11/08/19	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 1820 T Yr Regn: 24 Nov 2016

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 29 7528 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41GAHU096548

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 Campro

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	11/8/19	D.O.I.	14/8/19

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
	PIP

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 $ _____

Survey Fee: _____

Transportation: _____

$ + RS $ _____

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

COMFORTDELGRO

Date/Time: 13.08.2019 16:49 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

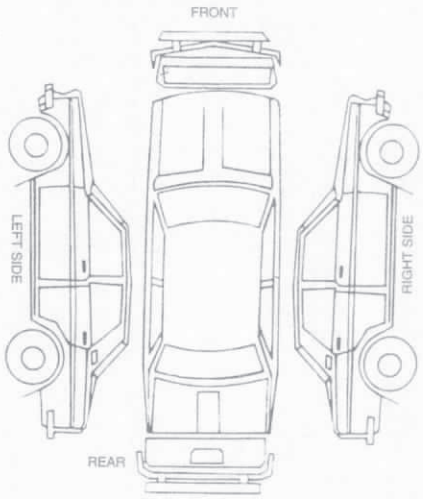
JC NO.: 305324232

JSTOMER		REGN NO.: SHA1820T	MILEAGE
R/MS	COMFORT TRANSPORTATION PTE LTD		
JSTOMER NO.	7010045	MAKE : HYUNDAI	FUEL E.....1/2.....F
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 13.08.2019 10:30
L. (R) 65508755 (O)		YR OF MANU. 24.11.2016	TARGET DATE
(P)			
SCOUNT CARD NO.		CHASSIS CODE KMHLB41UMHU096548	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.08.2019
NATURE: 3P 11.08.19

S/NO	LABOR CODE	DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHA1820T JU CHINA

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA1820T

Name of Service Advisor

Date

To be kept by Security Guard

China - J4
P/P

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 1820T **DATE 13/8/2019 10:50**

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid X			$ 2,174.90	
	Boot Lid Lock Upper X			$ 102.60	
	Boot Lid Lock Lower X			$ 31.70	
	Boot Lid 'H' Emblem X			$ 28.70	
	Boot Lid CRDI Plate /			$ 27.90	
	Bootlid Moulding X			$ 85.00	
	Bootlid i40 Emblem /			$ 27.90	
	Bootlid Lower Garnish X repair			$ 227.90	
	Rear Bumper			$ 553.00	
	Rear Bumper Reinforcement ?			$ 428.40	
	Rear Bumper Reinforcement Bracket (LH/RH) X		$ 80.30	$ 160.60	
	Rear Bumper Clip 10 pcs /			$ 22.00	
	Rear Bumper Bracket ?		$ 35.60	$ 71.20	
	Rear Bumper Sponge ?			$ 103.50	
	Rear Bumper Under Cover /			$ 228.00	
	SUB TOTAL			**$ 4,273.30**	
	LESS 20%			$ 854.66	
	DISCOUNTED TOTAL			**$ 3,418.64**	
	Boot Lid Comfort Logo & Tel No. Sticker X			$ 30.00	**Nett**
	Rear No.Plate /			$ 25.00	**Nett**
	Rear Bumper Reverse Sensor /			$ 135.70	**Nett**
	Rear Bumper Advertisement Logo /			$ 50.00	**Nett**
	Rear Fender Advertisement Logo (LH/RH) /		$ 100.00	$ 200.00	**Nett**
				$ 440.70	
	Labour Charge				
	Panel Beating			$ ~~400.00~~ 300	
	Spray Painting Charge			$ ~~600.00~~	400
	Wiring Charge			$ ~~50.00~~	X
	Tuff Kote			$ ~~50.00~~	X
	Remove/Refix Reverse Sensor			$ ~~80.00~~	30
	TOTAL LABOUR			**$ 1,180.00**	
	ESTIMATE TOTAL			**$ 5,039.34**	

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- 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:

Kalum [illegible]
14/8/19 1035h
3 Pgs
P/P
Before Paint 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.

c)

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305324232

Date : 16/08/2019

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

: SHA1820T Date of Accident : 11/08/19

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

1. The repair job shall bill to: CHINA --- SDB1333A
###

2. The finalized amount shall be:

(a)	Spare Parts after List discount		$1,190.46
(b)	Labour Charges	###	$730.00
	Total for Part-By-Part Repair Cost		**$1,920.46**
(c.)	Lumpsum Repair (if applicable)		
	Total for Lumpsum repair cost after Less:	20%	
	Final Lumpsum Repair cost		

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 :

Name : **JUMANI**

Tel : 6214 8315

Fax : 65468156

Signature :

Name : Kalvin

Date : 19/8/19

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		N		
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: 16.08.2019
Time: 11:44:42
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	:	305324232
REGN NO	:	SHA1820T
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	24.11.2016
DATE/TIME IN	:	13.08.2019 10:30
ACCIDENT DATE	:	11.08.2019

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

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1		553.00	20.00	442.40
0002 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1		228.00	20.00	182.40
0003 04-01-0103-0740-G	I40VC BEAM-RR BUMPER#	1		428.40	20.00	342.72
0004 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	L	22.00	20.00	17.60
0005 04-01-0103-0786-G	I40VC EMBLEM-CRDI	1		27.90	20.00	22.32
0006 04-01-0103-0787-G	I40VC EMBLEM-I40	1		27.90	20.00	22.32
0007 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	N	135.70	2.00-	135.70
0008 FNPS	NO PLATE(S)	1	N	25.00	0.20	25.00

SUB-TOTAL : 1,190.46

JOB NATURE

0000 PB	PANEL BEATING	300.00	
0001 SP	SPRAYPAINT CHARGE	400.00	
0002 L	REMOVE/REFIX REVERSE SENSOR		30.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.08.2019
Time: 11:44:42

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

JOB NO	:	305324232
REGN NO	:	SHA1820T
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	24.11.2016
DATE/TIME IN	:	13.08.2019 10:3
ACCIDENT DATE	:	11.08.2019

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

SUB-TOTAL : 730.00

TOTAL : 1,920.46

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :