

INS. CASE OWNER:

CC 3, CTI 190 14438, K11ca3

LKK:

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

15/8/19

Date / Time :

15/8/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 59405

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 13/8/2019

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

SHA 2026M



INSRS:

WSP:

Tel :

Liability :

RMKS:

CDW 100%



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 2026M - X ; SLR 59405 - 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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:



COMFORTDELGRO

Date/Time: 14.08.2019 15:58

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order: 3945473

JC NO.: 305324687

OMER

COMFORT TRANSPORTATION PTE LTD

AS 7010045

OMER NO. 383 SIN MING DRIVE  
RESS Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

OUNT CARD NO.

REGN NO: SHA2026M

MILEAGE

MAKE: TOYOTA

FUEL

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

MODEL PRIUS HYBRID(G4)13.08.2019 18:00

YR OF MANU 05.07.2017

TARGET DATE

CHASSIS CODE JTDKB3FU403561184

COMPLETION DATE/TIME:

CHINA

### JOB DESCRIPTION

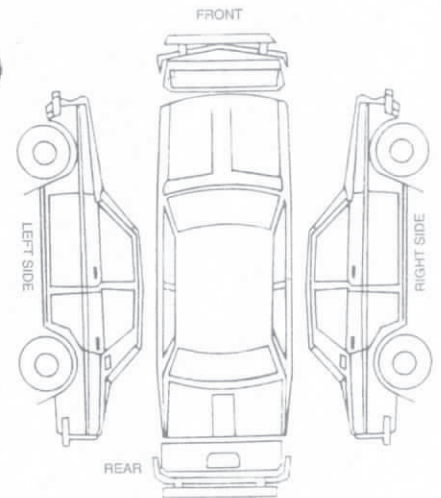
Accident Date: 13.08.2019

NATURE: 3P 13.08.2019

S/NO  
000010

LABOR CODE  
23-01

DESCRIPTION  
TOWING FEE - \$60



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHA2026M

LKE

Vehicle No.: SHA2026M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



## REPAIR ESTIMATE

MAKE :

MODEL : TOYOTA PRIUS

14/8/2019 16:35

Like

CHINA

MODEL	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
: TOYOTA PRIUS	REAR BUMPER ✓			\$ 458.60
	REAR BUMPER SIDE RETAINER ?			\$ 112.70
	REAR BUMPER CLIPS ✓			\$ 22.00
	REAR BUMPER UNDER COVER ✓			\$ 552.60
	RETAINER, REAR BUMPER, SIDE, RH ✓			\$ 94.80
	SEAL, REAR BUMPER SIDE, RH ?			\$ 148.40
	TAIL LAMP ASSY (UPPER) (RH) ✕			\$ 557.90
	TAIL LAMP ASSY (LOWER) (RH) ✓			\$ 548.40
	SUB TOTAL			\$ 2,495.40
	LESS 25%			\$ 623.85
	DISCOUNTED TOTAL			\$ 1,871.55
	REAR BUMPER REVERSE SENSOR ✕			\$ 135.70
	LABOUR CHARGE			
	Panel Beating			\$ 200
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 300.00
	Towing Fee			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 90.00
	TOTAL LABOUR			\$ 80.00
	ESTIMATE TOTAL			\$ 920.00
				\$ 2,927.25

NETT

200  
200  
20  
60  
30

Ka bin 16/11/14

15/8/19 1100hrs

2 Days

P/P

Before Paint photo

Acknowledged by:

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.

Our Job Ref No 305324687  
Date : 17.08.19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. SHA2026M CTPL

Fax :


13.08.19


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

1. The repair job shall bill to: CHINA SLR5940S
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$1,257.30
  - (b) Labour Charges \$510.00
  - Total for Part-By-Part Repair Cost \$1,767.30
  - (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 KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : KALVIN ANG  
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		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: 17.08.2019

Time: 16:26:17

Page: 2

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

JOB NO : 305324687  
REGN NO : SHA2026M  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 05.07.2017  
DATE/TIME IN : 13.08.2019 18:0  
ACCIDENT DATE : 13.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,767.30

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :