

INS. CASE OWNER:

CC3 / CT1 190 15196, K1ea3

LKK:  
IDAC:

Surveyor:

ANK

DOI:

ASSIGNMENT

2/18/19

Date / Time :

2/18/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 8KX 4270D

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 26/8/19

Make / Model :

Excess Sec II :SS D.O.A: 26/8/19

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

SHA 1028 P

INSRS:  
WSP: 0000000000000000  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SHA1028P - C23 (CT1 190 20207) K1mb392 ; 0000: 18/10/17  
- MB01M5617016177/4 ; 0000: 20/18/17  
8KX 4270D - MB01M5617016177/4 ; 0000: 26/8/19

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:



member of COMFORTDELGRO

Date/Time: 27.08.2019 13:31

Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305328091

OWNER

AS COMFORT TRANSPORTATION PTE LTD

OWNER NO. 7010045

RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO.:

SHA1028P

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4) 27.08.2019 08:45

DATE/TIME IN

YR OF MANU.

29.06.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU903560970

COMPLETION DATE/TIME:

CHINA

### JOB DESCRIPTION

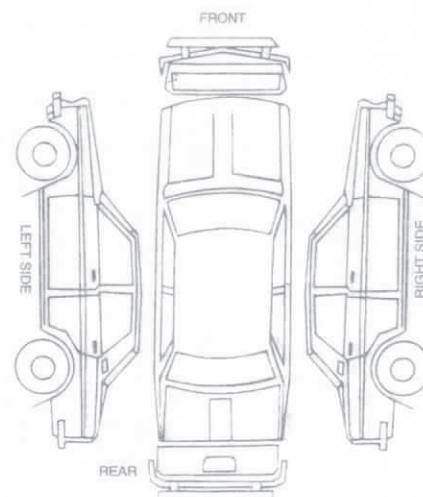
Accident Date: 26.08.2019

NATURE: 3P 26.08.2019

S/NO

LABOR CODE

DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHA1028P

LKE

Signature/Date

Vehicle No.:

SHA1028P

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard



REPAIR ESTIMATE

VEHICLE NO : SHA 1028P

MAKE :

MODEL : TOYOTA PRIUS

Like

CHINA

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER /			\$ 499.90
FRONT BUMPER CLIPS /			\$ 22.00
BRACKET, FRONT BUMPER SIDE, LH X			\$ 82.30
FENDER SUB-ASSY, FRONT LH X repair			\$ 945.30
FRONT FENDER SHIELD, LH X			\$ 196.60
FRONT FENDER HYBRID EMBLEM, LH /			\$ 53.50
FRONT WHEEL RIM (LH) X repair			\$ 1,555.10
SUB TOTAL			\$ 3,354.70
LESS 25%			\$ 838.68
DISCOUNTED TOTAL			\$ 2,516.03
LABOUR CHARGE			
Panel Beating			\$ 200
Spray Painting Charge			\$ 400 400.00
Wiring Charge			\$ X 50.00
Tuff Kote			\$ X 50.00
FRT Wheel Alignment			\$ X 120.00
TOTAL LABOUR			\$ 1,220.00
ESTIMATE TOTAL			\$ 3,736.03

Kalvin (UCC)

A

27/8/19 1415h

3 Pys.

PIP

Before Part photo

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 is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
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

Our Job Ref No 305328091

Date : 29.08.19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA1028P CTPL

26.08.19

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

1. The repair job shall bill to: CHINA SKX4270D
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$431.54
  - (b) Labour Charges \$600.00
  - Total for Part-By-Part Repair Cost \$1,031.54**
  - (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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kalvin

Date : 29/8/19

## 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: