

INS. CASE OWNER: CHAN KIAN MENG

CC4/AIG19015305/K1ea3

LKK:  
IDAC:

Surveyor: KALVIN DOI: 29/08/2019 Date / Time : 29/08/2019  
Registered in Merimen: 29/08/2019

**Pre-assign / CCU / FTE**

	Insured Vehicle No. : <u>SML 7867C</u>	Claim No. : <u>1884535436SG</u>
	Name of Insured : <u>TEO POH TIN</u>	Policy No. : <u>1900103900</u>
	Insured Tel No. : _____ HP: _____	Make / Model : _____
	Excess Sec II :\$ _____ D.O.A : <u>28/08/2019 15:05</u>	Place of Accident : <u>PIE (TUAS) SLIP ROAD TWDS TOA PAYOH</u>
	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 2344U**

	INSRS: <u>CDGE LOYANG</u>		INSRS: _____		INSRS: _____		INSRS: _____
	Tel : _____		Tel : _____		Tel : _____		Tel : _____
	Liability : _____		Liability : _____		Liability : _____		Liability : _____
	RMKS: _____		RMKS: _____		RMKS: _____		RMKS: _____

Date/Time	STAGE	DATE / PIC
SHA 2344U - CC3/III16015802/R1pa3q2; DOA:20/8/16	Non-Reporting ltr (1st):	
- CC4/III18011500/Uja3q2; DOA:19/8/18	Non-Reporting ltr (2nd):	
SML 7867C - X	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

**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\$ \_\_\_\_\_ 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)

REF: ^

Surveyor: Kalvin

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected 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 Rpt: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHA 23444 Yr Regn: 7 Jan, 2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798

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

Sp. Reading: 111006 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 5TD1CB3F4703077820

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/B or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Pirelli

Front 9 mm Rear 9 mm

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 28/8/19 D.O.I. 29/8/19

Survey held at C/DGE (Loyang)

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

n/s & 4

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

Date / Time	Action / Instruction
	<u>Azh</u> <u>PIP</u>

Date/Time, File Pass to?  : Prel. Report

1) \_\_\_\_\_  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  : S + RS, SI

: Interview (\$ \_\_\_\_\_) Photos

Survey Fee:	
Transportation:	

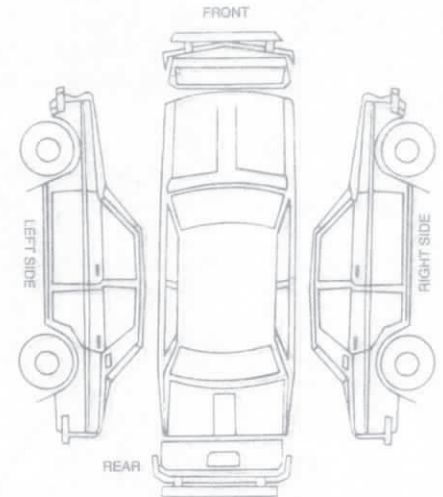
Team: ARC Repair TP(CLS0)1      **JOB CARD**      Sales Order:      JC NO.: 305328528

DMER  S DMER NO. ESS  (R) (P)  UNIT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755      (O)	REGN NO.: <b>SHA2344U</b>	MILEAGE
		MAKE : <b>TOYOTA</b>	FUEL E.....1/2.....F
		MODEL <b>PRIUS HYBRID(G4)</b>	DATE/TIME IN <b>28.08.2019 16:25</b>
		YR OF MANU <b>07.01.2019</b>	TARGET DATE
		CHASSIS CODE <b>JTDKB3FU703077820</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.08.2019  
NATURE: 3P 28.08.19/C

S/NO      LABOR CODE      DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR      CUSTOMER'S SIGNATURE

Assessment Slip

No.: **SHA2344U**      **JU AIG**

\_\_\_\_\_  
Service Advisor      Signature/Date

Exit Pass

Vehicle No.: **SHA2344U**

\_\_\_\_\_  
Name of Service Advisor      Date

Returned to Service Reception upon collection

To be kept by Security Guard

AG-JU C/P/P

REPAIR ESTIMATE

DATE : 28.08.2019

VEHICLE NO : SHA 2344U

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER /			\$ 499.90
FRONT BUMPER CLIPS /			\$ 22.00
FRONT BUMPER SIDE RETAINER, LH X			\$ 77.00
UNIT ASSY, HEADLAMP, LH (LED) X			\$ 3,455.00
FENDER SUB-ASSY, FRONT LH /			\$ 945.30
FRONT FENDER SHIELD, LH X			\$ 196.60
FRONT FENDER SHIELD CLIP X			\$ 3.80
FRONT FENDER HYBRID EMBLEM, LH /			\$ 53.50
PANEL SUB-ASSY, FRONT DOOR, LH X Repair			\$ 1,264.00
GLASS, SUB-ASSY, FRONT DOOR, LH X Repair			\$ 780.00
MIRROR ASSY, OUTER REAR VIEW, LH /			\$ 1,390.10
WINDOW ASSY, QUARTER, LH X Repair			\$ 168.10
MOULDING, REAR DOOR WINDOW FRAME, FRONT LH X			\$ 69.20
FRONT WHEEL RIM (LH) /			\$ 1,555.10
Rear Door (LH) X Repair			
Rear Fender (LH) X Repair			
<b>SUB TOTAL</b>			\$ 10,479.60
<b>LESS 25%</b>			\$ 2,619.90
<b>DISCOUNTED TOTAL</b>			\$ 7,859.70
FRONT DOOR COMFORT LOGO /			\$ 75.00
REAR DOOR ADVERTISEMENT LOGO /			\$ 100.00
			\$ 175.00
<b>LABOUR CHARGE</b>			
Panel Beating			\$ 850.00
Spray Painting Charge			\$ 1,400.00
Wiring Charge			\$ 100.00
Tuff Kote			\$ 150.00
Towing Charge			\$ 90.00
Transfer of Door			\$ 160.00
Frt Wheel Alignment			\$ 80.00
			\$ 2,830.00
			\$ 10,864.70

LKK Auto Consultants hence notify the Reparer of the following:

- To inspect, damaged parts) during resurvey
- Trans. codes are subject to confirmation
- This liability survey is on a "Without Prejudice" basis
- No illegal modification is allowed.
- Supplemental charges must be insured and is subject to limit from Insurative Company

Acknowledged by: \_\_\_\_\_  
Signature: \_\_\_\_\_

Kaluh 10K/4  
29/8/19 1320hrs.  
4 Days  
PIP  
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.

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305328528

Date : 03/09/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA2344U

Date of Accident : 28/08/2019

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

1. The repair job shall bill to: AIG --- SML7867C  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount		<u>\$4,139.2<sup>30</sup></u>
(b) Labour Charges	###	<u>\$1,620.00</u>
<b>Total for Part-By-Part Repair Cost</b>		<b><u>\$5,759.2<sup>30</sup></u></b>
~		
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		
<b>Final Lumpsum Repair cost</b>		

3. Estimated normal period for repairs: 4 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 : Kelvin

Date : 4/9/19

### 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:

\_\_\_\_\_

\_\_\_\_\_

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

JOB NO : 305328528  
 REGN NO : SHA2344U  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 07.01.2019  
 DATE/TIME IN : 28.08.2019 16:25  
 ACCIDENT DATE : 28.08.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92
0002	04-01-0302-0574-A	PRIG4 FENDER SUB-ASSY FRO	1	945.30	25.00	708.97
0003	04-01-0302-0897-G	PRIG4 COVER OUTER MIRROR	1	89.50	25.00	67.12
0004	04-01-0302-0600-G	PRIG4 MIRROR ASSY OUTER R	1	1,390.10	25.00	1,042.57
0005	03-01-0302-2020-G	PRIG4 WHEEL DISC	1	1,555.10	25.00	1,166.32
0006	28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1 N	75.00	2.50-	75.00
0007	28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	80.00	0.25	80.00
0008	04-01-0302-3832-G	PRIG4 GLASS SUB-ASSY FRT	1	780.00	25.00	585.00
0009	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (	1	52.50	25.00	39.37

SUB-TOTAL : 4,139.27

## JOB NATURE

0000	PB	PANEL BEATING		500.00
0001	SP	SPRAYPAINT CHARGE		1050.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.09.2019

REPAIR ESTIMATE

Time: 17:50:56

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 : 305328528  
REGN NO : SHA2344U  
MILEAGE : 000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 07.01.2019  
DATE/TIME IN : 28.08.2019 16:25  
ACCIDENT DATE : 28.08.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 20-00 TUFF COAT ON AFFECTED PARTS.			20.00		
0003 L TRANSFER DOOR PARTS			50.00		
					SUB-TOTAL : 1,620.00
					TOTAL : 5,759.27

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :