15/5/2010

INS. CASE OWNER:

CC3/CTI19015551/K1ka3

LKK:

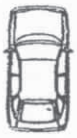
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 02/09/19 Date / Time : 02/09/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 7088X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 30/08/2019 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**

SHC 1096G → → →

INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1096G - CS/FCI19015190/Uqd3; DOA:22.8.19
	- CS/AWA17015746/K1rbn2; DOA:14.8.17
	- CC3/LCR17021928/M1ja3q2; DOA:15.11.17
	- CC3/AIG16009177/H1hg3q2; DOA:14/5/16
	YP 7088X - 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: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insped 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: SHC 1096H Yr Regn: 13 Sep / 2018

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

Make: Hyundai Zonzi c.c 1580

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

Sp.Reading 168617 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CBKU107506

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: 195/65R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Davanti

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	30/8/19	D.O.I.	2/9/19

Survey held at CDGE (Loyang)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or o/s wing mirror

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 ($ _____)

☐ : Interview ($ _____)

Survey Fee: _____

Transportation: _____

__S + RS__SI

Photos _____

MOB/19115050 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 31/08/2019 10:32

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408640
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 76873

Date/Time: 31.08.2019 12:10 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305329183

CUSTOMER
M/S COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
ACCOUNT CARD NO.

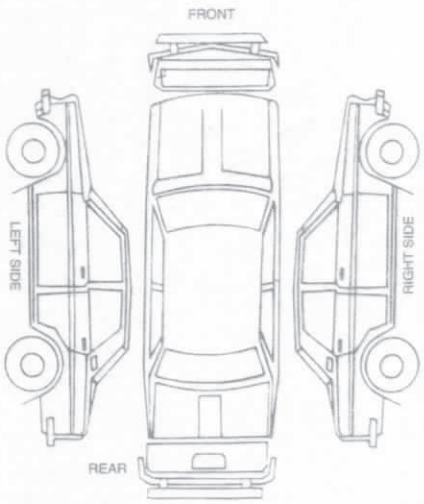
CHINA

REGN NO.: SHC1096G	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 30.08.2019 22:15
YR OF MANU. 13.09.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU107506	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.08.2019
NATURE: 3P 30.08.2019

S/NO	LABOR CODE	DESCRIPTION
		Right Side Mirror



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC1096G LARRY

Larry Ng

Name of Service Advisor

Signature/Date

Exit Pass

Vehicle No.: SHC1096G

Name of Service Advisor

Date

CHINA

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 1096G **DATE 2/9/2019 10:58**

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (RH) ✓		1 set	$ 1,054.60
	Front Door Mirror Holder (RH) ×			$ 175.90
	Front Door Mirror ~~Puddle~~ (RH) Cover ×			$ 64.10
	Front windscreen Pillar (RH) × repair			
	SUB TOTAL			**$ 1,294.60**
	LESS 20%			$ 258.92
	DISCOUNTED TOTAL			**$ 1,035.68**
	Labour Charge			
	Panel Beating			$ ~~250.00~~ 100
	Spray Painting Charge			$ ~~300.00~~ 200
	Wiring Charge			$ ~~50.00~~ 20
	TOWING FEE			$ 60.00 ×
	TOTAL LABOUR			**$ 500.00**
	ESTIMATE TOTAL			**$ 1,535.68**

Kalai (LKK)

2/9/19 1245hrs.

2 Days

P/P

Before Paint photo

Larry Ng

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:

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 . 305329183

Date : 3. Sep. 2019

FINALIZATION FORM

To : **LKK** Fax :

Attn : KALVIN

Vehicle Reg No. : **SHC1096C** Date of Accident: 30. Aug. 2019

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

1. The repair job shall bill to: **CHINA** **YP7088X**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$843.68
(b)	Labour Charges	$370.00
	Total for Part-By-Part Repair Cost	**$1,213.68**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less:	
	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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvin

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				
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: 03.09.2019
Time: 15:40:09

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

JOB NO	:	305329183
REGN NO	:	SHC1096G
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	13.09.2018
DATE/TIME IN	:	30.08.2019 22:15
ACCIDENT DATE	:	30.08.2019

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

PART REQUISITION

0001 04-01-0104-2538-G	IONIQV2 MIRROR ASSY-OUTSI	1	1,054.60	20.00	843.68

SUB-TOTAL : 843.68

JOB NATURE

0000 PB	PANEL BEATING	100.00	
0001 23-502	SPRAYPAINT ON AFFECTED AREA		250.00
0002 17-01	WIRING CHARGE	20.00	

SUB-TOTAL : 370.00

TOTAL : 1,213.68

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :