

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor:

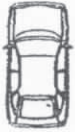
KALVIN

DOI: 03/09/2019

Date / Time : 03/09/2019

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 2959B

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 03/09/2019

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

SHB 3550D

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

Date/ Time	STAGE		DATE / PIC
SHB 3550D - NS/INC19010273/K1td3n2; DOA: 8/6/19 SLJ 2959B -X	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	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"/>	
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:		Post-Repair Photos: <input type="checkbox"/>
			Others: <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:		Confirm by:
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with		Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>			[Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent )		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$		2) Report Format:
			3) Survey fee:
<b>Total:</b> S\$	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	



Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305329649

CUSTOMER

VMS CITYCAB PTE LTD  
CUSTOMER NO. 7010070  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
L (R) 65551188 (O)  
(P)

SCOUNT CARD NO.

CMMA

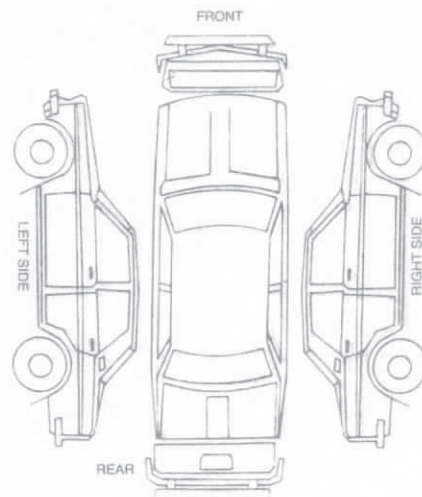
REGN NO.: SHB3550D	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 03.09.2019 12:30
YR OF MANU 28.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069326	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.09.2019

NATURE: 3P 03.09.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB3550D CHIANG

Vehicle No.: SHB3550D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



## CITY CAB PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHB 3550D

DATE 3/9/2019 15:39

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Fender (RH) ✓			\$ 663.00	
	Front Fender Shield (RH) X			\$ 174.90	
	Front Fender Retainer X			\$ 24.60	
	Front Wheel Hub Cap (RH) ✓			\$ 107.10	
	by mirror (RH) x 100.00				
	SUB TOTAL			\$ 969.60	
	LESS 20%			\$ 193.92	
	DISCOUNTED TOTAL			\$ 775.68	
	Front Fender Advertisement Logo (RH) ✓			\$ 100.00	Nett
	Labour Charge				
	Panel Beating			\$ 400.00	200
	Spray Painting Charge			\$ 300.00	250
	Tuff Kote			\$ 50.00	20
	FRT Wheel Alignment			\$ 80.00	X
	TOTAL LABOUR			\$ 830.00	
	ESTIMATE TOTAL			\$ 1,705.68	
	Kalvin (6614)				
	3/9/19 1625L				
	2621				
	L/S				
	After Repair photo				
	<div>LKK Auto Consultants hence notify the Repairer of the following:<ul style="list-style-type: none"><li>• To resurvey before/alter spray painting</li><li>• To display damaged part(s) during resurvey</li><li>• Parts prices are subject to confirmation</li><li>• Third party survey is on a "Without Prejudice" basis</li><li>• No illegal modification(s) is allowed</li><li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li></ul></div>				
	<div>Acknowledged by Repairer Signature: Date:</div>				
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 Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

Our Job Ref No : 305329649

Date : 06/09/19

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHB3550D

Fax :

03/09/19

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

Z The repair job shall bill to: CHINA SLJ2959B

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

**Final Lumpsum Repair cost**


**\$950.00**

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature: \_\_\_\_\_

Name : Kalish

Date : 9/9/19

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: