V5.	7201	10		
7.57				

CC3/CTI19015679/K1ka3

I	LKK:
ı	IDAC:

INS	CASE	OWNER

ASSIGNMENT 03/09/2019

_	Date / Time :	03/09/2019		
	Registered in N	Aerimen:		

	Pre-assign / CCU / F	TE
7	Insured Vehicle No.	:

Surveyor:

nsured Vehicle No. SLJ 2959B

KALVIN

Claim No.

*

Name of Insured
Insured Tel No.

:

Policy No.

Make / Model

Excess Sec II :S\$
Is driver the owner?

D.O.A: 03/09/2019

HP:

Place of Accident :

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Nature of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

If NO, Driver Name / Age : 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				
	SHB 3550D - NS/INC19010273/K1t	d3n2; DOA: 8/6/19	STAGE	DATE / PIC
	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:	
			Documentation Check List: Ha	ndler 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:	
I REDUMENT ADVICE	Date Time.	•	Others:	一一
FINALIZATION	Date/Time: Confirm	with:	Confirm by:	
Repair Cost:	S\$ (days) Reduction	1,11,14,14,1	Email	Call
FINAL SETTLEMENT	Date/Time: Confirm with	on. 70	Email Call	
Final Liability:	% (Agreed / Assessed) BOLA S	S/N No :	If NO or B 28, Ass. Lia:	
Repair Cost:	S\$	771 110	1110 01 15 20, 7188. 1214 .	
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only LOU only		[Tick only one]		
GIA/LTA Search	S\$	[Tick only one]		
Medical:	S\$		1) Claim status: Normal/Reject/	Private Settle
Disbursement:		w/ Independent)	2) Report Format:	
Legal Cost	S\$ (e.g. 10)	w/ Independent /	3) Survey fee:	
Total:	S\$ Global Sum S\$:		in our region	
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:			

ameyir: Kalvin	
ASS	SIGNMENT
From: Date:	Veh No: SHB 3550) Yr Regn: 28 May , 2015
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax / Prime Mover /
ODITPIWS ITPRES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insped Vehicle No:	Make: Hunder Z40 c.c 1.685
at Workshop m/s	Colour Yellow AC: Insteed / Std / NI / NA
of	Sp.Reading 4/9633 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: KMHLBYLUMF4069326
Claims No.	Gen. Cond: Good / Far Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STD A/Rim or
	Tyre Size; F: 205/60 R16
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of Inspection.	TOYO/YOKO OF WS/See
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm.
GIA / PR Seen: Consistent?: Yes or No ,	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 3/9/19 D.O.I. 3/9/19
Lum Sum: % 3 Val.: Yes or No	Survey held at CDRE (Loyans)
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	0/s Front
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	(TZ
	43.
15 ÷	
Date/Time, File Pass to? : Preli. Report	Dave Of Panalry
	Days Of Repair:
Dale/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
2) Add Fee	
Add Fee	
15.4	: Interview (\$) Photos
	The second of th

(08/11/13)

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

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 7687:

Date/Time 0. Ubi 03 309 P. 2019 15:04 Page: 1

JOB CARD JC NO .: 305329649 Sales Order: ARC Repair TP(CFSO)1 REGN NO.: SHB3550D MILEAGE STOMER CITYCAB PTE LTD FUEL R/MS MAKE: HYUNDAI 7010070 STOMER NO. 383 SIN MING DRIVE E.....F 03.09.2019 12:30 MODEL I - 40Singapore SINGAPORE 575717 65551188 YR OF MANU. 28.05.2015 TARGET DATE L. (R) (P) CHASSIS CODE KMHLB41UMFU069326 COMPLETION DATE/TIME: SCOUNT CARD NO.

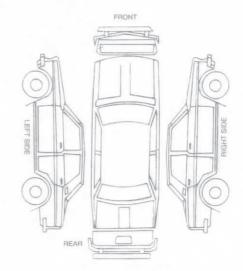
JOB DESCRIPTION

Accident Date: 03.09.2019 NATURE: 3P 03.09.2019

S/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:	
/	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Igement Slip	Exit Pass
SHB3550D CHIANG	Vehicle No.: SHB3550D
Service Advisor Signature/Date	Name of Service Advisor Date
rned 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

	3 TOTAL ESS 20% D TOTAL			\$ \$ \$ \$ \$	663.00 174.90 24.60 107.10 969.60 193.92 775.68
Front Fender Retainer Front Wheel Hub Cap (RH) SUB LI DISCOUNTED	ESS 20%			\$ \$ \$ \$	24.60 107.10 969.60 193.92 775.68
Front Fender Retainer Front Wheel Hub Cap (RH) SUB LI DISCOUNTED	ESS 20%			\$ \$ \$	969.60 193.92 775.68
SUB LI DISCOUNTED	ESS 20%			\$ \$ \$	969.60 193.92 775.68
SUB LI DISCOUNTED	ESS 20%			\$	193.92 775.68
SUB LI DISCOUNTED	ESS 20%			\$	193.92 775.68
DISCOUNTED				\$	775.68
DISCOUNTED				\$	775.68
Front Fender Advertisement Logo (RH)				\$	100.00
				į.	
Labour Charge	- 1				200
Panel Beating				\$	400.00
Spray Painting Charge				\$	300.00
Tuff Kote	100			\$	50.00
FRT Wheel Alignment				\$	80.00
TOTAL I	LABOUR			\$	830.00
ESTIMATE	E TOTAL			\$	1,705.68
Kaluri (lety 1 3/9/19 1 2 lz 1 Uls Alla Ryn 1	625L	the Repaire To resurvey to To display da Pans prices Third party s No illegal mo	onsultants hence r of the following before/after spray pai amaged part(s) during are subject to confirm urvey is on a "Withou odification(s) is allowe ary item(s) must be re final approval from In	inting g resurvey nation at Prejudica ed	e" basis
This is an initial estimate based on a visual inspe		above vehicle	e. The final rep	air quar	ntum will

COMFORTDELGRO ENGINEERING

305329649 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 06/09/19 Date FINALIZATION FORM LKK Fax: To KALVIN Attn 03/09/19 SHB3550D The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SLJ2959B Z The repair job shall bill to: CHINA 2. The finalized amount shall be: (a) Spare Parts after List discount (b) Labour Charges Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost \$950.00 3. Estimated normal period for repairs: 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: Signature: Name CHIANG Name Tel 62148314 Date Fax 65468156 For Official Use Only Document Confirm By Item Attached Amount Remarks (Signature) Yes or No 1. Rental Rate P/Day YES 2. Loss of Income Paid N Survey Fees 4. LTA Search Fee 7.49 5. Medical Fees (on behalf of driver, if applicable)

Overrun

Remarks: