15/5/2010

INS. CASE OWNER:

CC3/CTI19017748/K1da3

LKK:

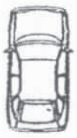
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 07/10/2019 Date / Time : 07/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 7619T

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 04/10/2019 14:20

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

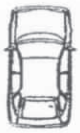
Place of Accident : JALAN BESAR > BENCOOLEN STREET

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

Insured Liability : % **Final ? Yes / No**

SHD 8628X → → →

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



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBJ 7619T - X
	SHD 8628X - CS/FCI19012895/Uvf3e2; DOA:18/7/19

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$		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: Kelvin

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 8628X Yr Regn: 4 Dec / 2018

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

Make: Hyundai Zonda c.c 1580

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

Sp.Reading 91797 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU121799

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 Javanti

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	4/10/19	D.O.I.	7/10/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	CTJ
	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 _____

SINGAPORE ACCIDENT STATEMENT

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 768732

Date/Time: 04.10.2019 17:01 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305338910

VAPS

STOMER

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R) (O)

(P)

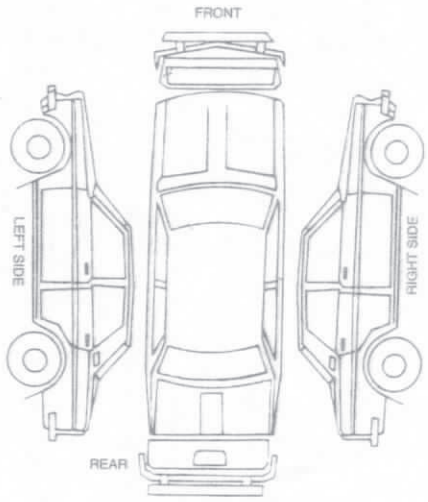
COUNT CARD NO.

REGN NO.: SHD8628X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 04.10.2019 15:00
YR OF MANU 04.12.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU121799	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.10.2019
NATURE: 3P 04.10.2019 (C)

S/NO	LABOR CODE	DESCRIPTION
	CHINA- Left Front	



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHD8628X LARRY

Vehicle No.: SHD8628X

Larry Ng

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : **SHD8628X** **DATE:** **5. Oct. 2019**

MAKE : **HYUNDAI**

MODEL : **IONIQ** **DOA:** **4. Oct. 2019** ***CHINA***

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover ~~[illegible]~~ ✓			$418.30
1	Front Bumper Bracket – LH ✗			$28.00
	Front Bumper Top Bracket – LH ✗			$12.00
10	Front Bumper Clips ✗		$2.20	$22.00
1	Front Bumper Upper Molding ✗			$108.50
1	Front Fender – LH ✓			$490.70
1	Front Fender Shield – LH ✗			$114.70
1	Headlamp – LH ✓			$1,198.80
1	BLUEDRIVE Emblem – LH ✓			$26.60
1	Front Wheel Cover – LH ✗			$346.40
1	Stering Tie Rod End – LH ✗			$94.70
	SUB TOTAL			**$2,860.70**
	LESS 20%			$572.14
	DISCOUNTED TOTAL			**$2,288.56**
1	Advertisement – LHF Fender ✓			$100.00 **Nett**
				$100.00
	Labour Charge			320
1	Panel Beating			~~$1,280.00~~
1	Spray Painting Charge		400	~~$500.00~~
1	Wiring Charge			20 ~~$80.00~~
1	Tuff Kote			20 ~~$80.00~~
1	Front Wheel Alignment			✗ ~~$120.00~~
	TOTAL LABOUR			**$2,060.00**
	ESTIMATE TOTAL			**$4,448.56**

Kalvin IC(KC)

7/10/19 1035hrs

2 Days

PCP

Before Paint photo

Larry Ng

[Stamp:] ... hence notify ... of the following: ... spray painting ... during resurvey ... "Without Prejudice" basis ... is allowed ... 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.

Jiale

COMFORTDELGRO ENGINEERING

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

Our Job Ref No . 305338910

Date : 8. Oct. 2019

FINALIZATION FORM

To : **LKK** Fax :

Attn : KALVIN

Vehicle Reg No. : **SHD8628X** Date of Accident: 4. Oct. 2019

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

1. The repair job shall bill to: **CHINA** **GBJ7619T**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$1,807.52
(b)	Labour Charges	$760.00
	Total for Part-By-Part Repair Cost	**$2,567.52**
(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 : L. M

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvin

Date : 10/10/19

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: 08.10.2019
Time: 12:31:56
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305338910
REGN NO	:	SHD8628X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	04.12.2018
DATE/TIME IN	:	04.10.2019 15:00
ACCIDENT DATE	:	04.10.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION					
0001 04-01-0104-0574-G IONIQVC PANEL-FENDER LH#	1		490.70	20.00	392.56
0002 04-01-0104-2815-G IONIQV1-3 LAMP ASSY-HEAD	1		1,198.80	20.00	959.04
0003 04-01-0104-3813-G IONIQ EMBLEM-BLUE DRIVE L	1		26.60	20.00	21.28
0004 04-01-0104-2534-G IONIQV2&3 COVER-FR BUMPER	1		418.30	20.00	334.64
				SUB-TOTAL :	1,707.52
JOB NATURE					
0000 PB PANEL BEATING				320.00	
0001 23-502 SPRAYPAINT ON AFFECTED AREA					400.00
0002 17-01 WIRING CHARGE				20.00	
0003 20-00 TUFF COAT ON AFFECTED PARTS.					20.00
0004 L ADVERTISEMENT - FRT FENDER LH					100.00
				SUB-TOTAL :	860.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305338910
REGN NO	:	SHD8628X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	04.12.2018
DATE/TIME IN	:	04.10.2019 15:00
ACCIDENT DATE	:	04.10.2019

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

TOTAL : 2,567.52

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :