15/5/2010

INS. CASE OWNER: CC3/CTI19017983/K1ka3

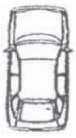
LKK:
IDAC:

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 5150Y

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

D.O.A : 09/10/19 18:45

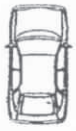
Place of Accident : SLIP ROAD FROM BUANGKOK GREEN TO HOUGANG ST 11

Nature of Accident :

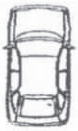
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

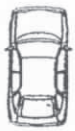
SHC 626J → → →



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 626J - CS/FCI19011055/Kvd3n2; DOA: 19/06/2019
	- CC4/ASM18003327/K1hb3q2; DOA: 19/02/18
	- CS/FCI15003302/R1qbu2; DOA: 22/2/15
	SLJ 5150Y - 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: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'ed 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 626J Yr Regn: 25 Oct 2012

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

Truck / Trailer or _____

Make: Hyundai Sonata c.c 1998

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

Sp.Reading 185 785 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41UMCA836018

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: 215/60R16

R: "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	9/10/19	D.O.I.	10/10/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	CTI
	4,

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

Survey Fee:	
Transportation:	
S + RS SI	
Photos	

OMFORTDELGRO ENGINEERING

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: 10.10.2019 12:45 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305340317

OMER

S

OMER NO.

ESS

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

(R) (O)

(P)

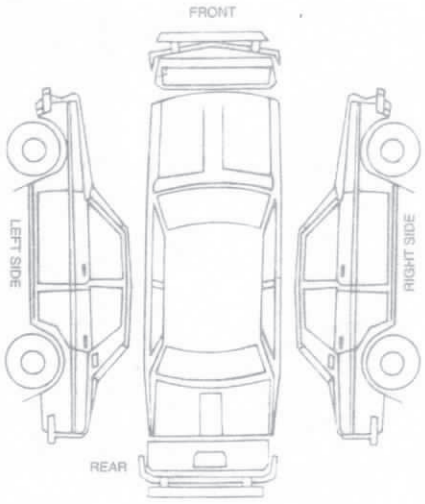
UNT CARD NO.

REGN NO.: SHC 626J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 10.10.2019 10:35
YR OF MANU 25.10.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA831018	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.10.2019
NATURE: 3P 09.10.19

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC 626J JU CHINA

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 626J

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Chinar-Gu LDown

VEHICLE NO : SHC 626J DATE 10/10/2019 11:33

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 578.40	
	Rear Bumper Clip ×			$ 22.00	
	Rear Bumper Protector (RH) × Repair			$ 38.00	
	SUB TOTAL			**$ 638.40**	
	LESS 20%			$ 127.68	
	DISCOUNTED TOTAL			**$ 510.72**	
	Rear Bumper Rubber Mat ×			$ 50.00	**Nett**
				$ 50.00	
	Labour Charge				
	Panel Beating			$ ~~300.00~~ 240	
	Spray Painting Charge			$ ~~200.00~~	200
	Wiring Charge			$ ~~50.00~~	×
	Remove/Refix Reverse Sensor			$ ~~120.00~~	×
	TOTAL LABOUR			**$ 670.00**	
	ESTIMATE TOTAL			**$ 1,230.72**	

Kalin Kkky

10/10/19 1345hr

2 Days

U/S

After Repair photo

• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

• No illegal modification is spotted

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.

KCN

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305340317

Date : 12/10/19

FINALIZATION FORM

To : LKK

Attn : KALVIN

Fax :

: SHC 626J

305333809 09/10/19

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

1. The repair job shall bill to: CHINA --- SLJ5150Y
##

2. The finalized amount shall be:

(a)	Spare Parts after List discount		$0.00
(b)	Labour Charges	##	$440.00
	Total for Part-By-Part Repair Cost		**$440.00** ###
(c.)	Lumpsum Repair (if applicable)		
	Total for Lumpsum repair cost after Less: 20%		
	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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature :

Name : Kalvin

Date : 14/10/19

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		N		
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: 11.10.2019
Time: 17:36:54
Page: 1

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

JOB NO	:	305340317
REGN NO	:	SHC 626J
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	SONATA
DATE OF REGN	:	25.10.2012
DATE/TIME IN	:	10.10.2019 10:35
ACCIDENT DATE	:	09.10.2019

JOB / PARTS DESCRIPTION		QTY IND UNIT-PRICE DISC% AMOUNT
PART REQUISITION		
	SUB-TOTAL :	0.00
JOB NATURE		
0000 PB	PANEL BEATING	240.00
0001 SP	SPRAYPAINT CHARGE	200.00
	SUB-TOTAL :	440.00
	TOTAL :	440.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :