15/5/2010

INS. CASE OWNER:

CC3/CTI19018055/K1ea3

LKK:

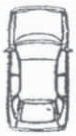
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 11/10/2019 Date / Time : 11/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 5720S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

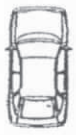
Excess Sec II :S$ D.O.A : 10/10/19 02:20 Place of Accident : BOSS HOTEL

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**

SH 6650S → → →



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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PC 5720S - X
	SH 6650S - CC3/CTI19011673/K1ea3n2 ; DOA: 28/6/19
	- CS/FCI19005832/K1td3n2; DOA: 30/3/19
	- CS/FCI16011085/Avbm2; DOA: 5/6/16

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: SH 6650S Yr Regn: 30 Sep, 2013

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

Make: Mercedes Benz E220 c.c 2143

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

Sp.Reading 976129 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2120022A757675

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: 205/60R16

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	10/10/19	D.O.I.	11/10/19

Survey held at CDGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear a/c

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

Date / Time	Action / Instruction
14/10/19	Called L/S $1500/ 2Days. 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

COMFORTDELGRO 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 15:43 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305340530

TOMER

MS COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

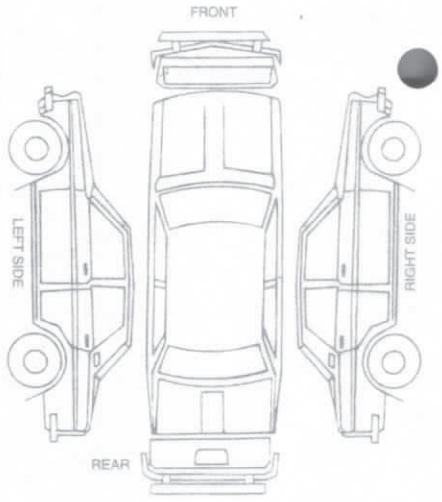
OUNT CARD NO.

REGN NO.: SH 6650S	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI(E5)	DATE/TIME IN 10.10.2019 13:40
YR OF MANU 30.09.2013	TARGET DATE
CHASSIS CODE WDD2120022A757675	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 10.10.2019
NATURE: 3P 10.10.19

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SH 6650S JU CHINA

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6650S

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305340530

Date : 12/10/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

: SH 6650S 305333809 10/10/19

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

1. The repair job shall bill to: CHINA --- PC 5720C
##

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: 20% **$1,500.00**
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 :

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

China - JH

REPAIR ESTIMATE*

VEHICLE NO : SH 6650S **DATE 10/10/2019 14:57**

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			$ 1,510.00	
	Rear Bumper Reinforcement			$ 1,150.00	
	Rear Bumper Bracket Lower (LH/RH)		$ 135.00	$ 270.00	
	Rear Bumper Bracket Top (LH/RH)		$ 125.00	$ 250.00	
	Rear Bumper Retainer Mounting (LH/RH)		$ 115.00	$ 230.00	
	Rear Bumper Lower Cover x repair			$ 325.00	
	Taillamp (LH)			$ 1,280.00	
	SUB TOTAL			**$ 5,015.00**	
	LESS 20%			$ 1,003.00	
	DISCOUNTED TOTAL			**$ 4,012.00**	
	Rear Bumper Sensor			$ 388.00	Nett
	Rear Bumper Rubber Mat			$ 50.00	Nett
				$ 438.00	
	Labour Charge			360	
	Panel Beating			$ ~~400.00~~	
	Spray Painting Charge			$ ~~250.00~~	200
	Wiring Charge			$ ~~50.00~~	X
	Remove/Refix Reverse Sensor			$ ~~120.00~~	30
	TOTAL LABOUR			**$ 820.00**	
	ESTIMATE TOTAL			**$ 5,270.00**	

Kallin Way

11/10/19 11:15 hr

2 pcs

L/S

After Repair pics

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.