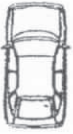


ASSIGNMENTSurveyor: **KALVIN**DOI: **31/10/2019**Date / Time : **31/10/2019**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGG 5257Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : **27/10/2019 01:00**Place of Accident : **SENTOSA GATEWAY**

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No

SHC 8536H

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 8536H - CC3/AIG16010362/Ghb3q2; DOA: 31.5.16 - CS/FCI15004009/Avbq2; DOA:4.3.15 SGG 5257Z - NA/INC12009212/s2 ; DOA: 08.05.12	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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days)	Reduction:	%
FINAL SETTLEMENT		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:
Total:	S\$	Global Sum S\$:		3) Survey fee:
FINAL PAYMENT		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:		

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

China Taiping CLS) TS

VEHICLE NO : SHC8536H

MAKE :

LKK - kalvin.

DATE 01/11/19

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$1,052.20
	Front Fender (RH) <i>X regar</i>			\$663.00
	Front Wheel Cap (RH) <i>X</i>			\$107.10
	SUB TOTAL			\$1,822.30
	LESS 20%			\$364.46
	DISCOUNTED TOTAL			\$1,457.84
	Labour Charge			
	Panel Beating			<i>280</i> \$300.00
	Spray Painting Charge			<i>500</i> \$350.00 <i>400</i>
	Tuff Kote			\$40.00 <i>X</i>
	Tow Fee			\$60.00 <i>X</i>
	TOTAL LABOUR			\$650.00
	ESTIMATE TOTAL			\$2,107.84
<p><i>Kalvin (LKK)</i> <i>31/10/19</i> <i>1530</i> <i>2 days</i> <i>4/5</i> <i>After Repair photo</i></p> <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <p>Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>				
<p>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.</p>				

Remarks: