15/5/2010

SS

SS

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S\$

Date/Time:

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Disbursement:

Medical:

Legal Cost

Total:

Payee 1:

LKK: IDAC:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Call

3) Survey fee:

Email

INS. CASE OW						
Surveyor:	KALVIN	DOI: 31/10/2019		Date / Time : 31/10/2019		
•				Registered in Merimen:	_	
Pre-assign / Co	CU/FTE					
	No. SGG 5257Z		CILL N			
Insured Vehicle	No. : SGG 52572		Claim No.	:		
Name of Insure	d :		Policy No.	:		
Insured Tel No.	: Н	D.	Make / Model			
		O.A: 27/10/2019 01:00	Place of Accid	CENTOCA CATEMAY		
Excess Sec II :			Place of Accid	lent:		
Is driver the ow	ner? (YES / NO) Na	ature of Accident :				
If NO, Driver I	Name / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA REPORT: Y	ES / NO	
Driver T	Cel No. :	(V/L: YES / NO)	Insured Liabili	ity: % Final? Yes/No		
SHC 8536	21					
3110 0330	<u> </u>			$ \overline{}$ $\overline{}$		
INSRS:	INSRS:		INSRS:	INSRS:		
WSP: CDGE			WSP:	WSP:		
H Tel:	H Tel:	A A	Tel:	Tel:		
Liability:	Liability:	(bb)	Liability:	Liability:		
RMKS:	RMKS:		RMKS:	RMKS:		
Date/ Time						
	SHC 8536H - CC3/AIG	16010362/Ghb3q2; DOA	A: 31.5.16	STAGE DA	ATE / PIC	
	- CS/FCI15	5004009/Avbq2; DOA:4.3	3.15	Non-Reporting ltr (1st):		
	SGG 5257Z - NA/INC12	2009212/s2; DOA: 08.05	5.12	Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final):		
				Notification ltr (if non-pickup):		
				Call OI:		
				After call ltr to OI:	Trustet	
				Documentation Check List: Handler	Typist	
				Notification ltr (if non-pickup)		
				After call Itr 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 ADVIO	CE Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%	Email Call		
FINAL SETTLEMENT		onfirm with		Email Call		
Final Liability:		sessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:		
Repair Cost:	SS	2 2				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x	days)				
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU or	aly LOR + LOU LOR	+ LOI [Tick only one]				

(e.g. Tow/ Independent)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

COMFORTDELGRO ENGINEERING PTE LTD MING Taiping CLES

: SHC8536H **VEHICLE NO**

MAKE

LKK-Kalvin. DATE 01/11/19

MODEL

: HYUNDAI i40

Qty : H	Parts Description/ Labour	Туре	Unit Price	Amount
	ont Bumper Cover			\$1,052.20
Fro	ont Fender (RH)			\$663.00
Fro	ont Wheel Cap (RH) 🗶			\$107.10
	SUB TOTAL			\$1,822.30
	LESS 20%			\$364.46
	DISCOUNTED TOTAL			\$1,457.84
	bour Charge			\$300.00
	nel Beating			\$300.00
Sp	ray Painting Charge		500	\$2.00
Tu	ff Kote			\$40,00
То	w Fee			\$60.00 🔀
	TOTAL LABOUR			\$650.00
	ESTIMATE TOTAL			\$2,107.84
	Kalin (Clek) 31/10/19 10/10 2 Pys 4/5 Alla Repair ploto	To resurve To display Parts pro Third pa No illeg Supple	er of the following: before/alter spray painting damaged part(s) during resurve es are subject to confirmation by survey is on a "Without Prejural modification(s) is allowed mentary item(s) must be resurve act to final approval from Insurar eledged by Repairer ure:	. \
This	s is an initial estimate based on a visual inspection of the	e above vel	nicle. The final repair q	uantum will
	prepared after the vehicle is surveyed by a motor Surve			

COMFORTDELGRO ENGINEERING

305345604 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 04/11/19 Fax: 6546 8156 FINALIZATION FORM Fax: LKK To KALVIN ANG Attn : : SHC8536H 27-Oct-19 Date of Accident : Vehicle Reg No. The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SGG5257Z The repair job shall bill to: CHINA TAIPING 1. 2. The finalized amount shall be: (a) Spare Parts after List discount Labour Charges (b) **Total for Part-By-Part Repair Cost** (c.) Lumpsum Repair (if applicable) \$1,200.00 Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost \$1,200.00 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 : LIMTS KALVIN Name Name 62148398 Tel Date 65468156 Fax For Official Use Only Document Confirm By Item Amount Attached Remarks (Signature) Yes or No 1. Rental Rate P/Day YES 2. Loss of Income Paid NO Survey Fees 4. LTA Search Fee \$7.49 5. Medical Fees (on behalf of driver, if applicable) Overrun

Remarks: