15/5/2010

INS. CASE OWNER:

CC3/CTI19020517/Fea3

LKK:

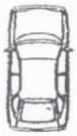
IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 18/11/2019 Date / Time : 18/11/2019

Registered in Merimen: ___

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 8701S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

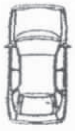
Excess Sec II :S$ D.O.A : 15/11/2019 14:00 Place of Accident : MAPLE TREE BUSINESS CENTRE

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

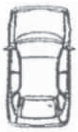
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

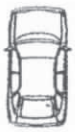
SHA 5750K → → →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 5750K - NS/INC14006384/Stm3w2; DOA: 4.4.19
	SMG 8701S - 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:	

ASS. REC. BY: Ram | REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect 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
	X	
	X	

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: SHA 5750K Yr Regn: 19/MAY/2016

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

Make: Hyundai i40 c.c 1685

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

Sp.Reading 599260 T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: KMHLB41UMGU089731

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: 205/60 R16

R: –

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	15/4/19	D.O.I.	18/11/19

Survey held at: comfortdelgro (Loyang)

Des. of Damages : Frt / Rear / O/S / (N/S) / U/C / Rooftop or N/S

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

Date / Time	Action / Instruction
	China taipang
	L/S

Date/Time, File Pass to/

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to/

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:

Transportation:

S + RS: $

Photos:

Others:

TOTAL:

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
320 Ubi Road 3 Singapore 408869
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 16.11.2019 10:37 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

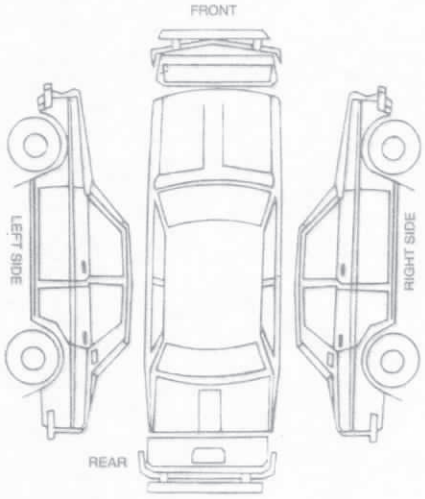
JC NO.: 305349571

TOMER	REGN NO.: SHA5750K / MILEAGE
MS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI / FUEL E.....1/2.....F
TOMER NO. 7010045	MODEL I-40 / DATE/TIME IN 15.11.2019 14:55
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 19.05.2016 / TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHLB41UMGU089731 / COMPLETION DATE/TIME:
(P)	
OUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 15.11.2019
NATURE: 3P 15.11.19

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

o.: SHA5750K CHIANG

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA5750K

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 5750K **DATE : 16/11/2019**

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Door (LH) X (R)			$ 2,256.40	
	Front Door Glass (LH) scr			$ 228.20	
	Front Door Outer Handle (LH) ~~Scr~~ x(R)			$ 36.30	
	Front Door Outer Moulding (LH) Scr			$ 47.10	
	Front Door Mirror Assy (LH) Br			$ 670.00	
	Rear Door (LH) Buc			$ 2,201.10	
	Rear Door Glass (LH) xnn			$ 200.20	
	Rear Door Outer Moulding (LH) xnn			$ 35.80	
	Rear Door Outer Handle (LH) ~~Scr~~ Scrq			$ 36.30	
	Front Windscreen Moulding nec			$ 113.30	
	Front Windscreen Pillar Inner(LH/RH) xnn			$ 310.70	
	Front Windscreen Enforcement(LH/RH) xnn			$ 1,163.30	
	Frt DOOR outer chrome garnish DD				
	SUB TOTAL			**$ 7,298.70**	
	LESS 20%			$ 1,459.74	
	DISCOUNTED TOTAL			**$ 8,758.44**	
	Front Door Comfort Logo (LH) nec			$ 75.00	**Nett**
	Front Door Advertisement Logo (LH) nec			$ 100.00	**Nett**
	Rear Door Tel No. Sticker (LH/RH) nec			$ 10.00	**Nett**
	Front Windscreen Sealant nec			$ 46.00	**Nett**
				$ 231.00	
	Labour Charge				
	Panel Beating			$ 1,200.00	$840
	Spray Painting Charge			$ 750.00	$680
	Wiring Charge			$ 30.00	
	Tuff Kote			$ 50.00	$30
	Towing Charge			$ 50.00	xnn
	Remove/Refix Cushion & Upholstery Front			$ 90.00	$50
	TOTAL LABOUR			**$ 2,170.00**	
	ESTIMATE TOTAL			**$ 11,159.44**	

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer
Signature:
Date:

Ram (LKK)
88622778hp
Barasuram@LKKauto.com
after repair photo
3 repair days
45

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.

10 : asher

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305349571

Date : 22/11/19

FINALIZATION FORM

To : LKK Fax :

Attn : PARAM

: SHA5750K 15/11/2019

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

Z The repair job shall bill to: CHINA SMG8701S

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:
Final Lumpsum Repair cost **$3,600.00**

3. Estimated normal period for repairs: 3 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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name : Ram

Date : 26/11/19

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: