

ASSIGNMENTSurveyor: RAMDOI: 26.11.2019Date / Time : 26.11.2019Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE

	Insured Vehicle No. :	<u>SMN 5620A</u>	Claim No. :	<u>0881774757SG</u>
	Name of Insured :	<u>TAN BAO CAI</u>	Policy No. :	<u>1900150901</u>
	Insured Tel No. :	HP: <u>+65-91918748</u>	Make / Model :	<u>MINI ONE 1.5 F55</u>
	Excess Sec II :S\$	D.O.A : <u>22/11/2019 22:45</u>	Place of Accident :	<u>273 BEDOK SOUTH AVE 3, SINGAPORE 469293</u>
Is driver the owner? (<input checked="" type="checkbox"/> YES / NO) Nature of Accident :				
If NO, Driver Name / Age :				
Driver Tel No. :		(V/L: <input checked="" type="checkbox"/> YES / NO)	OI GIA REPORT: <input checked="" type="checkbox"/> YES / NO ; TP GIA REPORT: <input checked="" type="checkbox"/> YES / NO	
			Insured Liability :	% Final ? Yes / No

SHD 3037J



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SMN 5620A - X	Non-Reporting ltr (1st):	
SHD 3037J - CC3/AIG18010279/K1ub3a2 : DOA: 03.06.18	Non-Reporting ltr (2nd):	
- CS/FCI14020320/Rtbd1; DOA: 25.10.14	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
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\$		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 <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:	

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

Bal. or Market Value:

IDAC Accident Rpt: 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:

SHP3037J

Yr Regn:

09/06/2016

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

440757

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH LBA1UMGV091343

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 HANFOOK

R:

DAWANGI

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

22/11/19

D.O.I.

26/11/19

Survey held at

comfort delgo (coyang)

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Frt / O/S / S/L

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

LS

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Misc. exp (\$

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

(0.0)

Report Form 4

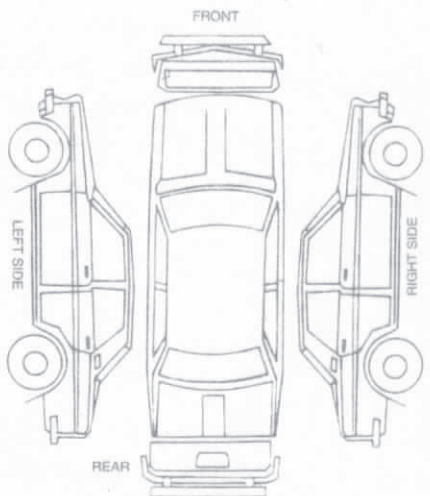
Comp. Sum / M/s

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305351766
STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHD3037J	MILEAGE
/MS	7010045	MAKE : HYUNDAI	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL I-40	E.....1/2.....F
DRESS	Singapore SINGAPORE 575717	YR OF MANU. 09.06.2016	DATE/TIME IN 26.11.2019 09:30
(R) 65508755	(O)	CHASSIS CODE KMHLB41UMGU091343	TARGET DATE
(P)			COMPLETION DATE/TIME:
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 22.11.2019
NATURE: 3P 22.11.2019

S/NO	LABOR CODE	DESCRIPTION
	ALG -	



CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
w/edgement Slip		Exit Pass	
No.: SHD3037J LARRY		Vehicle No.: SHD3037J	
Signature/Date		Name of Service Advisor	
of Service Advisor		Date	
returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD3037J

DATE: 26. Nov. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 22. Nov. 2019

AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover x (R)			\$1,052.20
1	Front Bumper Side Bracket – RH xnn			\$24.60
1	Front Bumper Top Bracket – RH xnn			\$22.40
10	Front Bumper Clips xnn		\$2.20	\$22.00
1	Front Bumper Grille – RH xnn			\$41.60
1	Headlamp – RH Cra			\$1,388.00
1	Headlamp Support Panel xnn			\$907.40
1	Front Fender – RH x (R)			\$566.30
SUB TOTAL				\$4,024.50
LESS 20%				\$804.90
DISCOUNTED TOTAL				\$3,219.60
1	Advertisement – RHF Fender			\$100.00
				Nett
				\$100.00
Labour Charge				
1	Panel Beating		\$480	\$500.00
1	Spray Painting Charge		\$400	\$500.00
1	Tuff Kote		xnn	\$50.00
1	Wiring Charge		xnn	\$50.00
TOTAL LABOUR				\$1,100.00
ESTIMATE TOTAL				\$4,419.60
<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>				

Larry Ng

- 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)
26/11/19 1330V5Xm
Paragham@LKKauto.com
88622720
AIG repair
photo
45
3 repair days

Our Job Ref No . 305351766

Date : 28. Nov. 2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHD3037J

Date of Accident: 22. Nov. 2019

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

1. The repair job shall bill to: **AIG** **SMN5620A**

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

\$1,650.00

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 : **Larry Ng**

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : **Ram**

Date : **29/11/19**

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				
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: