5/5/201		

%

SS

S\$

S\$

S\$

SS

SS

S\$

SS

S\$

S\$

S\$

S\$

Date/Time:

(\$

(\$

LOR + LOU[

Final Liability:

Loss of Rental (LOR):

Loss of Income (LOI):

LOR only LOU only

Loss of Use (LOU):

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)
Payee 3: (Strike if N.A.)

Disbursement:

Medical:

Legal Cost

Total:

Payee 1:

Repair Cost:

CC3/CTI19020951/Fea3

-11	т.	τ	,	τ	r	
-1	Ŀ.	.I	١,	£		
-						
1	*1	n	i.	Á	,	٠,

If NO or B 28, Ass. Lia:

2) Report Format:

Call

3) Survey fee:

Email

1) Claim status: Normal/Reject/Private Settle

	INS. CASE OWNER	R:	CC3/C1119020	951/Feas	IDAC:			
	Surveyor:	RAM	ASSIGNM 25.11.201		Date / Time : 25.11.2019			
	Pre-assign / CCU	/FTE	_	F	Registered in Merimen:			
	Insured Vehicle No	SGS 9999B		Claim No. :				
	Name of Insured	LUI PUI SZE		Policy No. :	DMPCSN306779180	1		
8-8	Insured Tel No.		HP: +65-92259877	Make / Model :	ТОУОТА ВВ1.5 А			
	Excess Sec II :S\$		D.O.A: 24.11.2019 04:30	Place of Acciden	THE TOWARDS BUILD	NGGOL ROAD		
	Is driver the owner	? (YES / NO)	Nature of Accident :					
	If NO, Driver Nar			OI GIA REPORT	Γ: YES / NO ; TP GIA REPORT	: YES / NO		
	Driver Tel		(V/L: YES / NO)	Insured Liability				
	SHC 2406F)						
	INSRS: WSP: CDGE LOTEL: Tel: Liability: RMKS:	OYANG INSRS WSP: Tel: Liabilit RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	:		
	Date/ Time	0110 04000 00/5	-0147004000/D4 0 D0	A . 00 4 47 E	STAGE	DATE / PIC		
		SHC 2406P - CS/F - NS/II SGS 9999B - NA/C	FCI17001903/R1qbn2; DO/ NC11004970/H1g1 ; DOA CTI19009774/z4; DOA: 30.	: 15.3.11 5.19	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):			
				1	Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI:			
					After call ltr to OI:			
				ī	Documentation Check List: Hand	ller Typist		
				1	Notification ltr (if non-pickup)			
				1	After call ltr to OI:			
				/	Authorisation To Act:			
				F	Release Voucher:			
				F	final Repair Bill:			
				C	Car Rental Invoice:			
				7	Towing Invoice			
				I	TA / GIA:			
				N	Medical Bill:			
				I	PIR:			
				N	Mandate/Reject Instruction:			
					LOD			
				I	Payment Breakdown Form:			
PRELIN	INARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:			
					Others:			
FINALL	ZATION	Date/Time:	Confirm with:		Confirm by:			
Repair C	ost:	S\$ (days) Reduction:	%	Email C	all		
FINAL S	SETTLEMENT	Date/Time:	Confirm with	I	Email Call			

(Agreed / Assessed) BOLA S/N No.:

days)

days)

days)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

[Tick only one]

(e.g. Tow/ Independent)

LOR + LOI

	,	remote. III 7 OUT	() ()
Date:	Person Contacted:		The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	Action / Instruction		
		* '	(P/P)
			china china
	.5		- ferri

Date/fime, File Pass to?	: Preli. Report	Day	s Of Repair:	¥	
1)	: Final Report	Res	urvey No. of Trip:	Survey Fee:	***********
Date/Time, File Return to?	and a			Transportation:	
2)		Add Fee:	: Site Insp (\$)3+RSSI	
			: Interview (\$) Pholos	
Peport Forms	,		: Tech. Invs (\$) Others	
Lung Sum / LE I: 6-			: Meel end 12		. 20

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

urned to Service Reception upon collection

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 59 Loyang Orive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156 7 Sungel Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

Date/Time20 Ubi2153d.35iq9ap200299 08:47 Page: 1 JOB CARD ARC Repair TP(CLSO)1 Sales Order: JC NO.: 305351168 Team: REGN NO.: SHC2406P MILEAGE OMER COMFORT TRANSPORTATION PTE LTD FUEL S MAKE: TOYOTA 7010045 OMERNO. 383 SIN MING DRIVE E.....1/2..... PRIUS HYBRID(G4)24.11.2019 10:45 MODEL Singapore SINGAPORE 575717 65508755 YR OF MANU 07.01.2019 (O) TARGET DATE (R) (P) CHASSIS CODE JTDKB3FU003077898 COMPLETION DATE/TIME: DUNT CARD NO. JOB DESCRIPTION Accident Date: 24.11.2019 NATURE: 3P 24.11.19 S/NO LABOR CODE DESCRIPTION

ED & PASSED OUT BY:				
SERVICE ADVISOR			CUSTOMER'S SIGNAT	URE
dgement Slip.		Exit Pass		
SHC2406P	JU CHINA LKK	Vehicle No.:	SHC2406P	
Service Advisor	Signature/Date	Name of Service Advisor	Date	

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHC 2406P

MAKE

25/11/2019 10:03 PP

PARTS DESCRIPTION REAR BUMPER REAR BUMPER UNDER COVER REAR BUMPER SIDE RETAINER REAR BUMPER CLIPS TAIL LAMP ASSY (UPPER) (LH) TAIL LAMP ASSY (LOWER) (LH)	R Ynn nec	QTY	UNIT	PRICE	\$ \$ \$ \$ \$	458.60 552.60 112.70 22.00 557.90 548.40
REAR BUMPER UNDER COVER REAR BUMPER SIDE RETAINE REAR BUMPER CLIPS TAIL LAMP ASSY (UPPER) (LH) TAIL LAMP ASSY (LOWER) (LH	R YNN NEC) XNN SUB TOTAL LESS 25%				\$ \$ \$ \$	552.60 112.70 22.00 557.90 548.40
REAR BUMPER SIDE RETAINE REAR BUMPER CLIPS TAIL LAMP ASSY (UPPER) (LH) TAIL LAMP ASSY (LOWER) (LH	R YNN NEC) XNN SUB TOTAL LESS 25%				\$ \$	112.70 22.00 557.90 548.40
REAR BUMPER CLIPS TAIL LAMP ASSY (UPPER) (LH) TAIL LAMP ASSY (LOWER) (LH)	SUB TOTAL LESS 25%				\$ \$	22.00 557.90 548.40
TAIL LAMP ASSY (UPPER) (LH) TAIL LAMP ASSY (LOWER) (LH	SUB TOTAL LESS 25%				\$ \$	557.90 548.40
TAIL LAMP ASSY (LOWER) (LH	SUB TOTAL LESS 25%				\$	548.40
	SUB TOTAL LESS 25%				\$	100d pc 200dA, 1900d
	LESS 25%				1.5	2,252.20
ī					\$	563.05
		1			\$	1,689.15
	N.M.M					405.70
					1 0	135.70
REAR BUMPER RUBBER MAT	WHEN WELL				\$	50.00
						185.70
	the Repairer of the follow To resurvey before/after spra To display damaged part(s) of Parts prices are subject to co Third party survey is on a "W No illegal modification(s) is a Supplementary item(s) must	ving: y painting uring resur- nfirmation ithout Prejud lowed be resurvey	ey lice" basis			
I ABOUR CHARGE	Acknowledged by Repairer					
				droo		350.00
	Date.					
					- T	250.00
Remove/Refix Reverse Sensor						50.00 80.00
	TOTAL LABOUR				\$	730.00
	ESTIMATE TOTAL		Daw	(uxx)	\$	2,604.85
			25/11/	19 114		
			20/11/	Par	4	
			Part	1	101	040
			aft v	s bain	(
				JAW SUTS		. No. com
			(2 /r	() (Q	VX	War I
	LABOUR CHARGE Panel Beating Spray Painting Charge Wiring Charge	the Repairer of the follow To resurvey before/after spra To display damaged part(s) of Parts prices are subject to continuous in the Repairer Supplementary item(s) must is subject to final approval from Acknowledged by Repairer Signature: Date: TOTAL LABOUR TOTAL LABOUR	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 Prejuction: • No illegal modification(s) is allowed: • Supplementary item(s) must be resurvey is subject to final approval from Insurance Acknowledged by Repairer Signature: Date: Date: TOTAL LABOUR	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: Date: TOTAL LABOUR	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: Date: TOTAL LABOUR TOTAL LABOUR	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: \$ 320 \$ \$ \$ Panel Beating Spray Painting Charge Wiring Charge Remove/Refix Reverse Sensor TOTAL LABOUR

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.

COMFORTDELGRO ENGINEERING PTE LTD

Time: 16:51:52

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO **REGN NO** MILEAGE

: 305351168 : SHC2406P : 0000000000

: TOYOTA MAKE : PRIUS HYBRID(G4) MODEL

DATE OF REGN

: 07.01.2019

: 24.11.2019 10:45 DATE/TIME IN ACCIDENT DATE : 24.11.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G PRIG4 COVER REAR BUMPER 1 458.60 25.00 343.95

0002 04-01-0302-2267-G PRIVC BUMPER PIECE 10 22.00 25.00 16.50

0003 04-01-0302-1150-A PRIG4 BUMPER PROTECTOR MA 1 N 50.00 2.50- 50.00

0004 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45

SUB-TOTAL : 824.90

JOB NATURE

0000 PB

PANEL BEATING

320.00

0001 SP

SPRAYPAINT CHARGE

200.00

SUB-TOTAL: 520.00

TOTAL : 1,344.90

MVA NAME & SIGNATURE

AUTHORISED: YES/NO SURVEYOR NAME & SIGNATURE

DATE:

DATE:

À.	ob Dof	No. 3053	51168	p 4 asher	COM	FORTDELGRO ENGINEERING
Our Job Ref No 305351168 Date : 26/11/2019					59 Loy	rtDelGro Engineering Pte Ltd ang Drive Singapore 508969 546 8156
FINA	LIZATIO	ON FORM				
То	:	LI	KK		Fax:	
Attn	:	F	RAM			
		: SHC24	06P			24.11.19
The s	survey a	and estimates of the	e repairs of the a	bove-mentioned	vehicle are as	follows:-
1.		epair job shall bill to		CHINA		SGS9999
0		nalized amount sha			###	
2.						\$824.90
	(a)	Spare Parts after	List discount	 		\$520.00
	(b)	Labour Charges	Boot Bonois Co			\$1,344.90
		Total for Part-By	-Part Repair Co	51	N	###
3. 4.	We sh within	ated normal period hall treat the abov n 7 working days	e amount as Co	rrect and Conf		s no reply from you
5.	mani	Cydu for your assis	\ \ \ \		alized amount	2
	Signa	ture :	10,	Sig	gnature:	
	Name	: JUMANI		Na	me :	Ram
	Tel	: 6214 8315		Da	te :	27/11/19
	Fax	: 65468156		_		
For O	Official	Use Only				
		ltem	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Re	ental Ra	ate P/Day		YES		
2. Lo	ss of In	ncome Paid		N		
3. Su	rvey F	ees				
5. Me	edical F	rch Fee ees (on behalf if applicable)	\$7.49			
	verrun					

Remarks: