15/5/2010

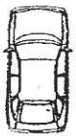
INS. CASE OWNER: | CC3/QBE19020953/Fha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 25.11.2019 Date / Time : 25.11.2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 9730L Claim No. :

Name of Insured : Asia Group Leasing Pte Ltd Policy No. :

Insured Tel No. : HP: Make / Model : scania P440LA4X2H52

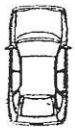
Excess Sec II :S$ D.O.A : 22/11/2019 11:20 Place of Accident : Jurong West Ave 2 X corporation Rd

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

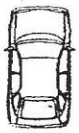
If **NO**, Driver Name / Age : Low Jian Xiang OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 9740 8368 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

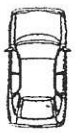
SHD 6741P → → →



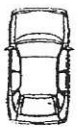
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 6741P - NS/INC19010521/K1td3e2; DOA: 12.6.19	Non-Reporting ltr (1st):	
	- CC6/III18006167/Uha3q2; DOA : 26.3.18	Non-Reporting ltr (2nd):	
	XD 9730L - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
19.03.20	FILE PASS TO TYPIST TO PREPARE REPORT.	Call OI:	ASHER 19.03.20.
		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: RAM

Repair Cost: P/P S$ 651.00 (2 days) Reduction: 58 % Email ✓ Call

FINAL SETTLEMENT Date/Time: 01.04.20 Confirm with CATHERINE Email ✓ Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: W/MST S$ 696.57 OID REAR ENDED TP.

Loss of Rental (LOR): S$ 450.68 (4 days) x +113.67

Loss of Use (LOU): S$ - ($ x days)

Loss of Income (LOI): S$ 300.00 ($ 150 x 4 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ✓ **[Tick only one]**

GIA/LTA Search S$7.49

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: +400

Total: S$ 1,354.74 **Global Sum S$:** 1,350

FINAL PAYMENT Date/Time: 01.04.20 Confirm with: CAT Email ✓ Call

Payee 1:	S$ 1,350.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASSIGNED 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
XX	XX

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: - 26 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD 6741P Yr Regn: 23/06/2016

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: 484281 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHLB41UMGU091558

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.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	22/11/19		D.O.I.	25/11/19	

Survey held at: comfortdelgro (Loyang)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or rear & N/S rear

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

Date / Time	Action / Instruction
	P/P: $651.00 (RED: $907.10 58%) QBE L/S

Date/Time, File Pass to? : Preli. Report Days Of Repair:

1) : Final Report Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: : Site Insp ($) : Interview ($) : Tech. Inv ($) : Weekend ($)

Survey Fee:

Transportation:

___S + RS___SI

Photos

Other

Total

Report Format:

Eng / Chin / Malay

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6741P **DATE 25/11/2019 9:54**

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper X(R)			$ 553.00	
	Rear Bumper Clip 10 pcs Xnn			$ 22.00	
	Rear Bumper Under Cover SCR			$ 228.00	
	SUB TOTAL			**$ 803.00**	
	LESS 20%	25%		$ 160.60	
	DISCOUNTED TOTAL			**$ 642.40**	
	Rear Bumper Reverse Sensor Xnn			$ 135.70	Nett
	Rear Bumper Rubber Mat Xnn			$ 50.00	Nett
				$ 185.70	
	Labour Charge				
	Panel Beating		$280	$ 350.00	
	Spray Painting Charge		$200	$ 250.00	
	Wiring Charge		Xnn	$ 50.00	
	Remove/Refix Reverse Sensor		Xnn	$ 80.00	
	TOTAL LABOUR			**$ 730.00**	
	ESTIMATE TOTAL			**$ 1,558.10**	

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)
25/11/19 1230hrs
RamSuram@lkkauto.com
86627778
45
a/c + repair plate
2 repair days

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.