

INS. CASE OWNER:

CC3/QBE19021063/Fea3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

**RAM**DOI: **27.11.2019**Date / Time : **27.11.2019**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLZ 112G**Claim No. : **—**Name of Insured : **WEE JIAN WEI, LESTER**Policy No. : **8-V0023585-MVA**Insured Tel No. : **HP: +65-91381511**Make / Model : **BMW 316I-1.6 AT D/AB 4DR ABS HID (A)****Excess Sec II :S\$**D.O.A : **26.11.19 11:55**Place of Accident : **MARINA BLVD**

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****SHC 3614Z**INSRS:  
WSP: **CDGE LOYANG**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time  | SLZ 112G<br>SHC 3614Z   | CC4/III19021054/Kga3; DOA: 26.11.2019         | 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:  |  |
|   |   |   | <b>Documentation Check List:</b>                             | <b>Handler</b>   |
|   |   |   | Notification ltr (if non-pickup)                             | <input type="checkbox"/>                                     |
|   |   |   | After call ltr to OI:  | <input type="checkbox"/>                                     |
|   |   |   | Authorisation To Act:  | <input type="checkbox"/>                                     |
|   |   |   | Release Voucher:   | <input type="checkbox"/>                                     |
|   |   |   | Final Repair Bill:   | <input type="checkbox"/>                                     |
|   |   |   | Car Rental Invoice:  | <input type="checkbox"/>                                     |
|   |   |   | Towing Invoice   | <input type="checkbox"/>                                     |
|   |   |   | LTA / GIA :  | <input type="checkbox"/>                                     |
|   |   |   | Medical Bill:  | <input type="checkbox"/>                                     |
|   |   |   | PIR:   | <input type="checkbox"/>                                     |
|   |   |   | Mandate/Reject Instruction:                                  | <input type="checkbox"/>                                     |
|   |   |   | LOD  | <input type="checkbox"/>                                     |
|   |   |   | Payment Breakdown Form:                                      | <input type="checkbox"/>                                     |
|   |   |   | Post-Repair Photos:  | <input type="checkbox"/>                                     |
|   |   |   | Others:  | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>   | Date/Time:  | Sent By:                                      |  |  |
| <b>FINALIZATION</b>   | Date/Time:  | Confirm with:                                 | Confirm by:  |  |
| Repair Cost:  | S\$   | ( days) Reduction:                            | %  | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>   | 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:                                |  |  |
| <b>Total:</b>   | <b>S\$</b>  | <b>Global Sum S\$:</b>                        |  |  |
| <b>FINAL PAYMENT</b>  | 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:                                       |  |  |

15/11/14 BY: Ram

# 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.

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC 36142 Yr Regn: 2/03/2014

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: 871416 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLEBA1UMIEU052672

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

R: \_\_\_\_\_

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

TOYO / YOKO or WESTLAKE

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 26/11/19 D.O.I. 27/11/19

Survey held at Comfortdelgro (Logang)

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

Frnt & O/S front

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

Date / Time Action / Instruction

QBE  
L/S

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Long / Short / LR / R

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Wheel end (\$)

Survey Fee:

Transportation:

8 + RS. SI

Photos

Others

(10/1)

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305352050

OWNER

IS COMFORT TRANSPORTATION PTE LTD  
7010045

OWNER NO. 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (R) (P) (O)

IDENTIFICATION CARD NO.

REGN NO.:

SHC3614Z

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

26.11.2019 12:50

YR OF MANU

21.03.2014

TARGET DATE

CHASSIS CODE

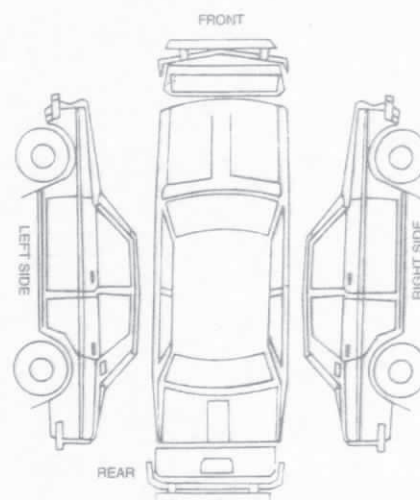
KMHLB41UMEU052672

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 26.11.2019  
NATURE: 3P 26.11.2019

S/NO LABOR CODE DESCRIPTION



SIGNED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: SHC3614Z LKE

Vehicle No.:

SHC3614Z

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 3614Z

DATE 26/11/2019 14:46

MAKE :

MODEL : HYUNDAI i40

H/Ce

QBE

| Qty   | Parts Description/ Labour                           | Type | Unit Price | Amount             |
|---|---|------|------------|--------------------|
|   | Front Bumper Cover <del>CCA</del>                   |      |            | \$ 544.50          |
|   | Front Bumper Grille (RH) <del>SCV</del>             |      |            | \$ 41.60           |
|   | Front Bumper Bracket Top (RH) XNN                   |      |            | \$ 22.40           |
|   | Front Bumper Bracket (RH) XNN                       |      |            | \$ 24.60           |
|   | Headlamp (RH) <del>CRA</del>                        |      |            | \$ 1,388.00        |
|   | Front Fender (RH) <del>SCV</del> <del>BCC</del>     |      |            | \$ 566.30          |
|   | Front Fender Shield (RH) XNN                        |      |            | \$ 175.90          |
|   | Front Fender Retainer XNN                           |      |            | \$ 24.60           |
|   | Frt Wheel Hub Cap, RH <del>DEF</del>                |      |            | \$ 107.10          |
|   | <b>SUB TOTAL</b>                                    |      |            | <b>\$ 2,895.00</b> |
|   | <b>LESS 20% 25%</b>                                 |      |            | <b>\$ 579.00</b>   |
|   | <b>DISCOUNTED TOTAL</b>                             |      |            | <b>\$ 2,316.00</b> |
|   | Front Fender Advertisement Logo (RH) <del>REC</del> |      |            | \$ 100.00          |
|   |   |      |            | <b>Nett</b>        |
|   |   |      |            | <b>\$ 100.00</b>   |
|   | <b>Labour Charge</b>                                |      |            |                    |
|   | Panel Beating                                       |      | \$ 240     | \$ 350.00          |
|   | Spray Painting Charge                               |      | \$ 400     | \$ 500.00          |
|   | Wiring  |      | XNN        | \$ 50.00           |
|   | Tuff Kote   |      | \$ 20      | \$ 50.00           |
|   | Frt Wheel Alignment                                 |      | XNN        | \$ 80.00           |
|   | <b>TOTAL LABOUR</b>                                 |      |            | <b>\$ 1,030.00</b> |
|   | <b>ESTIMATE TOTAL</b>                               |      |            | <b>\$ 3,446.00</b> |
| <div> <p><u>LKK Auto Consultants</u> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer<br/>Signature:<br/>Date:</p> </div> |   |      |            |                    |
| <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>   |   |      |            |                    |

Ram(Lxx)  
27/11/19 1220hrs  
(45) 3 repairs  
Paraschan@lkkauto.com  
88622728 (hp)  
QA repair photo

Our Job Ref No 305352050

Date : 28.11.19

# COMFORTDELGRO ENGINEERING

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHC3614Z CTPL 26.11.19

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

1. The repair job shall bill to: QBE SLZ112G
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: 20% \$2,250.00  
Final Lumpsum Repair cost \$2,250.00

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

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                               |        | NO                          |                        |         |
| 3. Survey Fees                                       |        |                             |                        |         |
| 4. LTA Search Fee                                    | \$7.49 |                             |                        |         |
| 5. Medical Fees (on behalf of driver, if applicable) |        |                             |                        |         |
| 6. Overrun   |        |                             |                        |         |

Remarks: