15/5/2010

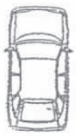
INS. CASE OWNER: | CC 3, RW180 14509, K1pa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Amie DOI: 8/8/18 Date / Time : 8/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 28/7/18 Place of Accident :

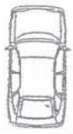
Is driver the owner? (YES / NO) Nature of Accident :

If **NO,** Driver Name / Age :

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

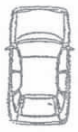
SH9337S → → →



INSRS:
WSP: CMG Lawyers
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH9337S - 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:	

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insped 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 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: SH 9323S Yr Regn: 5Z4 / 2018

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

Make: Hyundai AEZO NG c.c 1580

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

Sp.Reading 12314 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC 85 ICVJ U103 X28

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: 195/60R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	20/7/18	D.O.I.	8/8/18

Survey held at CDHE (Loyang)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S Fr 4.

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

Date / Time	Action / Instruction
	Interpreted Rpt PP

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING
A 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 408569
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 08.08.2018 10:09 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305197604

STOMER

/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
.. (R) 65508755 (O)
(P)

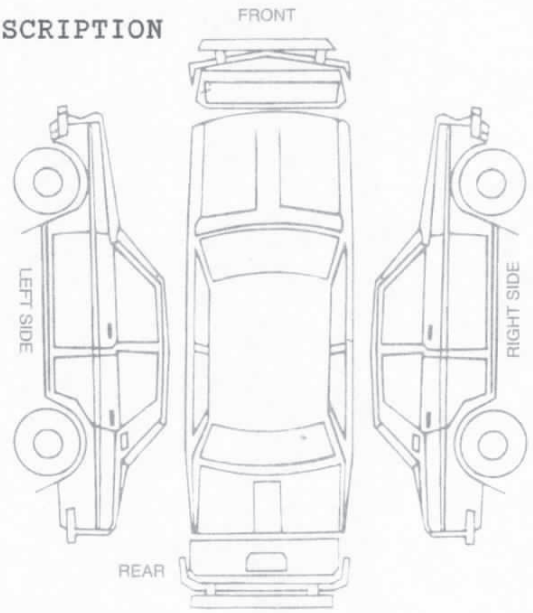
COUNT CARD NO.

REGN NO.: SH 9323S	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 08.08.2018 09:30
YR OF MANU. 05.07.2018	TARGET DATE
CHASSIS CODE KMHC851CVJU103428	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.07.2018
NATURE: 3P 20.07.2018

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SH 9323S CHIANG

e of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9323S

Name of Service Advisor

Date

To be kept by Security Guard

RE: Accident SH9323S at J96 on 20 Jul 2018 at 2330hr

CHAN LI SI <lisi@uoi.com.sg>

Tue 24/7/2018 4:34 PM

To: CDGE Taxi_Accident <taxi_accident@cdge.com.sg>;

Cc: Tan Pei Wei <tanpw@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>; Aileen Tan Lee Noi <aileentan@cdge.com.sg>; Lim Kwok Eng <limke@cdge.com.sg>; Fleet Safety <fleetsafety@cdgtaxi.com.sg>; Alvin Tan <atan@secureparking.com.sg>; LEE KATIE <katielee@uoi.com.sg>;

1 attachments (74 KB)

4188_001.zip;

UOI's ref: L11D54641808

ar Rama,

I refer to our telephone conversation just.

We would like to arrange for a prerepair inspection of the vehicle, on a without prejudice basis.
Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.
We propose to appoint M/s LKK Auto Consultants Pte Ltd.
In addition, please let us have your quote and GIA report for our reference.
Please confirm in writing if you are agreeable to the surveyor appointment for our necessary action. All our rights are reserved.

Regards,

Chan Li Si

Executive

ims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9330 | Fax • (65) 6327 3869 | Email • lisi@uoi.com.sg

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From: Alvin Tan [mailto:atan@secureparking.com.sg]
Sent: Tuesday, 24 July, 2018 4:08 PM
To: CHAN LI SI <lisi@uoi.com.sg>; LEE KATIE <katielee@uoi.com.sg>
Cc: Tan Pei Wei <tanpw@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>; Aileen Tan Lee Noi