15/5/2010

INS. CASE OWNER: CC 3 /EQI1801 7067, 7bb

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 18/9/18 Date / Time : 18/9/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GU 54B Claim No. : DM18HO02479

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 15/9/18 Place of Accident :

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 8779K → → →

INSRS: WSP: Tel : Liability : RMKS: LOLIB Cyc

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC8779K - [illegible] GU 54B - [illegible]

SETTLED AND CLOSED

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:	X	
Authorisation To Act:	X	
Release Voucher:		
Final Repair Bill:	X	
Car Rental Invoice:	X	
Towing Invoice		
LTA / GIA :	X	
Medical Bill:		
PIR:		
Mandate/Reject Instruction:	X	
LOD	X	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 1,350.00 (2 days) Reduction: 79.89 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/05/2020 Confirm with JIM WONG Email X Cal ☐

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

Repair Cost: (W/GST) S$ 1,444.50

Loss of Rental (LOR): S$ 345.00 (3 days) X $115.00 OID REVERSED

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

Loss of Income (LOI): S$ 150.00 ($ 50 x 3 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO X [Tick only one]

GIA/LTA Search S$ 7.45

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: $400.00

Total: S$ 1,946.95 **Global Sum S$:** 1,900.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$ 1,900.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ -	Name 2:	-
Payee 3: (Strike if N.A.)	S$ -	Name 3:	-

(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: 2 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: SHC 8339 K Yr Regn: 6 Aug / 2015

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 661830 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL841CMFU 07 6873

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.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	15/9/12	D.O.I.	18/9/12

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	EQ O/S
	L/S = $1350
	R = $340/ 79.89%

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 408869
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 17.09.2018 16:18 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305213779

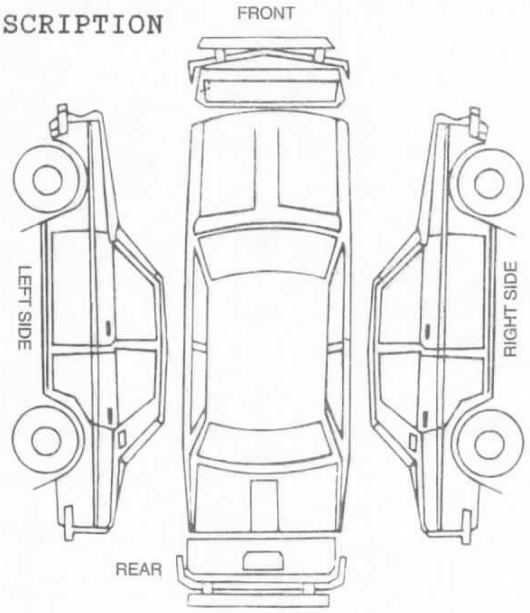
STOMER	COMFORT TRANSPORTATION PTE LTD VARS	REGN NO.: SHC8339K	MILEAGE
V/MS		MAKE : HYUNDAI	FUEL E.....1/2.....F
STOMER NO.	7010045	MODEL I-40	DATE/TIME IN 17.09.2018 12:30
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 06.08.2015	TARGET DATE
L. (R)	65508755 (O)	CHASSIS CODE KMHLB41UMGU076873	COMPLETION DATE/TIME:
(P)			
SCOUNT CARD NO.			

B

JOB DESCRIPTION

Accident Date: 15.09.2018
NATURE: 3P 15.09.2018

S/NO	LABOR CODE	DESCRIPTION
	EQ	taxi Right Rear damage



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC8339K LARRY

Larry Ng

e of Service Advisor Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8339K

Name of Service Advisor Date

To be kept by Security Guard