15/5/2010

INS. CASE OWNER: CC 3/EQI1900 0452/ NH63

LKK:
IDAC:

ASSIGNMENT

Surveyor: NAZ   DOI: 4/1/19   Date / Time : 4/1/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GU 3439E   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 4/1/19   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**

SH 9647H ⟶ ______ ⟶ ______ ⟶ ______

INSRS: WSP: CMTE Tel : Wj Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH9647H – 4 GU3439E – 4

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:

Surveyor: NAZ | REF: EQ1

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

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: SH 9647H | Yr Regn: 8 NOV 208

Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI IONIQ | c.c.: 1,580

Colour: BLUE | A/C: Insured / Std / NI / NA

Sp.Reading: 19,741 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVKU115143

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NIL / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R:

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

TOYO / YOKO or

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
U/Bal.	5 mm	U/Bal.	5 mm
D.O.A.	4/1/19	D.O.I.	4/1/19

Survey held at: EDGE 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 collisio

EQ1 PP

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prelil Report

☐ : Final Report

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: $ + RS SI

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($) Photos

☐ : Tech. Inve ($) Others

☐ : Weekend ($)

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 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305256729

STOMER

/MS COMFORT TRANSPORTATION PTE LTD VARS

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

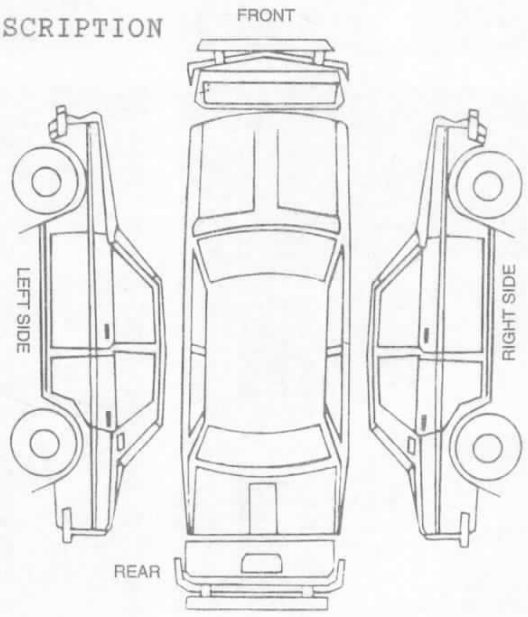
COUNT CARD NO.

REGN NO.: SH 9647H	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 04.01.2019 11:15
YR OF MANU. 08.11.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU115143	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.01.2019
NATURE: 3P 04.01.2019

S/NO	LABOR CODE	DESCRIPTION
	EQ	- Right Rear damage
	LCL	



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

e No.: SH 9647H LARRY

Larry Ng

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9647H

Name of Service Advisor

Date

To be kept by Security Guard