15/5/2010

INS. CASE OWNER: CC 3 /CTI1900 1085, Nelly | LKK: IDAC:

ASSIGNMENT

Surveyor: NAT DOI: 16/1/14 Date / Time : 16/1/14.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJY 7472E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

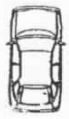
Excess Sec II :S$ D.O.A : 16/1/14. Place of Accident :

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**

SHA 7555U. → → →



INSRS:
WSP: LOGE
Tel :
Liability : UN.
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 7555U-Y SJY 7472E-Y

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 + LO ☐ **[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: CTI

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJHA 7555H Yr Regn: 13 SEP 2018

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 57275 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU107504

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65 R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or DUN(F), MIC(R)

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	16/01/19	D.O.I.	16/01/19

Survey held at CDGE LOYANG

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

The U/C / Chassis frame / Body Structure affected due to collisi

Date / Time	Action / Instruction
	CTI R/P

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) S + RS SI

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____) Others

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

TOTAL _____

OMFORTDELGRO ENGINEERING
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

Date/Time: 16.01.2019 14:03 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3890833 JC NO.: 305260702

OMER

COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

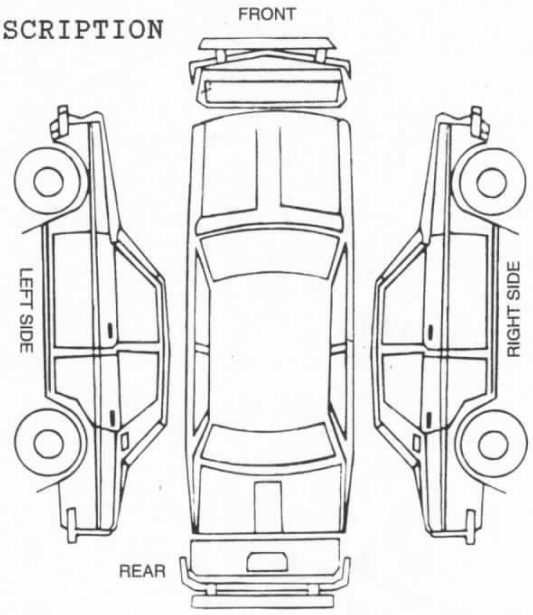
UNT CARD NO.

REGN NO.: SHA7555U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 16.01.2019 03:50
YR OF MANU. 13.09.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU107504	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.01.2019
NATURE: 3P 16.01.19/B-

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHA7555U FZ CHINA

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7555U

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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24 Senoko Loop Singapore 758156
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
320 Ubi Road 3 Singapore 408649

6553 1111
SPARK Assist
Recovery • Towing • Accident

Appointed Partners

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 16/01/19 Time Received: 0350

2. ☐ New ☐ SPARK Kakis
Name of Customer : LIONEL GAN
Contact No. : 9889 6629
Vehicle No. :
Make / Model / Colour : SHA 7555U.
Email :

3. Vehicle Type:
☐ Private
☒ Taxi (CTPL/CCPL)
☐ Fleet
☐ STK (Boon Lay)

4. Type of Towing:
☒ Normal Tow
☐ King Dolly
☐ Flat Bed
☐ Crane-up

5. Nature of Service:
☐ Jumpstart
☐ Recovery
☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

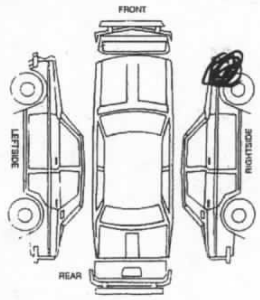
7. Location: 318 UBI AVE1

8. Vehicle Tow - In Workshop:
☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☒ Accident ☐ Engine Stalled
☐ Return Taxi

9. Preferred Workshop:
☐ Braddell ☒ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)
☐ Others:

10. Odometer Reading :
Fuel Level : F | 1/4 | 1/2 | 3/4 | E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested



#: Cracked X: Dented
/: Scatched O: Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ TZ ☐ YISHUN TOWING ☐ OTHERS
Name of Driver :
Vehicle No. : SJN3901K
Time Dispatch : 0350
Time of Arrival : 0420
Time Completed : 0500

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

16/01/19 — Date
0350 — Time
Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard
Date & Time of Arrival
Signature of Attending Staff/Guard

CUSTOMER'S COPY