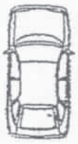
INS. CASE OWNER: CL | CC 4 / ASM 1900 6945 / Mpas | IDAC: 111609

ASSIGNMENT

Surveyor: AWK DOI: 18/4/19 Date / Time : 18/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 9235P		Claim No. :	S9m·01kmx
Name of Insured : T/C SVS P/L		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$ 5,000.00	D.O.A : 17/4/19	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

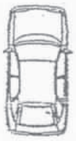
If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

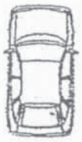
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

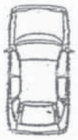
SHB 6384Y → ______ → ______ → ______



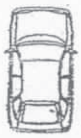
INSRS:
WSP: CDLE
Tel :
Liability : 15yay.
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB6384Y - CC6/111170189 24/Ana392; DOA:29/9/18
	-CC4/1111600 2216/Uhg397; DOA:30/1/16
	SHD9235P - CC3/CA1130164571/Kja3n2; DOA: 3/9/13

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: Kelvin | REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp 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

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

Veh No: SHB 6384Y Yr Regn: 20 Mar, 2014

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

Make: Mercedes Benz E220 c.c 2143

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

Sp.Reading 79767 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2120022A763041

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 Unfitted Mfg

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	17/4/19	D.O.I.	18/4/19

Survey held at COGE (Loyang)

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

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

Date / Time	Action / Instruction
	AXA
	4

Date/Time, File Pass to? _____ : Prell. Report

1) _____ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Claims Form / E.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

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758158
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 17.04.2019 17:09 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

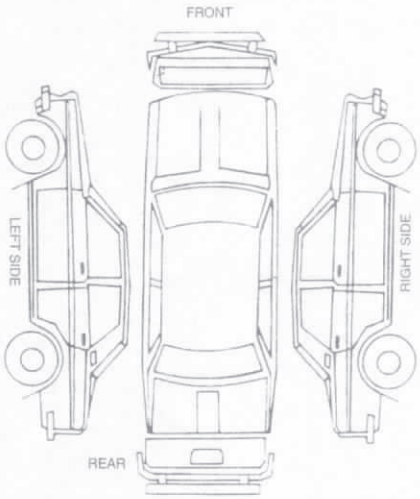
Sales Order: JC NO.: 305288232

TOMER	REGN NO.: SHB6384Y / MILEAGE
MS COMFORT TRANSPORTATION PTE LTD	MAKE : MERCEDES BENZ / FUEL E.....1/2.....F
TOMER NO. 7010045	MODEL E220CDI(E5) / DATE/TIME IN 17.04.2019 12:55
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 20.03.2014 / TARGET DATE
(R) 65508755 (O)	CHASSIS CODE WDD2120022A763091 / COMPLETION DATE/TIME:
(P)	
OUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 17.04.2019
NATURE: 3P 17.04.19

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHB6384Y LIMTS

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB6384Y

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE AXA-45

Date: 17.04.2019
Time: 17:27:00
Page: 1/2 TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO	:	305288232
REGN NO	:	SHB6384Y
MILEAGE	:	0000000000
MAKE	:	MERCEDES BENZ
MODEL	:	E220CDI(E5)
DATE OF REGN	:	20.03.2014
DATE/TIME IN	:	17.04.2019 12:55
ACCIDENT DATE	:	17.04.2019

1730

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION				
0001 04-01-0202-0579-G REAR BUMPER ASSY	1	1,510.00	20.00	1,208.00
0002 04-01-0202-2882-G BUMPER BRACKET RR/LH	1	135.00	20.00	108.00
0003 04-01-0202-2982-G BUMPER BRACKET RR/RH	1	135.00	20.00	108.00
0004 09-01-0299-2005-A REVERSE SENSOR	1	388.00		388.00
0005 04-01-0103-1150-A REAR BUMPER MAT	1	50.00		50.00
			SUB-TOTAL	: 1,862.00
JOB NATURE				
0000 PB PANEL BEATING				~~300.00~~ 200
0001 SP SPRAYPAINT CHARGE				~~300.00~~ 200
0002 L R/I REVERSE SENSOR				~~120.00~~ 30
			SUB-TOTAL	: 720.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE AXA-4S

Date: 17.04.2019
Time: 17:27:00
Page: 2 R TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO	:	305288232
REGN NO	:	SHB6384Y
MILEAGE	:	0000000000
MAKE	:	MERCEDES BEN.
MODEL	:	E220CDI(E5)
DATE OF REGN	:	20.03.2014
DATE/TIME IN	:	17.04.2019 12:55
ACCIDENT DATE	:	17.04.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT

TOTAL : 2,582.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

18/4/19 1100h
2 [illegible]
L/s
After Repair photo

Upon ... please notify
the Repairer the following:
• To ... before spray painting
• To display damaged part(s) during resurvey
• Parts prices are subject to confirmation
• Third party survey is on a "Without Prejudice" basis
• No illegal modification(s) is allowed
• Supplementary item(s) must be resurveyed **and** is subject to final approval from insurance Company

Acknowledged by Repairer
Signature:
Date:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305288232

Date : 22/04/19

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB6384Y Date of Accident : 17-Apr-19

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

1. The repair job shall bill to: AXA --- **TRANSCAB** SHD9235P

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% $1,350.00
   Final Lumpsum Repair cost **$1,350.00**

3. Estimated normal period for repairs: 2 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 : LIM T S

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature

Name KALVIN

Date : 23/4/19

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: Final Amount Subject to Insurer Approval