15/5/2010

INS. CASE OWNER: CC3/CTI19018144/Fda3

LKK:

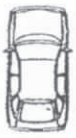
IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 14/10/2019 Date / Time : 14/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GT 5372E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 12/10/19 14:55 Place of Accident : UPP SERANGOON ROAD AFT HOUGANG ST 21

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 118J → → →

INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 118J - CC4/AXA17001907/H1wa3q2; DOA: 26/1/17
	- CS/FCI14001571/T1tbk3; DOA: 22/1/14
	GT 5372E - CS/CTI19004881/Btd3n2; DOA:15/3/19

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:	

ASS. REC. BY: | REF

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)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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: SHC 118 J Yr Regn: 09 Oct, 2019
Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or
Make: Hyundai IONIQ c.c 1580
Colour: Yellow A/C: Insured / Std / NI / NA
Sp.Reading: 1415 T/Radio: Insured / Std / NI / NA
Eng/No: —
C/No: KMHC85LCVLU178651
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: 195/65 R15
R: —
BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm

D.O.A. 12/10/2019 D.O.I. 14/10/19
Survey held at: comfort delgro (Loyang)
Des. of Damages: (Frt) / Rear / O/S / N/S / U/C / Rooftop or
Frt & O/S front
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Charing Aaipay part by part

Date/Time, File Pass to/ 1)
☐ : Preli. Report
☐ : Final Report
Date/Time, File Return to/ 2)

Days Of Repair:
Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($)
☐ Interview ($)
☐ Tech. Invs ($)
☐ Weekend ($)

Survey Fee:
Transportation
Photos
Others
TOTAL

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

COMFORTDELGRO 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
329 Ubi Road 3 Singapore 408699
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 14.10.2019 15:05 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO.: 305341322

TOMER

MS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

CHINA

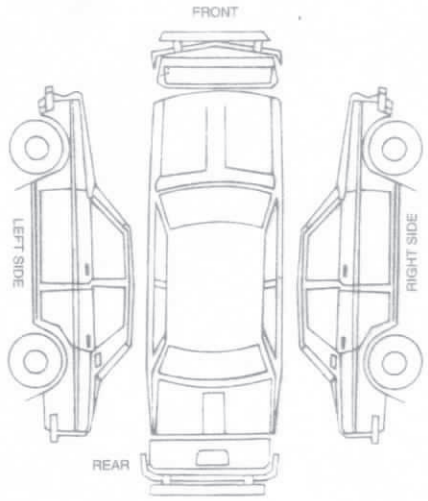
OUNT CARD NO.

REGN NO.: SHC 118J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 14.10.2019 11:55
YR OF MANU 09.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU178651	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.10.2019
NATURE: 3P 12.10.2019

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC 118J LKE

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 118J

Name of Service Advisor Date

To be kept by Security Guard