15/5/2010

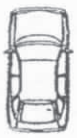
INS. CASE OWNER: JOEL GOH 6500 6772 | CC4/EQI19019673/Fpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 06/11/2019 Date / Time : 06.11.2019

Registered in Merimen: 04.11.2019 by CDGE

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 3602T Claim No. : DM19HO02982

Name of Insured : CHIN SEOK HUI Policy No. : DMPPHQ19-000478

Insured Tel No. : HP: +65-96689167 Make / Model : HONDA SHUTTER

Excess Sec II :S$ D.O.A : 04/11/2019 14:00 Place of Accident : YCK RD NEAR CROSS JUNCTION LENTOR DR ~~& AMK AVE 4~~

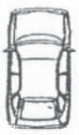
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

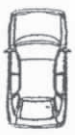
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 3098M → _____ → _____ → _____

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLK 3602T - X
	SHC 3098M - CS/FCI14000627/R1qm3k3; DOA:23.9.13

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:	

ASS. REC. BY: Ram

REF : EQ1

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SHC 3098M

at Workshop m/s: comfortdelgro

of 59 Loyang Drive

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
X	X

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 3098M Yr Regn: 22/Oct/2019

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

Make: Hyundai Ioniq (G3) c.c 1580

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

Sp.Reading 6019 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHC851CVLU186848.

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: 195/65R15

R: -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm

D.O.A. 04/11/2019 D.O.I. 6/11/19

Survey held at comfortdelgro (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
	EQ 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 ($)

Report Format :

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

Survey Fee:

Transportation:

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 408669
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 04.11.2019 16:12 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305346459

TOMER

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

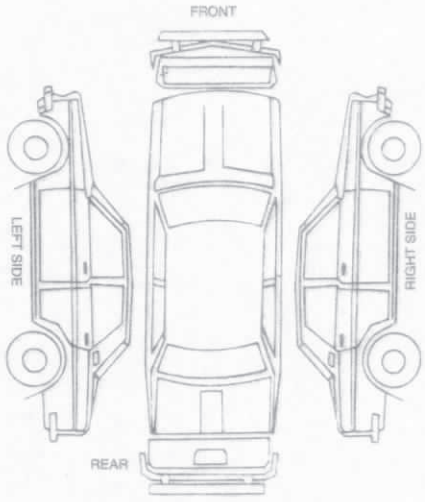
OUNT CARD NO.

REGN NO.: SHC3098M	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 04.11.2019 14:40
YR OF MANU. 22.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU186848	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.11.2019
NATURE: 3P 04.11.19

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC3098M LIMTS

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3098M

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 08.11.2019
Time: 14:59:49
Page: 1

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

JOB NO	:	305346459
REGN NO	:	SHC3098M
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G3)
DATE OF REGN	:	22.10.2019
DATE/TIME IN	:	04.11.2019 14:40
ACCIDENT DATE	:	04.11.2019

JOB / PARTS DESCRIPTION			QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION							
0001 FNPS	NO PLATE(S)W/TRIM COVER		1	N	55.00	0.00	55.00
0002 04-01-0104-2533-G	REAR BUMPER CTR MOULDING		1		451.25	20.00	361.00
0003 04-01-0104-2545-G	REAR BUMPER LWR MOUDLING		1		155.00	20.00	124.00
0004 04-01-0104-2282-G	REAR BUMPER		1		459.40	20.00	367.52
0005 04-01-0104-2370-G	REAR BUMPER FOGLAMP*		1		201.50	20.00	161.20
0006 04-01-0104-2540-G	REAR BUMPER LWR COVER*		1		28.70	20.00	22.96
0007 04-01-0104-1150-A	REAR BUMPER MAT		1		50.00		50.00
0008 04-01-0101-0111-G	REAR BUMPER CLIPS		10	L	22.00	20.00	17.60

SUB-TOTAL : 1,159.28

JOB NATURE

0000 PB	PANEL BEATING	320.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 L	R/I REVERSE SENSOR	20.00

* Supp. items (Merimen submitted)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 08.11.2019
Time: 14:59:49
Page: 2

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

JOB NO	:	305346459
REGN NO	:	SHC3098M
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G3)
DATE OF REGN	:	22.10.2019
DATE/TIME IN	:	04.11.2019 14:4
ACCIDENT DATE	:	04.11.2019

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

SUB-TOTAL : 540.00

TOTAL : 1,699.28

LIMFS

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305346459

Date : 09/11/19

FINALIZATION FORM

To : LKK Fax :

Attn : RAM

Vehicle Reg No. : SHC3098M Date of Accident : 04-Nov-19

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

1. The repair job shall bill to: EQ INSURANCE --- SLK3602T

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$1,159.28
(b)	Labour Charges	$540.00
	Total for Part-By-Part Repair Cost	**$1,699.28**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less: 20%	
	Final Lumpsum Repair cost	

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 RAM

Date : 11/11/19

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: