INS. CASE OWNER:

ASSIGNMENT

Surveyor: RAM

DOI: 20/11/19

Date / Time: 20/11/19

Registered in Merimen: 21/11/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SMG 7486U.

Name of Insured :

Insured Tel No. :   HP:

Claim No. :

Policy No. :

Make / Model :

Excess Sec II :S$ D.O.A : 20/11/19.

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

SH 64395

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP:		WSP:		WSP:		WSP:
	Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time			STAGE	DATE / PIC
	SH 64395 - X	SMG 7486U - X	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

	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: P/P S$ 2817.88 (3 days) Reduction: 2,668.74/49%   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18/8/2020   Confirm with: KAZALI   Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27   If NO or B 28, Ass. Lia :

Repair Cost: (w/GST) S$ 3,015.13

Loss of Rental (LOR): S$ 252.94 (2 days) X $126.47

Loss of Use (LOU): S$ ($ x days)

Loss of Income (LOI): S$ 100 ($ 50 x 2 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ✓ [Tick only one]

GIA/LTA Search S$ 7.49

Medical: S$

Disbursement: S$ (e.g. Tow/ Independent)

Legal Cost: S$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $320

Total: S$ 3,375.56   Global Sum S$: 3,280.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,280.00	Name 1:	COMFORTDELGO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY:

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.

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: **SH 6535S**   Yr Regn: 07/Jan 2019

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

Make: Toyota Prius Hybrid c.c 1798

Colour   blue   A/C: **Insured / Std / NI / NA**

Sp.Reading   116227   T/Radio: **Insured / Std / NI / NA**

Eng/No: -

C/No: JTDKB3FU303077765

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   davanti
        R: 195/65R15   good year

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. 20/11/19   D.O.I. 20/11/19

Survey held at   comfort delgro (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.

N/S   O/S

X X X

Date / Time	Action / Instruction

AG   P/P

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

Report Format :

Lump Sum / Metric

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

) __$+RS.__SI

) Photos

) Others

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   24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717   7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286   501 Yishun Industrial Park A Singapore 76873
320 Ubi Road 3 Singapore 408669

Team:	ARC Repair TP(CLSO)1	**JOB CARD**	Sales Order:	JC NO.: 305350423

CUSTOMER			
/MS	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SH 6535S	MILEAGE
CUSTOMER NO.	7010045	MAKE : TOYOTA	FUEL E............1/2............F
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 20.11.2019 10:10
(R)	65508755 (O)	YR OF MANU 07.01.2019	TARGET DATE
(P)		CHASSIS CODE JTDKB3FU303077765	COMPLETION DATE/TIME:

ACCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 20.11.2019
NATURE: 3P 20.11.19

S/NO	LABOR CODE	DESCRIPTION

FRONT

LEFT SIDE   RIGHT SIDE

REAR
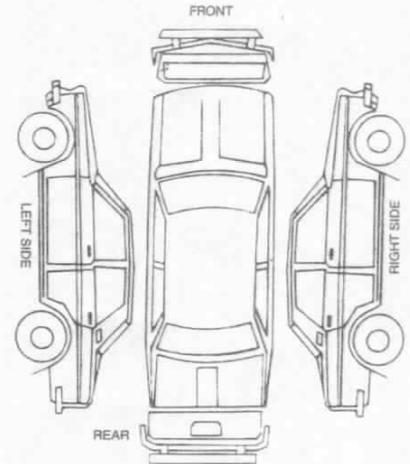
CHECKED & PASSED OUT BY: _____

_____
SERVICE ADVISOR

_____
CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SH 6535S   JU AIG

Name of Service Advisor

Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6535S

Name of Service Advisor   Date

To be kept by Security Guard