

ASSIGNMENT

Surveyor: RAM DOI: 22.11.2019 Date / Time : 22.11.2019
Registered in Merimen: 22.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 8328A
Name of Insured : KIMBERLEY MADELLA CHOW
Insured Tel No. : _____ HP: +65-91762563
Excess Sec II :S\$ _____ D.O.A : 21.11.2019 12:45
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 7336879161SG
Policy No. : 1900101533
Make / Model : TOYOTA COROLLA ALTIS-1.6 (A)
Place of Accident : FILTER LANE FROM AYE INTO JALAN BUKIT MERAH. NEXT

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

SHD 4582U



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



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



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



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

| Date/ Time | STAGE | DATE / PIC |
|---|--|---|
| | SHD 4582U - CC4/III18014725/Ujb3q2; DOA: 13.8.18 | |
| | - CC6/III18010614/Ufb3q2; DOA: 4.5.18 | |
| | SJP 8328A - CC4/AXA15014403/Rya3s2; DOA: 18.8.15 | |
| | - CC6/AIG12021025/Ua2a3y; DOA: 26.10.12 | |
| | 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | | |
| Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search S\$ _____ | | |
| Medical: S\$ _____ | | |
| Disbursement: S\$ _____ (e.g. Tow/ Independent) | 1) Claim status: Normal/Reject/Private Settle | |
| Legal Cost S\$ _____ | 2) Report Format: | |
| Total: S\$ _____ Global Sum S\$: _____ | 3) Survey fee: | |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| Payee 1: S\$ _____ Name 1: _____ | | |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____ | | |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____ | | |

Workshops

member of COMFORTDELGRO

Date/Time: 21.11.2019 16:46 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

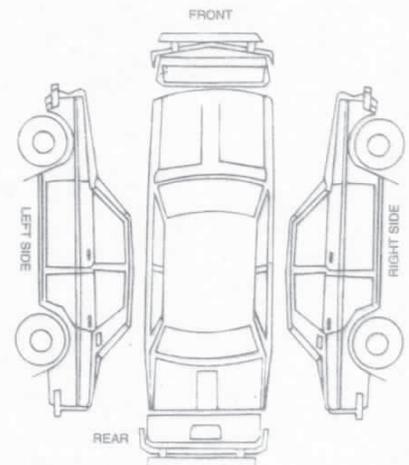
JC NO.: 305350788

| | | |
|--|--------------------------------|-------------------------------|
| OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P) | REGN NO.: SHD4582U | MILEAGE |
| OWNER NO. 7010045 | MAKE: HYUNDAI | FUEL E.....1/2.....F |
| ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 | MODEL IONIQ(G3) | DATE/TIME IN 21.11.2019 14:10 |
| (R) 65508755 (P) | YR OF MANU 30.10.2019 | TARGET DATE |
| IDENTIFICATION CARD NO. | CHASSIS CODE KMHC851CVLU187830 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 21.11.2019
NATURE: 3P 21.11.19

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assessment Slip

Exit Pass

Vehicle No.: SHD4582U LIMTS

Vehicle No.: SHD4582U

Service Advisor

Signature/Date

Name of Service Advisor

Date

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

JOB NO : 305350788
 REGN NO : SHD4582U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 21.11.2019 14:10
 ACCIDENT DATE : 21.11.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | | |
|------|-------------------|---------------------------|------|--------|-------|--------|------------|
| 0001 | FNPS | NO PLATE(S)W/TRIM COVER | 1 N | 55.00 | | 55.00 | <i>eva</i> |
| 0002 | 04-01-0104-2282-G | COVER-RR BUMPER ✓ | 1 | 459.40 | 20.00 | 367.52 | <i>eva</i> |
| 0003 | 04-01-0104-2533-G | MOULDING-R/BUMPER CTR ✓ | 1 | 451.25 | 20.00 | 361.00 | <i>eva</i> |
| 0004 | 04-01-0104-2544-G | TOW COVER-RR BUMPER* ✓ | 1 | 9.10 | 20.00 | 7.28 | <i>mis</i> |
| 0005 | 04-01-0104-2270-G | T.GATE EMBLEM-HYBRID ✓ | 1 | 31.30 | 20.00 | 25.04 | <i>nec</i> |
| 0006 | 04-01-0104-2271-G | T.GATE EMBLEM-IONIQ ✓ | 1 | 31.30 | 20.00 | 25.04 | <i>nec</i> |
| 0007 | 28-01-0103-0005-A | T.GATE COMFORTDELGRO | 1 | 30.00 | | 30.00 | <i>nec</i> |
| 0008 | 28-01-0103-0006-A | T.GATE 65521111 | 1 | 30.00 | | 30.00 | <i>nec</i> |
| 0009 | 28-01-9999-2025-A | T.GATE APPS | 1 | 40.00 | | 40.00 | <i>nec</i> |
| 0010 | 04-01-0101-0111-G | BUMPER COVER CLIPS REAR ✓ | 10 L | 22.00 | 20.00 | 17.60 | <i>nec</i> |

SUB-TOTAL : 958.48

JOB NATURE

0000 PB PANEL BEATING

480.00

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

JOB NO : 305350788
 REGN NO : SHD4582U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 21.11.2019 14:10
 ACCIDENT DATE : 21.11.2019

| JOB / PARTS DESCRIPTION | | QTY | IND | UNIT-PRICE | DISC% | AMOUNT |
|-------------------------|------------------------------|--------|-----|------------|-------|----------|
| 0001 SP | SPRAYPAINT CHARGE | 400.00 | | | | |
| 0002 17-01 | CHECK ALL LIGHTING | 20.00 | | | | |
| 0003 20-00 | TUFF COAT ON AFFECTED PARTS. | 30.00 | | | | |
| SUB-TOTAL : | | | | | | 930.00 |
| TOTAL : | | | | | | 1,888.48 |

umfs

 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO

Our Job Ref No : 305350788
 Date : 26/11/19

*To: Sanghihara
VIC alpen*

**COMFORTDELGRO
ENGINEERING**

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

FINALIZATION FORM

To : LKK Fax : _____
 Attn : RAM
 Vehicle Reg No. : SHD4582U Date of Accident : 21-Nov-19

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

1. The repair job shall bill to: AIG ASIA --- SJP8328A
2. The finalized amount shall be:

| | |
|--|-------------------|
| (a) Spare Parts after List discount | \$958.48 |
| (b) Labour Charges | \$930.00 |
| Total for Part-By-Part Repair Cost | \$1,888.48 |
| | |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: <u>20%</u> | |
| Final Lumpsum Repair cost | |

3. Estimated normal period for repairs: 3 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 *[Signature]*
 Name : RAM
 Date : 26/11/19

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:

