15/5/2010

INS. CASE OWNER: Joel Goh | CC4/EQI19020714/Fka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 22/11/2019 Date / Time : 21.11.2019

Registered in Merimen: 20.11.2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SJE 9140A Claim No. : DM19HO03107

Name of Insured : LIM KOK HIANG Policy No. : DMPPHQ19-003096

Insured Tel No. : HP: Make / Model : MAZDA2 1.5 AT V

Excess Sec II :S$ D.O.A : 19/11/2019 21:45 Place of Accident : 550 JURONG WEST STREET 42 CARPARK (OPEN SPACE)

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

If **NO**, Driver Name / Age : LIM PEI YI LILIAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-94875238 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SH 9316M → → →

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

Date/ Time		STAGE	DATE / PIC
	SH 9316M - X SJE 9140A - 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**
		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: EQI 20714/K

ASSIGNMENT

From: | Date: 22/11/19

Estimated Cost:

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

To Inspect Vehicle No: SH9316M

at Workshop m/s comfortdelgro

of 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

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 (up)

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

Veh No: SH 9316M | Yr Regn: 14/11/2019

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 NOKEY | T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: KMHC851CVLU188741

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 V

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	19/11/19	D.O.I.	22/11/19

Survey held at comfortdelgro (Loyang)

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

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

Date / Time	Action / Instruction
	P/P

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
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
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 20.11.2019 09:49 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305350420

TOMER

MS COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

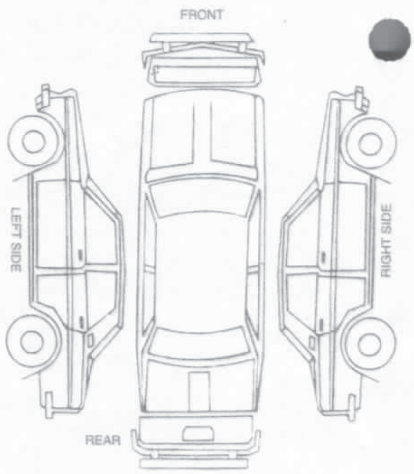
OUNT CARD NO.

REGN NO.: SH 9316M	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 20.11.2019 07:30
YR OF MANU. 14.11.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU188741	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.11.2019
NATURE: 3P 19.11.19

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SH 9316M JU EQ

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9316M

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 25.11.2019
Time: 18:00:45
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	:	305350420
REGN NO	:	SH 9316M
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G3)
DATE OF REGN	:	14.11.2019
DATE/TIME IN	:	20.11.2019 07:30
ACCIDENT DATE	:	19.11.2019

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION				
0001 03-01-0104-2137-G IONIQV4 CAP ASSY-WHEEL HU	1	346.40	20.00	277.12
SUB-TOTAL :				277.12
JOB NATURE				
0000 PB PANEL BEATING		320.00		
0001 SP SPRAYPAINT CHARGE		200.00		
SUB-TOTAL :				520.00
TOTAL :				797.12

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

To : Khandine

Our Job Ref No : 305350420

Date : 26/11/2019

FINALIZATION FORM

To : LKK Fax :

Attn : RAM

: SH 9316M 19.11.19

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

1. The repair job shall bill to: EQ --- SJE9140A
###

2. The finalized amount shall be:

(a)	Spare Parts after List discount		$277.12
(b)	Labour Charges	###	$520.00
	Total for Part-By-Part Repair Cost		**$797.12**
			###
(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 :

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

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		N		
3. Survey Fees				
4. LTA Search Fee	$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks: