15/5/2010

INS. CASE OWNER: Norsiah | CC4/AIG19020947/Fha3 | LKK: IDAC:

**ASSIGNMENT**

Surveyor: RAM DOI: 26.11.2019 Date / Time : 26.11.2019

Registered in Merimen: 26.11.2019

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SKU 2520L Claim No. : 1845561607SG

Name of Insured : ONG CHOON KEAT Policy No. : 1800062472

Insured Tel No. : HP: +65-90677345 Make / Model : HYUNDAI IONIQ HYBRID-1.6 GLS DCT (A)

**Excess Sec II :S$** D.O.A : 25/11/2019 19:00 Place of Accident : CTE

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

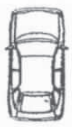
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHA 1841H → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SKU 2520L - X |
| | SHA 1841H - CC4/III19007401/Gpa3; DOA :16.4.19 |
| | - CC3/III18020983/K1ga3q2; DOA: 18.11.18 |

| 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: AIG

# 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.**

| 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: SHA1841H | Yr Regn: 07/10/2016

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

Truck / Trailer or

Make: Toyota Prius (G4) | c.c 1798

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

Sp.Reading 37967 | T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: JTDKB3FUX03531154

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 R16

R: -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or DAVANTI

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 7 mm | R/Bal. | 7 mm |
| L/Bal. | 7 mm | L/Bal. | 7 mm |
| D.O.A. | 25/11/19 | D.O.I. | 26/11/19 |

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 |
|---|---|
| | L/S |

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. Insp ($ ) ☐ : Weekend ($ )

Survey Fee:

Transportation: __$ + RS__SI

Photos

Others

TOTAL

Report Format :

Lump Sum / UC Rate

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: 26.11.2019 11:02 Page : 1

Team: ARC Repair TP(CLSO)1

# JOB CARD

Sales Order:

JC NO.: 305351763

TOMER

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

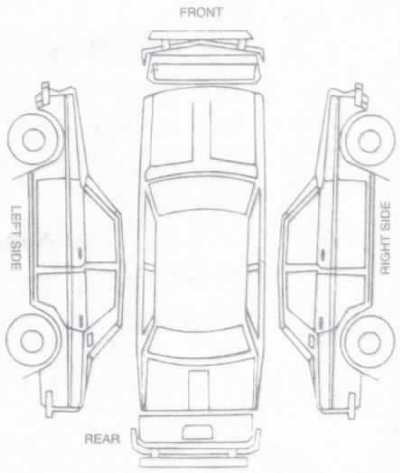
OUNT CARD NO.

| | |
|---|---|
| REGN NO.: SHA1841H | MILEAGE |
| MAKE : TOYOTA | FUEL E.....1/2.....F |
| MODEL PRIUS HYBRID(G4) | DATE/TIME IN 26.11.2019 09:25 |
| YR OF MANU. 07.10.2016 | TARGET DATE |
| CHASSIS CODE JTDKB3FUX03531154 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 25.11.2019
NATURE: 3P 25.11.19

| S/NO | LABOR CODE | DESCRIPTION |
|---|---|---|




CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA1841H JU AIG

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA1841H

Name of Service Advisor

Date

To be kept by Security Guard