

INS. CASE OWNER:

SALIHA

CC4/AIG19021023/Fka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: RAM

DOI: 28/11/2019

Date / Time : 27/11/2019

Registered in Merimen: 27/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SML 5755E

Claim No. : 0608371697SG

Name of Insured : TAN KOK BOON

Policy No. : 1700034233

Insured Tel No. : _____ HP: _____

Make / Model : MERCEDES-BENZ C180

Excess Sec II :S\$ _____ D.O.A : 27/11/2019 09:50

Place of Accident : JALAN EUNOS TWDS NEW UPP CHANGI RD

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

If NO, Driver Name / Age : TAN SI YING DELIA

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96456567 (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SH 7226C



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
SH 7226C - CS/FCI16001590/Fqh3d1; DOA: 19.01.2016	Non-Reporting ltr (1st):	
- CC3/AIG15007004/H1ha3q2; DOA: 22.4.15	Non-Reporting ltr (2nd):	
SML 5755E - X	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 checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: **P/P** S\$ 440 (2 days) Reduction: 73 % Email Call

FINAL SETTLEMENT Date/Time: 23/4/2020 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\$ 470.80

Loss of Rental (LOR): S\$ 338.01 (3 days) X \$112.67

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

Loss of Income (LOI): S\$ 150 (\$ 50 x 3 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 7.49

Medical: S\$ _____

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

Legal Cost S\$ _____

Total: S\$ 966.30 **Global Sum S\$:** 900

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

Payee 1: S\$ 900 Name 1: COMFORTDELGO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

1) Claim status: Normal/
 2) Report Format: **TP**
 3) Survey fee: **\$320**

ASS. REG. BY:

REF:

AG

2023

ASSIGNMENT

From: _____ Date: 28/11/19

Veh No: SH 7226C Yr Regn: 29/09/2016

Estimated Cost: _____

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

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

Truck / Trailer or _____

To Inspect Vehicle No: SH 7226C

Make: Hyundai i40 c.c 1685

at Workshop m/s Com Foot Delgro

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

of 59 Loyang Drive

Sp. Reading: 558659 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: -

Policy No. _____

C/No: KMHLB1UMGV093546

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: _____

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

N/S	O/S
X	X

Remark: The veh had commenced its repair at the time of inspection.

Tyre Size: F: 205 / 60 R16

R: -

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

TOYO / YOKO or HAKKOOK

Bal. or Market Value: _____

Front Rear

IDAC Accident Rport: _____ Consistent?: Yes or No

R/Bal. 6 mm R/Bal. 7 mm

GIA / PR Seen: _____ Consistent?: Yes or No

L/Bal. 6 mm L/Bal. 7 mm

Est. Repairs. _____ days Res.: Yes or No

D.O.A. 27/11/19 D.O.I. 28/11/19

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at Comfoot Delgro (Loyang)

CA / REV / REP. / 24 HRS ^{sup}

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

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

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

Date / Time	Action / Instruction

LS

Date/Time, File Pass to? : Preli. Report

Days Of Repair: _____

1) : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:	
Transportation:	
\$ + RS, ___ SI	
Photos	
Others	
TOTAL	

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Week-end (\$ _____)

Report Format : _____

Lump Sum / I.B.F. (\$) _____

member of COMFORTDELGRO

Date/Time: 27.11.2019 15:23 Page : 1

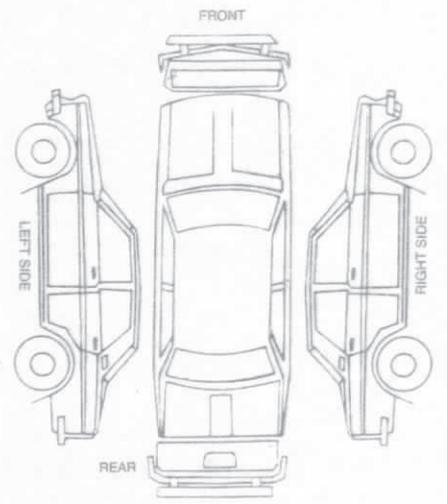
Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO.: 305357551

OMER S COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO.: SH 7226C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 27.11.2019 10:40
	YR OF MANU 29.09.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU093546	COMPLETION DATE/TIME:
	UNIT CARD NO.	

JOB DESCRIPTION

Accident Date: 27.11.2019
NATURE: 3P 27.11.19

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Confirmation Slip

 Vehicle No.: SH 7226C LIMITS

 Service Advisor Signature/Date

Exit Pass

 Vehicle No.: SH 7226C

 Name of Service Advisor Date

Our Job Ref No : 305357551
Date : 29/11/19

To: Khawchay

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SH 7226C

Date of Accident : 27-Nov-19

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

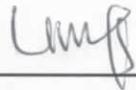
1. The repair job shall bill to: AIG ASIA --- SML5755E
2. The finalized amount shall be:
 - (a) Spare Parts after List discount NIL
 - (b) Labour Charges \$440.00
 - Total for Part-By-Part Repair Cost** \$440.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final 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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature 
Name : RAM
Date : 29/11/19

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:

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

JOB NO : 305357551
 REGN NO : SH 7226C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 29.09.2016
 DATE/TIME IN : 27.11.2019 10:40
 ACCIDENT DATE : 27.11.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

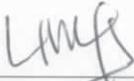
0000 PB PANEL BEATING
 0001 SP SPRAYPAINT CHARGE

240.00

200.00

SUB-TOTAL : 440.00

TOTAL : 440.00


 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE : AUTHORIZED : YES / NO