

**ASSIGNMENT**

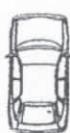
Surveyor:

**RAM**DOI: **28/11/2019**Date / Time : **27/11/2019**Registered in Merimen: **27/11/2019**

Pre-assign / CCU / FTE

	Insured Vehicle No. : <b>SML 5755E</b>	Claim No. : <b>0608371697SG</b>
	Name of Insured : <b>TAN KOK BOON</b>	Policy No. : <b>1700034233</b>
	Insured Tel No. : _____ HP: _____	Make / Model : <b>MERCEDES-BENZ C180</b>
	Excess Sec II :S\$ _____ D.O.A : <b>27/11/2019 09:50</b>	Place of Accident : <b>JALAN EUNOS TWDS NEW UPP CHANGI RD</b>
	Is driver the owner? ( YES / NO ) Nature of Accident : _____	
	If NO, Driver Name / Age : <b>TAN SI YING DELIA</b>	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
	Driver Tel No. : <b>+65-96456567 (V/L: YES / NO)</b>	Insured Liability : % <b>Final ? Yes / No</b>

**SH 7226C**

	INSRS: <b>CDGE LOYANG</b>		INSRS: _____		INSRS: _____		INSRS: _____
	Tel : _____		WSP: _____		WSP: _____		WSP: _____
	Liability : _____		Tel : _____		Tel : _____		Tel : _____
	RMKS: _____		Liability : _____		Liability : _____		Liability : _____
			RMKS: _____		RMKS: _____		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:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> 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\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent )	2) Report Format:	
Legal Cost S\$ _____	3) Survey fee:	
<b>Total:</b> S\$ _____ <b>Global Sum S\$:</b> _____		
<b>FINAL PAYMENT</b> 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: _____		

ASS. REG. BY:

REF:

AG

2023

ASSIGNMENT

From: \_\_\_\_\_ Date: 28/11/19

Veh No: SH7226C 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: SH7226C

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>sup</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

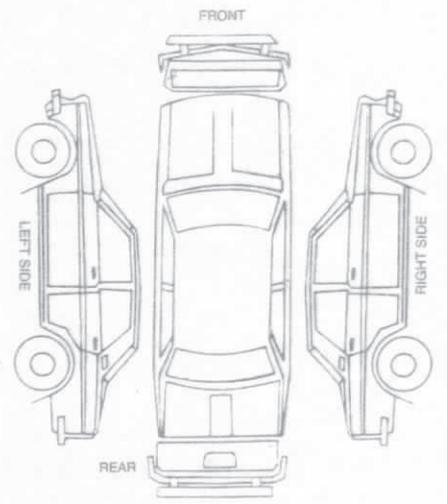
Team: ARC Repair TP(CLS0)1      **JOB CARD**      Sales Order:      JC NO.: 305357551

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:-

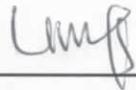
1. The repair job shall bill to: AIG ASIA --- SML5755E
2. The finalized amount shall be:
  - (a) Spare Parts after List discount NIL
  - (b) Labour Charges \$440.00
  - Total for Part-By-Part Repair Cost** \$440.00
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%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

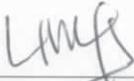
0000 PB PANEL BEATING  
 0001 SP SPRAYPAINT CHARGE

240.00

200.00

SUB-TOTAL : 440.00

TOTAL : 440.00

  
 MVA NAME & SIGNATURE  
 DATE :

\_\_\_\_\_  
 SURVEYOR NAME & SIGNATURE  
 DATE : AUTHORIZED : YES / NO