

INS. CASE OWNER: **NORSIAH**

CC4/AIG19021160/Fka3

LKK:
IDAC:

ASSIGNMENT

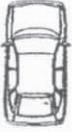
Surveyor: **RAM**

DOI: _____

Date / Time : **29.11.2019**

Registered in Merimen: **30.11.2019**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SLQ 8911L**
 Name of Insured : **LIM YANKANG (LIN YANKANG)**
 Insured Tel No. : _____ HP: **+65-91547896**
 Excess Sec II :\$S\$ _____ D.O.A : **27/11/19**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : **1700032500**
 Make / Model : **NISSAN ELGRAND-2.5 (A)**
 Place of Accident : **CROSS JUNCTION OF ALEXANDRA RD & TANGLIN RD**

If NO, Driver Name / Age :

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

Driver Tel No. :

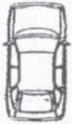
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGM 1616R

SLQ 8911L

SHA 4645M



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS: OI



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



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHA 4645M - NS/INC18007932/K1sbn2; DOA:26.4.18	
	- NA/INC18007754/h4; DOA: 26.4.18	
	- CC3/III15017499/Rua3s2; DOA: 10.10.15	
	SLQ 8911L - X	
	PLEASE VERIFY DOA. TP 27/11/19 // OI 28/11/19	
	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\$ **1432.40** (**2** days) Reduction: **222.80/13** % Email Call

FINAL SETTLEMENT Date/Time: **17/7/2020** Confirm with **KAZALI** Email Call
 Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **28** If NO or B 28, Ass. Lia : **0**

Repair Cost: (w/ GST) \$S\$ **1,532.67**
 Loss of Rental (LOR): \$S\$ _____ (_____ days)
 Loss of Use (LOU): \$S\$ **225.34** (\$112.67x **2** days)
 Loss of Income (LOI): \$S\$ **100** (\$ **50** x **2** 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\$ **1,865.50** **Global Sum \$S\$: 1,850.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: \$S\$ **1,850.00** Name 1: **ComfortDelGro 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/Reject/Private Settle
- 2) Report Format: **TP**
- 3) Survey fee: **\$320**

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649

24 Seroko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 28.11.2019 17:04 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

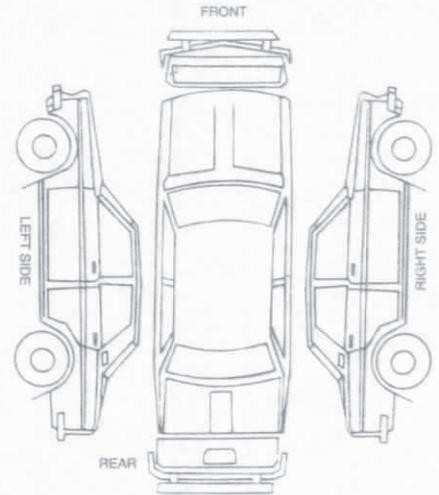
JC NO.: 305357820

TOWER AS TOWER NO. PRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: MAKE : MODEL YR OF MANU CHASSIS CODE	MILEAGE FUEL DATE/TIME IN TARGET DATE COMPLETION DATE/TIME:
		SHA4645M HYUNDAI I-40 22.12.2016 KMHLB41UMHU097306	E.....1/2.....F 28.11.2019 15:10 _____ _____

JOB DESCRIPTION

Accident Date: 27.11.2019
NATURE: 3P 27.11.19

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHA4645M JU AIG

Vehicle No.: SHA4645M

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard