

**ASSIGNMENT**

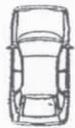
Surveyor: XGQ DOI: 03.12.2019 Date / Time : 02.12.2019  
Registered in Merimen: 03.12.2019

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMK 8822E Claim No. : 7205752435SG  
Name of Insured : ANG ANN SOON Policy No. : 1900108995  
Insured Tel No. : 64105617 HP: +65-96996652 Make / Model : KIA CERATO-1.6 (A)  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 01.12.2019 Place of Accident : JALAN BUKIT HO SWEE ROAD TO LOWER DELTA RD  
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

**SHC 7266T**



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	
SHC 7266T - CS/FCI17007987/Svbf2; DOA: 20.4.17 - CS/FCI16002989/Fvbd1; DOA: 03.02.16 - CS3/FCI15013515/R1tbd1; DOA: 07.08.15 SMK 8822E- 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:		
	<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: _____			



member of **COMFORTDELGRO**

Date/Time: **02.12.2019 15:09** Page : **1**

Team: **ARC Repair TP(CFSO)1**

**JOB CARD**

Sales Order:

JC NO.: **305358423**

Customer: **CITYCAB PTE LTD**  
 OMER NO. **7010070**  
 Address: **383 SIN MING DRIVE**  
**Singapore SINGAPORE 575717**  
 (R) **65551188** (O)  
 (P)  
 QUANTITY CARD NO.

**VARs**

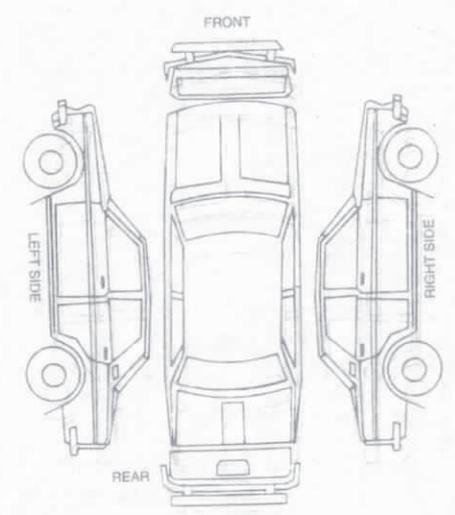
REGN NO.: <b>SHC7266T</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL: <b>IONIQ(G2)</b>	DATE/TIME IN <b>01.12.2019 15:30</b>
YR OF MANU. <b>10.07.2019</b>	TARGET DATE
CHASSIS CODE <b>KMHC851CVKU164787</b>	COMPLETION DATE/TIME:

**(B)**

JOB DESCRIPTION

Accident Date: **01.12.2019**  
 NATURE: **3P 01.12.2019**

S/NO	LABOR CODE	DESCRIPTION
	<b>ALG - Rear</b>	
	<b>LKK</b>	



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

Acknowledgement Slip  
 Name: \_\_\_\_\_  
 No.: \_\_\_\_\_  
 Vehicle No.: **SHC7266T**      **LARRY**  
 Signature of Service Advisor: \_\_\_\_\_  
 Signature/Date: \_\_\_\_\_  
 Returned to Service Reception upon collection

Exit Pass  
 Vehicle No.: **SHC7266T**  
 Name of Service Advisor: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 To be kept by Security Guard

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**SHC7266T**

Make / Model  
**HYUNDAI / AE IONIQ HEV 1.6 DCT**

Vehicle Type :  
**H10 - Public Transport Taxi (Motor Car)**

Vehicle Attachment 1 :  
**Air-Con (Taxi)**

Vehicle Scheme :  
**Taxi (Company)**

Chassis No. :  
**KMHC851CVKU164787**

Propellant :  
**Petrol-Electric**

Engine No. :  
**G4LEKU298642**

Motor No. :  
**PM04K52209DJ**

Engine Capacity :  
**1580 cc**

Power Rating :  
**32.0 kW**

Maximum Power Output :  
**103.6 kW (138 bhp)**