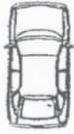


ASSIGNMENT

Surveyor: **XGQ** DOI: **04/12/2019** Date / Time : **03/12/2019**
Registered in Merimen: **04/12/2019**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SJG 1505Z**
Name of Insured : **Pieter Luit De Ridder**
Insured Tel No. : _____ HP: **96158327**
Excess Sec II :S\$ _____ D.O.A : **02/12/2019**
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : **0078253789SG**
Policy No. : _____
Make / Model : _____
Place of Accident : **MERCHANT ROAD > AYE TUNNEL**

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SJG 1505Z

SHA 2306E

SLN 6431J



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHA 2306E - NS/INC19002432/Nqd3s2; DOA: 06.02.19	
	- NS/INC12024359/H1qn; DOA: 17.12.12	
	SJG 1505Z - X	
	OINR. To send out first letter. File pass to Su Li.	
	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 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\$ 1,081.70 (2 days) Reduction: 1,669.36/61 % Email Call

FINAL SETTLEMENT Date/Time: 26/10/2020 Confirm with KAZALI Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100

Repair Cost: (w/GST) S\$ 1,157.42
Loss of Rental (LOR): S\$ 312.98 (2.5 days) X \$125.19 3 VEH CC, OI last vehicle

Loss of Use (LOU): S\$ (\$ x days)
Loss of Income (LOI): S\$ 125 (\$ 50 x 2.5 days)

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

GIA/LTA Search S\$
Medical: S\$
Disbursement: S\$ (e.g. Tow/ Independent)
Legal Cost S\$

Total: S\$ 1,595.40 Global Sum S\$: 1,550.00
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$320

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: S\$ 1,550.00 Name 1: COMFORTDELGO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) S\$ Name 2:
Payee 3: (Strike if N.A.) S\$ Name 3:

ASS. REC. BY:

GL

REF: A14

ASSIGNMENT

From:

Date: 4/12/19

Estimated Cost:

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

To Inspect Vehicle No:

SHA 2306E

at Workshop m/s

comfort Delgro

of

59 Layang Drive

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

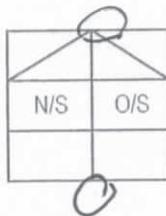
(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 2306E

Yr Regn: 26 Jun 2019

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

Truck / Trailer or

Make:

Hyundai iGNIQ c.c 1580

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

-

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH C 85 / CV KU 164317

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195/65R15

R: /

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

TOYO / YOKO or

DAVANTI

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

04-12-19

Survey held at

w/s

12:15

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Prel. Report

1)

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Week end (\$

Report Format :

Lump Sum / I.B.I: (\$

COMFORTDELGRO ENGINEERING

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 608569
 24 Senoko Loop Singapore 758156
 7 Sungai Kadut Way Singapore 728791
 501 Yishun Industrial Park A Singapore 768732

A member of COMFORTDELGRO

Date/Time: 03.12.2019 16:38 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305358709

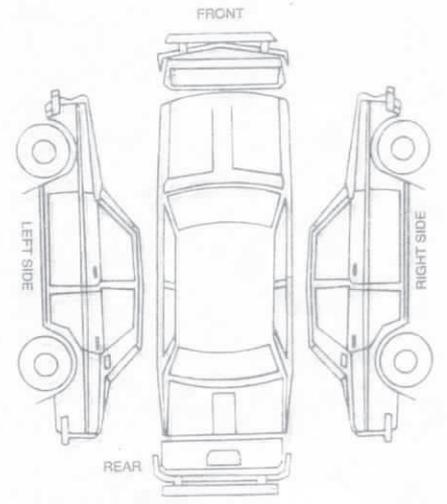
CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SHA2306E	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 03.12.2019 11:55
	YR OF MANU. 26.06.2019	TARGET DATE
	CHASSIS CODE KMHC851CVKU164317	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.12.2019
 NATURE: 3P 02.12.2019

S/NO LABOR CODE DESCRIPTION

ALG - Rear & Front



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA2306E**
 Name of Service Advisor: **LARRY**

Vehicle No.: **SHA2306E**

Larry Ng

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SHA2306E

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. :
KMHC851CVKU164317

Propellant :