

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**

Claim No. : **0078253789SG**

Name of Insured : **Pieter Luit De Ridder**

Policy No. : _____

Insured Tel No. : _____ HP: **96158327**

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **02/12/2019**

Place of Accident : **MERCHANT ROAD > AYE TUNNEL**

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

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 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"/>
	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: S\$ _____ (_____ days) Reduction: % _____ Email Call

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

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 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\$ _____ **Global Sum S\$:** _____

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

Payee 1: S\$ _____ Name 1: _____

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

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

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 408669
 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

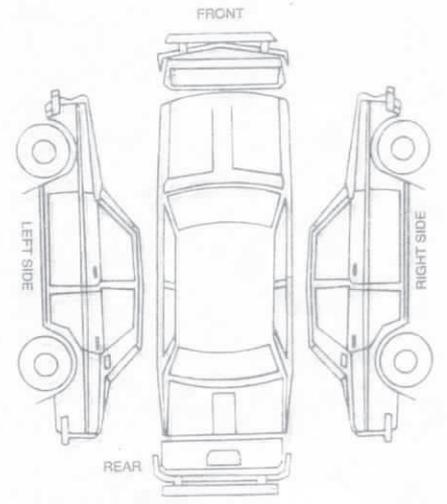
CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (O) (R) (P) COUNT CARD NO.	REGN NO.: SHA2306E	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 03.12.2019 11:55
	YR OF MANU. 26.06.2019	TARGET DATE
	CHASSIS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

Vehicle No.: **SHA2306E**

Larry Ng

Name of Service Advisor

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 :