15/5/2010

INS. CASE OWNER: CC 4 /AIG190 21546 / F kq3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RAM

DOI: 6/12/19

Date / Time : 8/12/19

Registered in Merimen: 6/12/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SCP9033B

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 05/12/19

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % **Final ? Yes / No**

SHC 8506 U → → →

INSRS:
WSP: Comfort Delgro
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC8506U - CS/FC1700367 5/Avbn2 DOA 20/02/2017
	- CS/FC1700483 2/h3 DOA 20/03/2017
	- CS/FC1701777/Krbn2 DOA 11/09/2017
	- CS/FC1901117 2/Rqd3n2 DOA 18/06/2019
	SCP9033B - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

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 ☐ Cal ☐
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 + LO ☐ [**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:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Ram | REF: AIG

ASSIGNMENT

From: | Date: 06/12/19

Estimated Cost:

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

To Inspect Vehicle No: SHC 8506U

at Workshop m/s COGE

of Loyang

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Juniaci

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S
	XX

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : **Yes** or **No**

GIA / PR Seen: | Consistent? : **Yes** or **No**

Est. Repairs: days | Res.: **Yes** or **No**

Lum Sum: % | 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: | Person Contacted:

Veh No: SHC 8506U | Yr Regn: 07/01/2016

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or

Make: Hyundai i40 | c.c 1685

Colour blue | A/C: **Insured / Std / NI / NA**

Sp.Reading 62276 | T/Radio: **Insured / Std / NI / NA**

Eng/No: -

C/No: KMHLBA1UMGU08351

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi : **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or westlake

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A. 05/12/2019 | D.O.I. 6/12/19

Survey held at comfortdelgro (Loyang)

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or rear

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

Date / Time	Action / Instruction
	L/S
	AIG

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___$ x RS___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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 408640
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768733

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305359569

STOMER

/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

COUNT CARD NO.

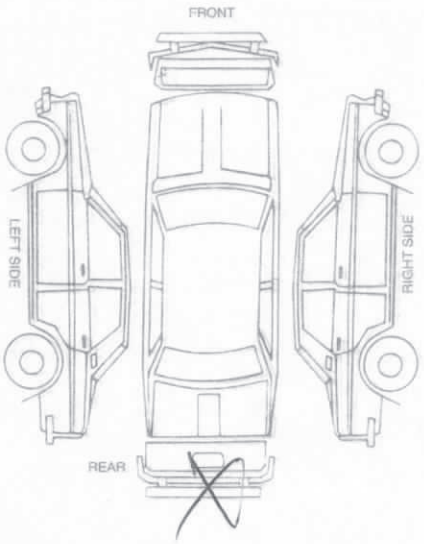
REGN NO.: SHC8506U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 05.12.2019 13:35
YR OF MANU. 07.01.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU083051	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.12.2019
NATURE: 3P 05.12.19

SCP 9033B

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

No.: SHC8506U JU AIG

of Service Advisor Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8506U

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

To : Khanchng

Our Job Ref No 305359569

Date : 09/12/19

FINALIZATION FORM

To : LKK Fax :

Attn : RAM

: SHC8506U 05/12/19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AIG --- SCP9033B
###

2. The finalized amount shall be:

(a)	Spare Parts after List discount		$0.00
(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 : **JUMANI**

Tel : 6214 8315

Fax : 65468156

Signature :

Name : Ram

Date : 9/12/19

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		N		
3. Survey Fees				
4. LTA Search Fee	$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 09.12.2019
Time: 15:36:03
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO	:	305359569
REGN NO	:	SHC8506U
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	07.01.2016
DATE/TIME IN	:	05.12.2019 13:35
ACCIDENT DATE	:	05.12.2019

JOB / PARTS DESCRIPTION		QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB	PANEL BEATING	240.00
0001 SP	SPRAYPAINT CHARGE	200.00

SUB-TOTAL : 440.00

TOTAL : 440.00

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO