15/5/2010

INS. CASE OWNER: CC 4 /AIG190 ~~NEW~~ Feb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 6/11/19 Date / Time : 6/11/19

Registered in Merimen: 6/11/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SMP 822G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 2/11/19 Place of Accident :

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**

PA 6693X → SMP 822G → SHD 4003A →

INSRS:	INSRS:	INSRS: COBE	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: 01	RMKS: TP	RMKS:

Date/ Time	
	SHD4003A - X SMP822G - 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. File By: Ram | Ref:

ASSIGNMENT

From: [redacted] Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

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: SHD 4003A Yr Regn: 1/03/2019

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

Make: Hyundai Ioniq (G2) c.c 1580

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

Sp.Reading: 88301 T/Radio: **Insured / Std / NI / NA**

Eng/No: -

C/No: KMHC851CVKU141444

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: 195/65 R15

R: —

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

Front			Rear		
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm
D.O.A.	29/11/2019		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
	AG P/P

Date/Time, File Pass to? 1) | : **Preli. Report** | : **Final Report**

Date/Time, File Return to? 2)

Report Format:

Long Form / LB / ...

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($) : Interview ($) : Tech. Inv ($) : Weekend ($)

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Other:

Total

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline +65 6383 6280 Facsimile +65 6280 9755
Service Centres
205 Braddell Road Singapore 579701 | 59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286 | 383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791 | 320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
6553 1111
SPARK Assist Recovery • Towing • Accident
Appointed Partners

No key

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 5/12/19 Time Received: 1340

2. ☐ New ☐ SPARK Kakis

Name of Customer : MAS SIAO YEN

Contact No. : 62468404

Vehicle No. : SHD 4003 A

Make / Model / Colour : I 40

Email :

3. Vehicle Type:
- ☐ Private
- ☒ Taxi (CTPL/CCPL)
- ☐ Fleet
- ☐ STK (Boon Lay)

4. Type of Towing:
- ☒ Normal Tow
- ☐ King Dolly
- ☐ Flat Bed
- ☐ Crane-up

5. Nature of Service:
- ☐ Jumpstart
- ☐ Recovery
- ☐ Change Tyre / Battery

6. Parts Replaced/Remarks:
IONIQ COMFORT
ACCIDENT

7. Location:
TRAFFIC POLICE POUND 517 AIRPORT Road

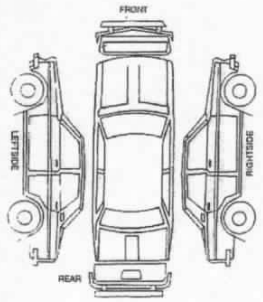
8. Vehicle Tow - In Workshop:
- ☐ Smoky Exhaust
- ☐ Overheating
- ☐ Brake Faulty
- ☐ Starting Problem
- ☐ Accident
- ☐ Return Taxi
- ☐ Wheel Jammed
- ☐ Steering Faulty
- ☐ Alternator Faulty
- ☐ Loss Power
- ☐ Engine Stalled

9. Preferred Workshop:
- ☐ Braddell
- ☒ Loyang
- ☐ Pandan
- ☐ Sin Ming
- ☐ Sungei Kadut
- ☐ Ubi
- ☐ Senoko
- ☐ Komoco (UBI / Leng Kee)
- ☐ Cycle & Carriage (PD)
- ☐ Others: _____

10. Odometer Reading : _____

Fuel Level : | F | 1/4 | 1/2 | 3/4 | E |

11. Radio / CD Player
- ☐ OK
- ☐ Faulty
- ☐ Not tested



#: Cracked X: Dented
/: Scatched O: Missing

X
Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ TZ ☐ YISHUN TOWING ☐ OTHERS

Name of Driver : Shen

Vehicle No. : YP 7646K

Time Dispatch : 1340

Time of Arrival : 1410

Time Completed : 1520

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

i. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

ii. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

iii. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

5/12/19 — Date

1410 — Time

X — Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 8280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 34 Singapore 408668
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305358544

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

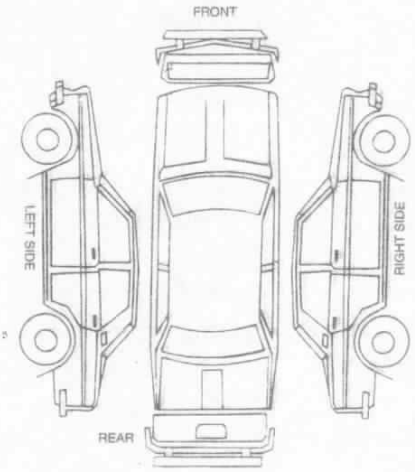
OUNT CARD NO.

REGN NO.: SHD4003A	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2).	DATE/TIME IN 29.11.2019 19:00
YR OF MANU. 01.03.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141444	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.11.2019
NATURE: TP/3P 29.11.19

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHD4003A LIMTS

Service Advisor

Signature/Date

Exit Pass

Vehicle No.: SHD4003A

Name of Service Advisor

Date