INS. CASE OWNER: NORSIAH | CC4/AIG19022229/Fka3 | LKK: / IDAC:

ASSIGNMENT

Surveyor: RAM
DOI: 12/12/2019
Date / Time: 12/12/2019
Registered in Merimen: 17/12/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLX 2108S		**Claim No.** :
Name of Insured : MR DIDY SOEBAGIO		**Policy No.** :
Insured Tel No. :	HP:	**Make / Model** : MAZDA 6-2.0 V STANDARD (GJ) (A)
Excess Sec II :S$	D.O.A : 11/12/19	**Place of Accident** : QUEENSWAY

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

If NO, Driver Name / Age : INDRAWATI
Driver Tel No. : +65-91149717 (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

XD 4617P → SLX 2108S → SHA 2616K →

XD 4617P	SLX 2108S	SHA 2616K	
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: CDGE	WSP:
Tel :	Tel :	Tel : LOYANG	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time	SHA 2616K - X	SLX 2108S - 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$ 1,872.02 (2 days) Reduction: 1,147.12 / 38% | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/5/2020 Confirm with KAZALI | Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0	
Repair Cost: (w/ GST) S$ 2,003.06		
Loss of Rental (LOR): S$ 312.98 (2.5 days) x $125.19	3 vehicle chain collision,	
Loss of Use (LOU): S$ ($ x days)	Insured vehicle is second	
Loss of Income (LOI): S$ 125.00 ($ 50 x 2.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ✓ [Tick only one]		
GIA/LTA Search S$ 7.49		
Medical: S$	1) Claim status: Normal/Reject/Private Settle	
Disbursement: S$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S$	3) Survey fee: $320	

Total: S$ 2,448.53 | **Global Sum S$:** 2,400.00

FINAL PAYMENT Date/Time: | Confirm with: | Email ☐ Call ☐

Payee 1:	S$ 2,400.00	Name 1: ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

ASSIGNMENT...REC BY **Ram** REF: v2219146

ASSIGNMENT

From: _____ 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)

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: **2** 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: **SHA 2616 K**   Yr Regn: **30/04/2019**

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

Make: **Hyundai Ioniq (G2)**   c.c **1580**

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

Sp.Reading **94536**   T/Radio: Insured / Std / NI / NA

Eng/No: **-**

C/No: **KMHC851CVKU146151 .**

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 R16**

           R: **-**

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

Front		Rear	
R/Bal. **8** mm		R/Bal. **9** mm	
L/Bal. **8** mm		L/Bal. **9** mm	

D.O.A. **11/12/2019**   D.O.I. **12/12/19**

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.

	N/S	O/S
	X	X

    X

Date / Time	Action / Instruction

(AG)

(P/P)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.R. ?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [ ] : Site Insp ($
        [ ] : Interview ($
        [ ] : Tech. Invs ($
        [ ] : Weekend ($

Survey Fee: _____
Transportation: _____
) S + RS SI
) Photos
) Others

TOTAL

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 11.12.2019 16:47   Page : 1

Team: ARC Repair TP(CLSO)1   **JOB CARD**   Sales Order: JC NO.: 305366386

CUSTOMER

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

ACCOUNT CARD NO.

REGN NO.: SHA2616K	MILEAGE
MAKE : HYUNDAI	FUEL E..........1/2..........F
MODEL IONIQ(G2)	DATE/TIME IN 11.12.2019 14:20
YR OF MANU. 30.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU146151	COMPLETION DATE/TIME:

Accident Date: 11.12.2019
NATURE: 3P 11.12.2019

JOB DESCRIPTION

S/NO   LABOR CODE   DESCRIPTION
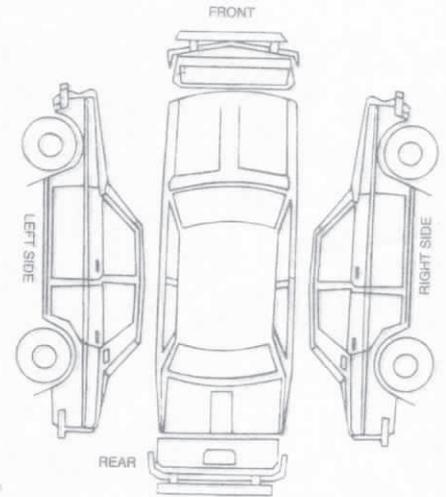
CHECKED & PASSED OUT BY: _____

_____
SERVICE ADVISOR

_____
CUSTOMER'S SIGNATURE

Acknowledgement Slip

.: SHA2616K   CHIANG

_____   _____
Service Advisor   Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.:   SHA2616K

_____   _____
Name of Service Advisor   Date

To be kept by Security Guard