LKK:

IDAC:

INS. CASE OWNER: **NORSIAH** | **CC4/AIG19022229/Fka3**

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**

Name of Insured   :   **MR DIDY SOEBAGIO**

Insured Tel No.   :   HP:

Excess Sec II :S$ D.O.A : 11/12/19

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

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

Driver Tel No. :   **+65-91149717**   (V/L: YES / NO)

Claim No.   :

Policy No.   :

Make / Model   :   MAZDA 6-2.0 V STANDARD (GJ) (A)

Place of Accident :   QUEENSWAY

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

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

XD 4617P →	SLX 2108S →	SHA 2616K →	
INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: OI	INSRS: WSP: CDGE Tel : LOYANG Liability : RMKS: TP	INSRS: WSP: Tel : Liability : 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$ (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$		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 [ ] Call [ ]
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

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: 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 (Toyang)

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

Date / Time	Action / Instruction

AG

P/P

Date/Time, File Pass to?   ☐ : Preli. Report   Days Of Repair:

1)   ☐ : Final Report   Resurvey No. of Trip: Survey Fee:

Date/Time, File Return to?   Transportation:

2)   Add Fee: ☐ : Site Insp ($)   S + RS   SI

                                   ☐ : Interview ($)   Photos

Report Format :   ☐ : Tech. Invs ($)   Other

Lump Sum / L.S.R.C   ☐ : Weekend   ($)

                                                                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
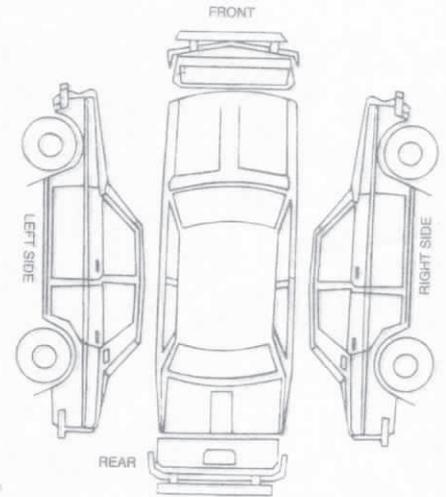
CUSTOMER

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:

JOB DESCRIPTION

Accident Date: 11.12.2019
NATURE: 3P 11.12.2019

S/NO	LABOR CODE	DESCRIPTION

FRONT

LEFT SIDE   RIGHT SIDE

REAR

ED & PASSED OUT BY: _____

_____
SERVICE ADVISOR

_____
CUSTOMER'S SIGNATURE

gement Slip

SHA2616K   CHIANG

Service Advisor   Signature/Date

ned to Service Reception upon collection

Exit Pass

Vehicle No.:   SHA2616K

Name of Service Advisor   Date

To be kept by Security Guard