

ASSIGNMENT

Surveyor: RAM

DOI: 24/12/2019

Date / Time : 23/12/2019

Registered in Merimen: 24/12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SGY 2954U

Claim No. : 5624688553SG

Name of Insured : KOH LIP SONG

Policy No. : 1800043104

Insured Tel No. : HP: +65-91460191

Make / Model : MAZDA 6-2.5 L WAGON SR (A)

Excess Sec II : S\$ D.O.A : 20/12/2019 22:00

Place of Accident : SCOTTS RD B4 ORCHARD RD JUNCTION

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

SHC 8556A

INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 8556A - CS/FCI17001067/Agh3n2; DOA: 12.01.2017	Non-Reporting ltr (1st):	
	- NBA/AIG13013200/y1; DOA: 20.7.2013	Non-Reporting ltr (2nd):	
	SGY 2954U - X	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:		Post-Repair Photos:		☐	☐
				Others:		☐	☐	
FINALIZATION		Date/Time:	Confirm with:		Confirm by:			
Repair Cost:		S\$ 5,008.82	(4 days)	Reduction: 821.95/14 %		Email	☐	Call ☐
FINAL SETTLEMENT		Date/Time: 7/8/2020	Confirm with KAZALI		Email	☐	Call	☐
Final Liability: 100 (w/GST)		% 50	(Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :			
Repair Cost: 5,359.44		S\$ 2,679.72			BOTH PARTIES CHANGING LANE			
Loss of Rental (LOR): 877.80		S\$ 438.90	(7 days)	X \$125.40				
Loss of Use (LOU):		S\$	(\$ x days)					
Loss of Income (LOI): 350.00		S\$ 175	(\$ 50 x 7 days)					
LOR only ☐		LOU only ☐	LOR + LOU ☐	LOR + LOI ☒	[Tick only one]			
GIA/LTA Search 7.49		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: 6,594.73		S\$ 3,301.11	Global Sum S\$: 3,250.00					
FINAL PAYMENT		Date/Time:	Confirm with:		Email	☐	Call	☐
Payee 1:		S\$ 3,250.00	Name 1:	COMFORTDELGO ENGINEERING PTE LTD				
Payee 2: (Strike if N.A.)		S\$	Name 2:					
Payee 3: (Strike if N.A.)		S\$	Name 3:					

ASS. REC. BY: Ram

REF:

Alq

mboel/Me

ASSIGNMENT

From:

Date:

24/12/19

Estimated Cost:

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

To Inspect Vehicle No:

SHC 8556A

at Workshop m/s

Comfort delgro

of

59 layeng Drive

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: 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

sup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC8556A

Yr Regn: 26/07/2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Prius Hybrid (GA) c.c 1798

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

262821

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU603563003 *

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

DAVANT

Front

Rear

R/Bal.

67 mm

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

20/12/19

D.O.I.

24/12/19

Survey held at

comfortdelgro (Loyang)

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

O/S rear

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

Date / Time

Action / Instruction

PIP

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / L.B.J: (\$

A member of COMFORTDELGRO

Date/Time: 20.12.2019 15:54

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305369018

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

MS

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

COUNT CARD NO.

REGN NO.: SHC8556A

MILEAGE

MAKE : TOYOTA

FUEL

E.....1/2.....F

MODEL PRIUS HYBRID(G4) DATE/TIME IN 21.12.2019 09:20

YR OF MANU 26.07.2017

TARGET DATE

CHASSIS CODE JTDKB3FU603563003

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.12.2019

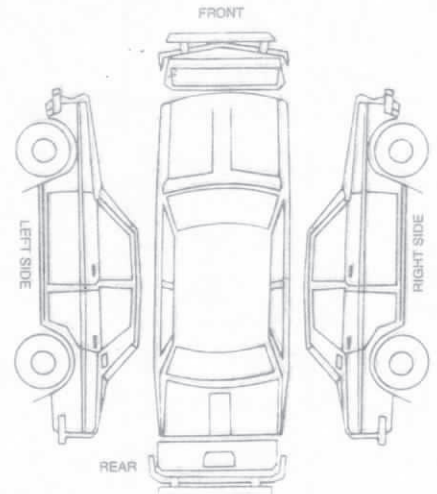
NATURE: 3P 20.12.2019 (C)

S/NO

LABOR CODE

DESCRIPTION

ALA - Right Rear



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8556A

Vehicle No.: SHC8556A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard