15/5/2010

INS. CASE OWNER: SALIHA | CC4/AIG19022606/Fka3 | LKK: IDAC:

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 :

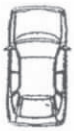
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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	
	SHC 8556A - CS/FCI17001067/Agh3n2; DOA: 12.01.2017
	- NBA/AIG13013200/y1; DOA: 20.7.2013
	SGY 2954U - 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:	

ASS. REC. BY: Ram | REF: AIG | 27/06/19

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 Jalan Jurong Bahru

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
	X

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 (up)

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 (G4) 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. Condr: 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.	6 7 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
	P/P

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

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

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

 Ubi Road 3 Singapore 408609

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 76873

Date/Time: 23.12.2019 15:54 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305369018

STOMER
COMFORT TRANSPORTATION PTE LTD VARs

MS 7010045

STOMER NO.

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

(C)

COUNT CARD NO.

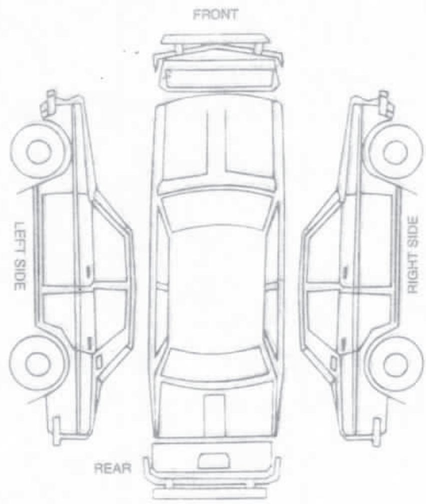
REGN NO.: SHC8556A	MILEAGE
MAKE : TOYOTA	FUEL E.........1/2.........F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 21.12.2019 09:20
YR OF MANU 26.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU603563003	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.12.2019
NATURE: 3P 20.12.2019 (C)

S/NO LABOR CODE DESCRIPTION

AIG - Right Rear



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

e No.: SHC8556A

Larry Ng

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8556A

Name of Service Advisor

Date

To be kept by Security Guard