Chan, Kian-Meng

CC4/AIG19022609/Fka3

LKK: IDAC:

ACCI	GNM	BY N. TER
0.33	L-NV	H. N. I

DOI: 24/12/2019 RAM Date / Time: Surveyor:

23/12/2019

24/12/2019 Registered in Merimen:

Pre-assign / CCU / FTE



SKR 9591B Insured Vehicle No.

Claim No.

7857686472SG

Name of Insured

TAN JOKE KUM

Policy No.

Make / Model

2100452279

Insured Tel No.

HP: +65-96346068 D.O.A: 22/12/19 12:10 MERCEDES-BENZ A180

Excess Sec II :S\$ Is driver the owner?

(YE\$ / NO)

Nature of Accident:

TELOK BLANGAH Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Final? Yes/No

SHC 1926L



INSRS:

CDGE WSP: Tel: LOYANG

Liability: RMKS:



INSRS: WSP:

Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability:

RMKS:



INSRS: WSP: Tel: Liability:

RMKS:

Date/ Time		
	SHC 1926L - CS/FCI19008302/Asd3n2; DOA: 08.05.19	STAGE DATE/PIC
	- CS/FCI18016545/Kvd3n2; DOA: 25.6.18	Non-Reporting ltr (1st):
	- CS/FCI13023780/M1qm3u2; DOA: 13.12.13	Non-Reporting ltr (2nd):
	-CC3/AIG13010576/H1pa3w2; DOA: 10.6.13	Non-Reporting ltr (Final):
	SKR 9591B - X	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 804.87 (3 days) Reduction: 4,499.93/85%%	Email Call
FINAL SETTLEMENT	Date/Time: 25/8/2020 Confirm with KAZALI	Email Call
inal Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia: 100
Repair Cost: (w/GST)	ss 861.21	Third party have right of way
oss of Rental (LOR):	S\$ 632.35 (5 days) x \$126.47	as traffic light is in his favour.
oss of Use (LOU):	S\$ (\$ x days)	
loss of Income (LOI):	S\$ 250.00 (\$ 50 x 5 days)	
OR only LOU only	LOR + LOU LOR + LOI [Tick only one]	
GIA/LTA Search	S\$ 7.49	
Medical:	SS	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
egal Cost	SS	3) Survey fee: \$320
Total:	S\$ 1,751.05 Global Sum S\$: 1,751.00	
FINAL PAYMENT	Date/Time: Confirm with:	Email Call
Payee 1:	S\$ 1,751.00 Name 1: ComfortDelGro Engineering	21A A CONTROL - 10
Payee 2: (Strike if N.A.)	S\$ Name 2:	
	S\$ Name 3:	
Payee 3: (Strike if N.A.)	So INAIDE 5:	

ASSIGNMENT

From: Date: 24/12/2019	Veh No: SHC1926L Yr Regn: 20/12/ 2019
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To be propert Vicinica No. CHC 19261	Make: Toyota Prius . c.c 1798
at Workshop m/s comton delano of 50 loyers Dive	Colour A/C: Insured / Std / NI / NA
of 59 loyers Dive	Sp.Reading 277 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTDKB3FUA 03090492
Claims No.	Gen. Cont. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder) Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim) STD A/Rim or
	Tyre Size: F: 95/65 R\5
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 8 mm R/Bal. 8 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 8 mm L/Bal. 8 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 232/12/19 D.O.I. 24/12/19
Lum Sum: % 3 Val.: Yes or No	Survey held at Comfortdelgro (Loyarg)
CALLED (MP)	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	O/S FOR
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
***	PP
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
December 1	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 (\$) Others
Lump Sum / I.B.J: (\$:Weekend (\$
	TOTAL
	December 1

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Date/Time Ub 24d 3 1 2 ap 2 0 109 10:42

JC NO.: 305369267 JOB CARD Sales Order: Team: ARC Repair TP(CLSO)1 REGN NO.:SHC1926L MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE: TOYOTA 7010045 ..1/2.....F STOMER NO. 383 SIN MING DRIVE PRIUS HYBRID (G4A22.12.12019 13:40 MODEL DRESS Singapore SINGAPORE 575717 65508755 YR OF MANUO. 12. 2019 TARGET DATE (R) (P) CHASSIS CODE KB3FU403090492 COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.12.2019 NATURE: 3P 22.12.2019

LABOR CODE

ALG-Right Front

DESCRIPTION



Ca		
CKED & PASSED OUT BY:		
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
wiedgement Slip	Exit Pass	

No.

SHC1926L

LARRY

Vehicle No.:

SHC1926L

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way