

## ASSIGNMENT

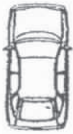
Surveyor: RAM

DOI: 24/12/2019

Date / Time : 23/12/2019

Registered in Merimen: 24/12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 9591B

Claim No. : 7857686472SG

Name of Insured : TAN JOKE KUM

Policy No. : 2100452279

Insured Tel No. : HP: +65-96346068

Make / Model : MERCEDES-BENZ A180

Excess Sec II : S\$ D.O.A : 22/12/19 12:10

Place of Accident : TELOK BLANGAH

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 1926L

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 1926L - CS/FCI19008302/Asd3n2; DOA: 08.05.19	Non-Reporting ltr (1st):	
	- CS/FCI18016545/Kvd3n2; DOA: 25.6.18	Non-Reporting ltr (2nd):	
	- CS/FCI13023780/M1qm3u2; DOA: 13.12.13	Non-Reporting ltr (Final):	
	-CC3/AIG13010576/H1pa3w2; DOA: 10.6.13	Notification ltr (if non-pickup):	
	SKR 9591B - X	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 804.87	( 3 days) Reduction: 4,499.93/85%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 25/8/2020	Confirm with KAZALI	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : 100
Repair Cost: (w/GST)	S\$ 861.21		Third party have right of way as traffic light is in his favour.
Loss of Rental (LOR):	S\$ 632.35	( 5 days) x \$126.47	
Loss of Use (LOU):	S\$	( \$ x days)	
Loss of Income (LOI):	S\$ 250.00	( \$ 50 x 5 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>		[Tick only one]	
GIA/LTA Search	S\$ 7.49		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent )	
Legal Cost	S\$		
Total:	S\$ 1,751.05	Global Sum S\$: 1,751.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1,751.00	Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	



# COMFORTDELGRO ENGINEERING

## ComfortDelGro Engineering Pte Ltd

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

### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
22 Ubi Road 3 Singapore 408699

24 Senoko Loop Singapore 758156  
7 Sungai Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768732

A member of COMFORTDELGRO

Date/Time: 24.12.2019 10:42

Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305369267

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

/MS

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(R)

(P)

(O)

COUNT CARD NO.

REGN NO.:

SHC1926L

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4A22.12.2019 13:40

YR OF MANU

20.12.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU403090492

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 22.12.2019

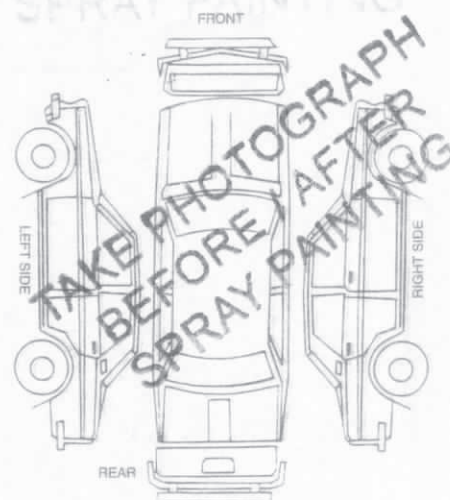
NATURE: 3P 22.12.2019

NO

LABOR CODE

DESCRIPTION

ALG - Right Front  
Lick



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement 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 to any term or condition...