15/5/2010

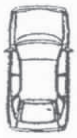
INS. CASE OWNER: Chan, Kian-Meng | CC4/AIG19022609/Fka3 | LKK: IDAC:

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. : 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

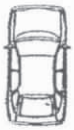
Excess Sec II :S$ D.O.A : 22/12/19 12:10 Place of Accident : TELOK BLANGAH

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

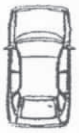
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

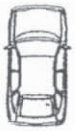
SHC 1926L → → →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	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:	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: A19 | Mv9 / Mc

ASSIGNMENT

From: Date: 24/12/2019

Estimated Cost:

OD / TP (circled) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHC 1926L

at Workshop m/s comfortdelgro

of 59 loyang Drive

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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 (up)

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SHC1926L Yr Regn: 20/12/2019

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi (circled) / Prime Mover / Truck / Trailer** or

Make: Toyota Prius c.c 1798

Colour blue A/C: **Insured / Std / NI / NA**

Sp.Reading 277 T/Radio: **Insured / Std / NI / NA**

Eng/No: -

C/No: JTDKB3FU403090492

Gen. Cond: **Good (circled) / Fair / Poor / Burnt**

Steering: **Inorder (circled) / Jammed / Leaked / Burnt** or

Brake: **Inorder (circled) / Jammed / Leaked / Burnt** or

Modi : **Nil / S/Rim (circled) / STD A/Rim** or

Tyre Size: F: 195/65 R15

R: -

BS / DUN (circled) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm

D.O.A. 22/12/19 D.O.I. 24/12/19

Survey held at Comfortdelgro (Loyang)

Des. of Damages: **Frt (circled) / Rear / O/S (circled) / N/S / U/C / Rooftop** or

O/S Frt

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

Date / Time	Action / Instruction
	P/P

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 ($)

Report Format :

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

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 6280 Facsimile : 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732
28 Ubi Road 3 Singapore 408699

Date/Time: 24.12.2019 10:42 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305369267

STOMER
/MS
STOMER NO.
DRESS
(R)
(P)
(O)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

VACS

B

COUNT CARD NO.

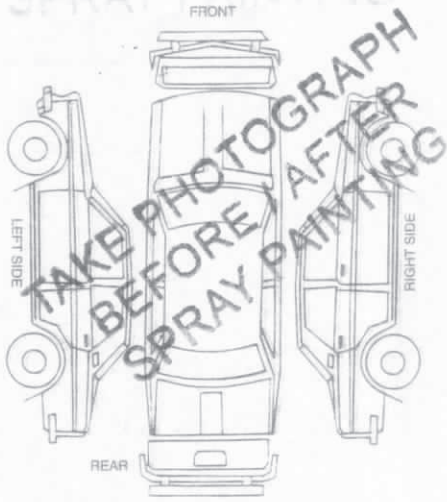
REGN NO.: SHC1926L	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4A	DATE/TIME IN 22.12.2019 13:40
YR OF MANU 20.12.2019	TARGET DATE
CHASSIS CODE JTDKB3FU403090492	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.12.2019
NATURE: 3P 22.12.2019

S NO	LABOR CODE	DESCRIPTION
	ALG-	Right Front Lamp

TAKE PHOTOGRAPH BEFORE / AFTER SPRAY PAINTING



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

No.: SHC1926L LARRY

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1926L

Name of Service Advisor

Date

To be kept by Security Guard