15/5/2010

INS. CASE OWNER: CC 4/AIG190 22767 / kbh

LKK:

IDAC:

ASSIGNMENT

Surveyor: Tausikh DOI: 27/12/19 Date / Time : 26/12/19

Registered in Merimen: 27/12/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SBW 19C

Name of Insured : Valerie Koh Xin Ying

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 25/12/19

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SH 7805G →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: COGE	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : 4	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SH7805G - X SBW 19C - X
	+ DIVR

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: L/S	S$ 1,300.00 (2 days)	Reduction: 830.26 /39 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/8/2020	Confirm with KAZALI	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/ GST)	S$ 1,391.00		
Loss of Rental (LOR):	S$ 225.34 (2 days)	x $112.67	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ✓ [Tick only one]	
GIA/LTA Search	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: $320
Total:	S$ 1,723.83	**Global Sum S$:** 1,720.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,720.00	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Tanjeh | REF: ALG. 27/47/1663.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH7805G Yr Regn: 2016 / Nov

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

Truck / Trailer or _____

Make: Hyundai I40. c.c 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 48912. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41GMHU096500

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: 205/60R16

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	27/12/19

Survey held at CDGE Loyang @320pm

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Rep[illegible] Format : _____

Lump Sum / Ex [illegible] : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
__$ + RS. __SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

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
320 Ubi Road 3 Singapore 408649
34 Senoko Loop Singapore 758165
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 26.12.2019 14:13 Page : 1

JOB CARD

Team: ARC Repair TP(CLSO)1

Sales Order:

JC NO.: 305369738

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

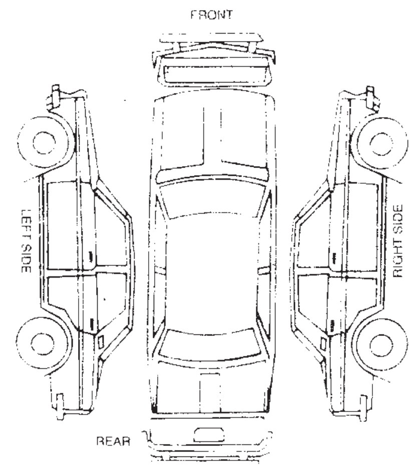
)UNT CARD NO.

REGN NO.: SH 7805G	MILEAGE
MAKE: HYUNDAI	FUEL E................1/2................F
MODEL I-40	DATE/TIME IN 26.12.2019 09:50
YR OF MANU. 24.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU096500	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 25.12.2019
NATURE: 3P 25.12.19

S/NO	LABOR CODE	DESCRIPTION



<ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

o.: SH 7805G JU AIG

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7805G

Name of Service Advisor

Date

To be kept by Security Guard

[redacted]