

ASSIGNMENTSurveyor: **RAM**DOI: **26/12/2019**Date / Time : **26/12/2019**Registered in Merimen: **02/01/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLD 7797A**Claim No. : **6632224754SG**Name of Insured : **TOH LYE HENG**

Policy No. :

Insured Tel No. : HP: **+65-97438293**Make / Model : **MERCEDES-BENZ GLA 180**

Excess Sec II :S\$

D.O.A : **24/12/2019**Place of Accident : **ALG BRADDELL RD JUST AFT RIGHT TURN TO BISHAN RD**

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

SHA 8660SINSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 8660S - CC3/TMI19009821/T1td3e2; DOA: 02.06.19	STAGE
	- CS/FCI19008673/Uqd3n2; DOA: 28.12.18	DATE / PIC
	- NS/INC18014981/K1td3n2; DOA: 15.08.18	Non-Reporting ltr (1st):
	- CC3/AIG18002607/K1hb3q2; DOA: 06.02.18	Non-Reporting ltr (2nd):
	- CS/FCI18000819/T1vd3n2; DOA : 05.01.18	Non-Reporting ltr (Final):
	SLD 7797A - 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: ☐ ☐
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ 1,050.00 (2 days) Reduction: 1,429.06/58 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 9/7/2020	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\$ 1,123.50		
Loss of Rental (LOR):	S\$ 338.01 (3 days) X \$112.67		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 150 (\$ 50 x 3 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[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\$ 1,619.00	Global Sum S\$: 1,610.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 1,610.00	Name 1:	COMFORTDELGO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ASS. REC. BY:

Ran

REF:

0069/111

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:

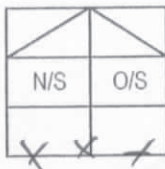
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 886605 Yr Regn: 14/07/2016

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

Truck / Trailer or

Make:

Hyundai i40

C.C 1685

Colour:

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

566563

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB 41UMGU092288

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: 205/60 R16

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. 24/12/19

D.O.I. 26/12/19

Survey held at

comfandelgro (Lorans)

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

r/cw

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L&L: (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

AG

LS

Date/Time: 26.12.2019 11:59

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3980060

JC NO.: 305369733

OMER

S CITYCAB PTE LTD

OMER NO. 7010070

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65551188

(O)

(P)

JUNT CARD NO.

REGN NO.:

SHA8660S

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

24.12.2019 17:25

YR OF MANU.

14.07.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU092288

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.12.2019

NATURE: 3P 24.12.19

S/NO

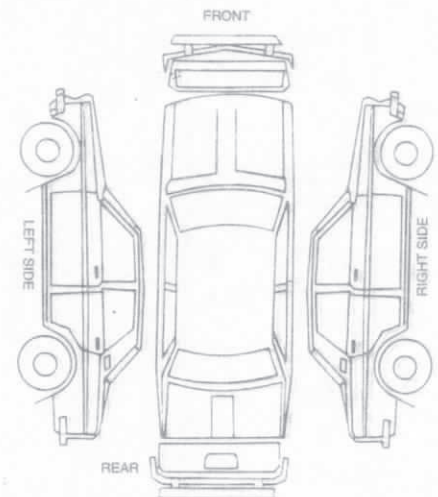
00010

LABOR CODE

23-01

DESCRIPTION

TOWING FEE



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

SHA8660S

JU AIG

Vehicle No.:

SHA8660S

Service Advisor

Signature/Date

Name of Service Advisor

Date

rned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No 305369733

Date : 28/12/2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

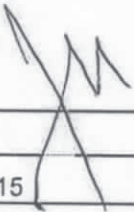
: SHA8660S

5367141 24.12.19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AIG SLD7797A ###
2. The finalized amount shall be:
- (a) Spare Parts after List discount khanchina ###
- (b) Labour Charges ###
- Total for Part-By-Part Repair Cost** ###
- (c.) Lumpsum Repair (if applicable) N ###
- Total for Lumpsum repair cost after Less: 20% \$1,050.00
- Final Lumpsum Repair cost**

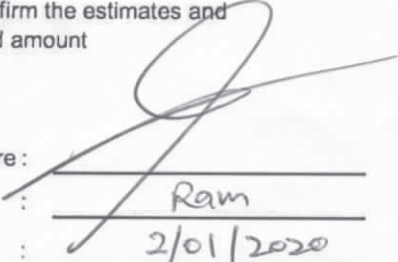
3. Estimated normal period for repairs: 2 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and
finalized amountSignature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Ram

Date : 2/01/2020

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: