15/5/2010

INS. CASE OWNER:

CC4/AIG20000069/Fka3

LKK:

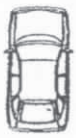
IDAC:

ASSIGNMENT

Surveyor: 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

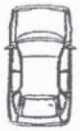
Is driver the owner? (YES / NO) Nature of Accident :

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 8660S → → →

INSRS:
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
	- CS/FCI19008673/Uqd3n2; DOA: 28.12.18
	- NS/INC18014981/K1td3n2; DOA: 15.08.18
	- CC3/AIG18002607/K1hb3q2; DOA: 06.02.18
	- CS/FCI18000819/T1vd3n2; DOA : 05.01.18
	SLD 7797A - X
	×

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:	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: 0069/Pic

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
X	X

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: SHA 8##60S 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: KMHLB41UMGU092288

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 comfortdelgro (Loyang)

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

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

Date / Time	Action / Instruction

AIG

LS

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

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:	
___$ + RS.___ST	
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
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

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)

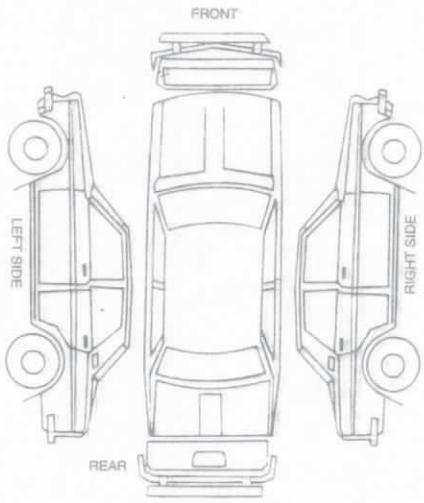
UNT CARD NO.

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	LABOR CODE	DESCRIPTION
00[redacted]10	23-01	TOWING FEE



ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

.: SHA8660S JU AIG

Service Advisor

Signature/Date

rned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA8660S

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305369733

Date : 28/12/2019

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 ##

   (b) Labour Charges ##

   Total for Part-By-Part Repair Cost ##

   (c.) Lumpsum Repair (if applicable)
   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.

Signature :
Name : **JUMANI**
Tel : 6214 8315
Fax : 65468156

We confirm the estimates and finalized amount

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: