15/5/2010

INS. CASE OWNER:

CC3/CTI20000408/Fea3

LKK:

IDAC:

ASSIGNMENT

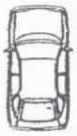
Surveyor: RAM

DOI: 06/01/2020

Date / Time : 06/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKD 5670G

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 01/01/2020 00:40

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

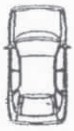
Make / Model :

Place of Accident : SHEARES AVE

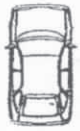
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

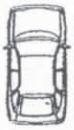
SHA 4543Z → → →



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 4543Z - CC3/III17015759/Kzb3q2; DOA: 10.08.17
	SKD 5670G - CS3/III20000310/d3 ; DOA: 01.01.2020
	- CC3/AIG14014427/Auy3q2; DOA: 29.07.14

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:	

Ram

ASSIGNMENT

From [redacted] 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 SHA4543Z 1st Regn 22/10/2019

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

Make: Hyundai Ioniq (G3) c.c 1580

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

Sp.Reading 31816 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHC851CULU186599

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: 195/65 R15

R: -

BS / DUN / 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. 01/01/2020 D.O.I. 06/01/~~2020~~ 2020

Survey held at comfortdelgro (Loyang)

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
	Chine P/P
	P/P: $4733.60/= with 3 repair days confirm on 15/1/2020 with LARRY

Date/time, File Pass to? ☐ : Preli. Report

☐ : Final Report

Date/Time: File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech. Invs ($

☐ : Weekend ($

Photos

Other

Report Form 3

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
329 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768733

Date/Time: 06.01.2020 11:51 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305372036

STOMER

MS

STOMER NO.

DRESS

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

(R)

(P)

(O)

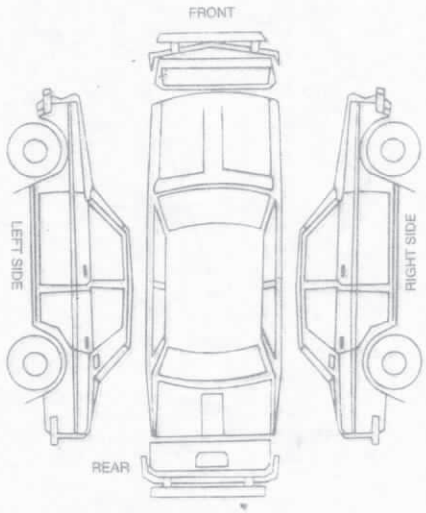
COUNT CARD NO.

REGN NO.: SHA4543Z	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 06.01.2020 09:30
YR OF MANU 22.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU186599	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 01.01.2020
NATURE: 3P 01.01.2020

S/NO	LABOR CODE	DESCRIPTION
		CHINA - Right Front
		LKF/Ram -



WIP

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e No.: SHA4543Z LARRY

Larry Ng

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4543Z

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 . 305372036

Date : 14. Jan. 2020

FINALIZATION FORM

To : **LKK** Fax :

Attn : RAM

Vehicle Reg No. : **SHA4543Z** Date of Accident: 1. Jan. 2020

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

1. The repair job shall bill to: **CHINA** **SKD5670G**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$3,613.60
(b)	Labour Charges	$1,120.00
	Total for Part-By-Part Repair Cost	**$4,733.60**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less:	
	Final Lumpsum Repair cost	

3. Estimated normal period for repairs: **3** 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 amount

Signature :

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Ram

Date : 15/1/2020

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				
3. Survey Fees				
4. LTA Search Fee	$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 14.01.2020
Time: 09:27:32
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO	:	305372036
REGN NO	:	SHA4543Z
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G3)
DATE OF REGN	:	22.10.2019
DATE/TIME IN	:	06.01.2020 09:30
ACCIDENT DATE	:	01.01.2020

JOB / PARTS DESCRIPTION			QTY	IND UNIT-PRICE	DISC%	AMOUNT	
PART REQUISITION							
0001	04-01-0104-0578-G	IONIQV4 COVER-FR BUMPER#	1	418.30	20.00	334.64	CUT
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	REC
0003	04-01-0104-2686-G	IONIQV4 MOULDING-FRONT BU	1	186.60	20.00	149.28	SCR
0004	04-01-0104-2935-G	IONIQV4 LAMP ASSY-HEAD RH	1	2,110.30	20.00	1,688.24	SCR
0005	04-01-0104-0641-G	IONIQ CARRIER ASSY-FRONT	1	949.30	20.00	759.44	BR
0006	04-01-0104-4994-G	IONIQV4 LAMP ASSY-DAY RUN	1	642.50	20.00	514.00	CRA
0007	04-01-0104-2687-G	IONIQV4 MOULDING-FRONT BU	1	188.00	20.00	150.40	CRA
					SUB-TOTAL	:	3,613.60

JOB NATURE

0000 PB	PANEL BEATING	640.00	
0001 23-502	SPRAYPAINT ON AFFECTED AREA		400.00
0002 17-01	WIRING CHARGE	50.00	
0003 20-00	TUFF COAT ON AFFECTED PARTS.		30.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO	:	305372036
REGN NO	:	SHA4543Z
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G3)
DATE OF REGN	:	22.10.2019
DATE/TIME IN	:	06.01.2020 09
ACCIDENT DATE	:	01.01.2020

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,120.00

TOTAL : 4,733.60

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :