15/5/2010

INS. CASE OWNER:

CC3/CTI20001180/Fea3

LKK:

IDAC:

ASSIGNMENT

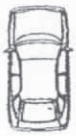
Surveyor: RAM

DOI: 17/01/2020

Date / Time : 17/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 8076C

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 16/01/2020 17:10

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

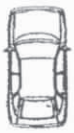
Place of Accident : ALONG NEPAL PARK

Nature of Accident :

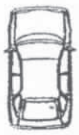
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC 1788T →

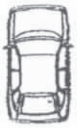


INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1788T - CS/TMI19011686/K1vd3n2; DOA : 30.6.19 GBJ 8076C - 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:	

(08/11/13)

ASS. REC. BY: Ram

REF

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: SHC 1788T Yr Regn: 07/09/17

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

Make: Toyota Prius (G4) c.c 1798

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

Sp.Reading 480432 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: JTDKB3FUX03563960

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 DAVANTI

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A. 16/1/2020 D.O.I. 17/1/2020

Survey held at comfortdelgro (Loyang)

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

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

Date / Time	Action / Instruction
	China P/P
	P/P: $2560.80/= with 3 repair days
	confirm on 21/1/2020 with Junawi

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:	
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

Date/Time: 17.01.2020 15:41 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305375417

TOMER

MS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

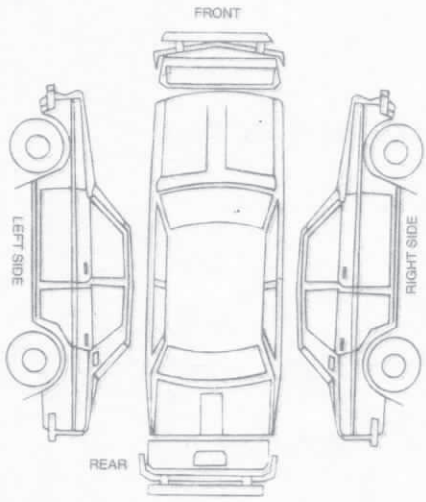
OUNT CARD NO.

REGN NO.: SHC1788T	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 17.01.2020 14:00
YR OF MANU. 07.09.2017	TARGET DATE
CHASSIS CODE JTDKB3FUX03563960	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.01.2020
NATURE: 3P 16.01.2020

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

o.: SHC1788T JU CHINA LKK

Service Advisor

Signature/Date

rned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1788T

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 305375417

Date : 21/01/2020

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC1788T

5367141 16/01/2020

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

1. The repair job shall bill to: CHINA --- GBJ8076C

2. The finalized amount shall be:

(a)	Spare Parts after List discount	###	$840.79
(b)	Labour Charges		$1,720.00
	Total for Part-By-Part Repair Cost		**$2,560.79**
(c.)	Lumpsum Repair (if applicable)		
	Total for Lumpsum repair cost after Less: 20%		
	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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature :

Name : Ram

Date : 21/1/2020

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		N		
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: 21.01.2020
Time: 15:48:10
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	:	305375417
REGN NO	:	SHC1788T
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	07.09.2017
DATE/TIME IN	:	17.01.2020 14:00
ACCIDENT DATE	:	16.01.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION						
0001 04-01-0302-3909-G	PRIG4 PANEL SUB-ASSY QUAR	1		836.70	25.00	627.52 DD
0002 03-01-0302-2057-G	PRIG4 CAP WHEEL	1		177.70	25.00	133.27 SCR
0003 28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1	N	80.00	2.50-	80.00 nec
					SUB-TOTAL :	840.79 8
JOB NATURE						
0000 PB	PANEL BEATING					960.00
0001 SP	SPRAYPAINT CHARGE					600.00
0002 17-01	CHECK ALL LIGHTING					50.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.					30.00
0004 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR					80.00
					SUB-TOTAL :	1,720.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.01.2020
Time: 15:48:10

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	:	305375417
REGN NO	:	SHC1788T
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID
DATE OF REGN	:	07.09.2017
DATE/TIME IN	:	17.01.2020 14:0(
ACCIDENT DATE	:	16.01.2020

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

TOTAL : 2,560.79

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :