15/5/2010

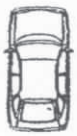
INS. CASE OWNER: Janice Goh | CC4/EQI20001699/Npa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: NAZ DOI: 29/01/2020 Date / Time : 28/01/2020

Registered in Merimen: 23/01/2020 BY CDGE

Pre-assign / CCU / FTE



Insured Vehicle No. : FBP 7371A Claim No. : DM20HO00222

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 22/01/2020 18:50 Place of Accident : KPE (TPE)

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**

SH 9484K → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 9484K - CC4/III19012463/Ewb3; DOA: 10.07.19
	- CC4/III16008738/T1pb3q2; DOA: 29.04.16
	- CC3/TMI16005282/H1qh3n2; DOA: 19.03.16
	FBP 7371A-X.
	* to submit HWP's report.

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:	

REF: CUL | 2327

Surveyor: NAZ

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

Est. or Market Value: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

GI / PR Scen: ______ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: ______ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SH 9484 K Yr Regn: 3 SEP 2015

Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: HYUNDAI I40 C.C. 1,685

A/C: Insured / Std / Nil / NA

Colour: BLUE

T/Radio: Insured / Std / Nil / NA

Sp.Reading: 840,162

Eng/No: ______

C/No: KMHLB41UMGU077239

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. 23/1/2020 D.O.I. 29/1/2020

Survey held at: CDGE LOYANG

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

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

Date / Time	Action / Instruction
11/2/2020	FINALIZED LUMP SUM REPAIR $2,000.00 / 3 REPAIR DAYS.

Date/Time, File Pass to? [ ] : Profl: Report

Days Of Repair: ______

Resurvey No. of Trip: ______

Survey Fee: ______

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 7687

Date/Time: 23.01.2020 14:45 Page : 1

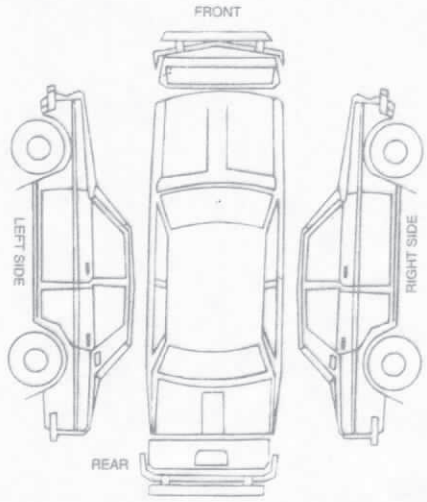
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305376849

STOMER	COMFORT TRANSPORTATION PTE LTD VARS	REGN NO.: SH 9484K	MILEAGE
I/MS		MAKE : HYUNDAI	FUEL E.....1/2.....F
STOMER NO.	7010045	MODEL I-40	DATE/TIME IN 22.01.2020 20:40
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 03.09.2015	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE KMHLB41UMGU077239	COMPLETION DATE/TIME:
(P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 22.01.2020
NATURE: 3P 22.01.2020

S/NO	LABOR CODE	DESCRIPTION
	EQ -	



SMS

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e No.: SH 9484K LARRY

Larry Ng

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9484K

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 . 305376849

Date : 11. Feb. 2020

FINALIZATION FORM

To : **LKK** Fax :

Attn : NAZ

Vehicle Reg No. : **SH 9484K** Date of Accident: 22. Jan. 2020

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

1. The repair job shall bill to: **EQ** **FBP7371A**

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:
   Final Lumpsum Repair cost **$2,000.00**

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 : MUHD NAZRIL

Date : 11/2/2020

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: