

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

RAM

DOI: 21/02/2020

Date / Time : 21/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMF 3885H**

Name of Insured : _____

Insured Tel No. : _____

HP: _____

Excess Sec II :S\$

D.O.A : 21/02/2020 01:10

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 : COMMONWEALTH AVE > QUEENSWAY

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

Insured Liability : % Final ? Yes / No

SHC 3147E

INSRS:

WSP: **CDGE**Tel : **LOYANG**

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 3147E - NA/INC09001350/w1; DOA : 17.1.09	Non-Reporting ltr (1st):	
SMF 3885H - X	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\$ _____	1) Claim status: Normal/Reject/Private Settle	
Medical: S\$ _____	2) Report Format: _____	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	3) Survey fee: _____	
Legal Cost S\$ _____		
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: _____	

COMFORTDELGRO ENGINEERING

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 120486
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156
7 Sungai Kadut Way Singapore 728791
60 Yuhun Industrial Park Singapore 758733

Date/Time: 21.02.2020 13:37 Page: 1

A member of COMFORTDELGRO

Team: ARC Repair TP (CLSO)

JOB CARD

Sales Order:

305382943

JC NO.:

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

REGN NO.: SHC3147E	MILEAGE 305382943
MAKE: HYUNDAI	FUEL
MODEL: IONIQ (G2)	DATE/TIME IN: 21.02.2020 04:07
YR OF MANU.: 26.06.2019	TARGET DATE
CHASSIS CODE: KMH0851CVKU164440	COMPLETION DATE/TIME:

(R) (O) (P)

COUNT CARD NO.

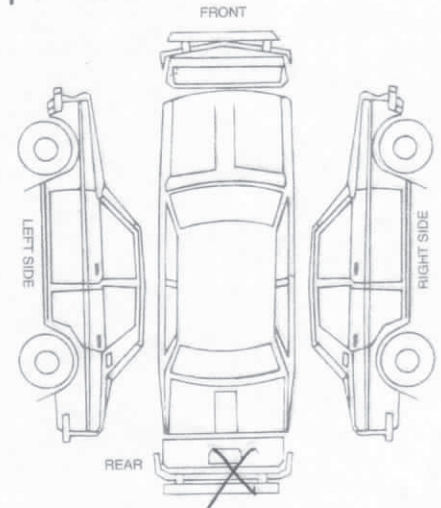
Accident Date: 21.02.2020
NATURE: 3P 21.02.2020

JOB DESCRIPTION

PP LKR - Ram

China - SMF 3885H

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC3147E

LIMITS

Vehicle No.: SHC3147E

e No.:

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

JOB NO : 305382943
REGN NO : SHC3147E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 26.06.2019
DATE/TIME IN : 21.02.2020 04:07
ACCIDENT DATE : 21.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS NO PLATE(S)W/TRIM COVER 1 N 55.00 0.00 55.00

SUB-TOTAL : 55.00

JOB NATURE

0000 PB PANEL BEATING

320.00

0001 SP SPRAYPAINT CHARGE

200.00

0002 L R/I REVERSE SENSOR

60.00

SUB-TOTAL : 580.00

TOTAL : 635.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305382943
Date : 24/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHC3147E

Date of Accident : 21-Feb-20

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

1. The repair job shall bill to: CHINA TAIPING --- SMF3885H
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$55.00
(b) Labour Charges	\$580.00
Total for Part-By-Part Repair Cost	\$635.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
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 amount

Signature : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : RAM
Date : 25/02/2020

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		NO		
3. Survey Fees	*****			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:
