

ASSIGNMENTSurveyor: **RAM**DOI: **04/03/2020**Date / Time : **04/03/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YN 6675T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____

D.O.A : **02/03/2020 19:30**

Place of Accident : _____

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 7023XINSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SH 7023X - CC3/AIG15003414/H1pa3c2 ; 14/02/2015	Non-Reporting ltr (1st):		
CC4/III17021063/Awb3q2 ; 30/10/2017	Non-Reporting ltr (2nd):		
CC6/III19010446/Apa3q2 ; 05/06/2019	Non-Reporting ltr (Final):		
CS3/III14001303/Ubu2 ; 15/01/2014 L	Notification ltr (if non-pickup):		
YN 6675T - X	Call OI:		
	After call ltr to OI:		
	Documentation Check List:		
	Notification ltr (if non-pickup)	Handler	Typist
	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:		
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos: ☐
			Others: ☐
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:		

PASS. 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. _____

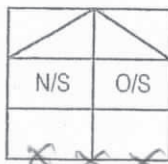
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH 7023X Yr Regn: 20/08/2015Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /

Truck / Trailer or

Make: Hyundai 120 c.c. 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 483367 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLBAIUMSUOTTOISGen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Han Koo K

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 02/03/2020 D.O.I. 1/3/2020Survey 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

Private Settle

LIS: \$1200/= with 2 repair days

confirm on 5/3/2020 with Larry

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L&I: (\$)

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 609286
320 Ubi Road Singapore 169699

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768731

A member of COMFORTDELGRO

Date/Time: 03.03.2020 15:40

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305385214

STOMER

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

VAP

REGN NO.: SH 7023X

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 02.03.2020 20:20

YR OF MANU 20.08.2015

TARGET DATE

CHASSIS CODE KMHLB41UMGU077015

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

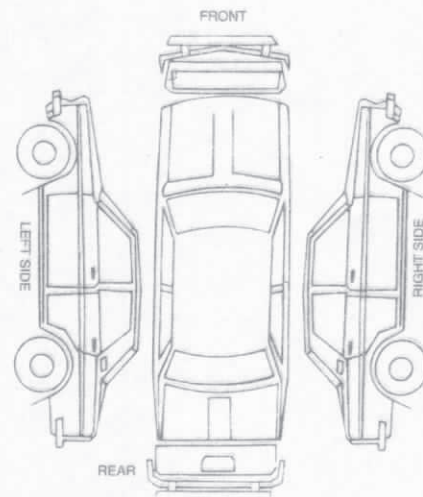
Accident Date: 02.03.2020
NATURE: 3P 02.03.2020

S/NO

LABOR CODE

DESCRIPTION

CHINA - Rear



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SH 7023X

LARRY

Vehicle No.:

SH 7023X

Larry Ng

of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305385214

Date : 5. Mar. 2020

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

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SH 7023X

Date of Accident: 2. Mar. 2020

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

1. The repair job shall bill to: CHINA YN6675T
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 \$1,200.00

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

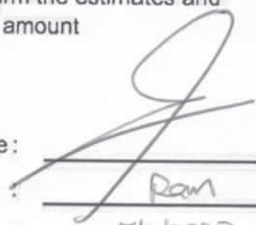
5. Thank you for your assistance.

We confirm the estimates and
finalized amountSignature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Ram

Date : 5/3/2020

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:

* Third party keen on private settlement with us *