15/5/2010

INS. CASE OWNER: CC3 / CT1 20003864 / Fdq3

LKK:

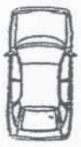
IDAC:

ASSIGNMENT

Surveyor: Ram DOI: 10/3/2020 Date / Time : 10/3/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 7262J Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

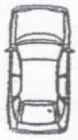
Excess Sec II :S$ _____ D.O.A : 9/3/2020 Place of Accident : Junction of Ang Mo Kio Ave 1 Turn to CTE

Is driver the owner? (YES / NO) Nature of Accident : _____

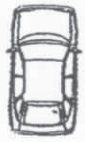
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

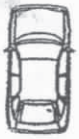
SHA 5187L → _____ → _____ → _____



INSRS:
WSP: Comfort DCI Eng
Tel :
Liability : Engineering
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 5187L - CC3/AIG/4012936/M1Wd3q2 ; 8/7/14
	- CC3/AXA/10006965/H1q1c3k2 ; 12/4/11
	- CC3/EQ1/7007901/H1ub3q2 ; 19/4/17
	- CS/FCI/8012115/Avd3n2 ; 24/6/18
	- NA/CT1/20003829/h4 ; 9/3/2020
	PC 7262J - CC6/CT1/9D20384/Ueq3n2 ; 18/11/19
	- CS/CT1/9017319/Ksd3n2 ; 30/09/19
	- NA/CT1/20003829/h4 ; 9/3/2020

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:	

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
X	X

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: SHA 5187L Yr Regn: 27/02/2019

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

Truck / Trailer or _____

Make: Hyundai Ionic (EV) c.c 1580

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

Sp.Reading 144730 T/Radio: **Insured / Std / NI / NA**

Eng/No: -

C/No: KMHC851CVKU140655

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 DAVANT I

Front		Rear	
R/Bal.	7 mm	R/Bal.	8 mm
L/Bal.	7 mm	L/Bal.	8 mm

D.O.A. 9/03/2020 D.O.I. 10/3/2020

Survey held at comfort Adelgve (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
	China F/B
	996

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	

Need Taxi Replacement

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
65 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
60 Kaki Bukit Industrial Park 4 Singapore 416173

Member of COMFORTDELGRO

Date/Time: 10.03.2020 13:26 Page : 1

Team: ARC Repair TP(CLSO) / **JOB CARD** Sales Order: 305386535 JC NO.:

COMFORT TRANSPORTATION PTE LTD
7010015
383 SIN MING DRIVE
Singaporo SINGAPORE 575717
65508755

(R)
(P)
(O)

COUNT CARD NO.

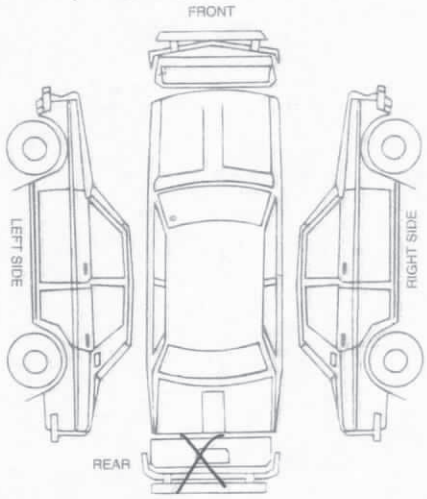
REGN NO.: SHA5187L	MILEAGE
MAKE : HYUNDAI	FUEL E 1/2 F
MODEL IONIQ(G2)	DATE/TIME IN 10.03.2020 11:30
YR OF MANU. 27.02.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU140655	COMPLETION DATE/TIME:

Accident Date: 09.03.2020
NATURE: 3P 09.03.2020

JOB DESCRIPTION

pp LKK-Ram
China-PC7262J

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

.: SHA5187L LIMTS
e No.:

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA5187L

Name of Service Advisor

Date

To be kept by Security Guard

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA5187L
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Mar 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4LEJU188457
Chassis No.:	KMHC851CVKU140655
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	$24,784.00
Original Registration Date:	27 Feb 2019
First Registration Date:	27 Feb 2019
Transfer Count:	0
Actual ARF Paid:	$11,698.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Feb 2027
PARF Rebate Amount:	$8,773.00
Intended COE Rebate Details	
COE Expiry Date:	26 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$20,582.00
COE Rebate Amount:	$17,917.00
Total Rebate Amount:	**$26,690.00**
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 10 Mar 2020

OK