(NAME): [signature] | REF:

ASS. REC. BY:

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

OD / TP / WS / TP RES / OD RES / EVA / INV / NV

To Inspect Vehicle No: ______

at Workshop m/s ______

of ______

Insured: TMI

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: 2 days Reas: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SHC1636 Yr Regn: 21/?/19

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

Make: hyundai lorry cc 1580

Colour: yellow A/C: Insured / Std / Nil / NA

Sp.Reading: 318514 T/Radio: Insured / Std / Nil / NA

Eng/No: –

C/No: KMHL851CVKU164638

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or ______

Brake: In order / Jammed / Leaked / Burnt or ______

Modi: Nil / S/Rim / STD A/Rim, or ______

Tyre Size: F: 195/65R15

R: ______

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	5/3/23	D.O.L.	8/3/23

Survey held at: Comfort

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
	L/S

Date/Time, File Pass to?

1) ______

Date/Time, File Return to?

2) ______

☐ : Prell. Report

☐ : Final Report

Report Format: ______

Lump Sum / L.B.I: ($ ______)

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech. Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee:	
Transportation:	
$ + RS $	
Photos	
Others	
TOTAL	

ComfortDelGro Engineering Pte Ltd (Co.Reg.No 199500548W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Lim Tien Siong

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)** (HS)
CCPL

Singapore

LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	05/03/2023
Vehicle Reg. No.:	SHC153G	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	02/07/2019
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEKU297721	Chassis No:	KMHC851CVKU164638
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	979.28
Miscellaneous Items	11.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**1,810.28**
+ GST 8.00% (S$)	**144.82**
Nett Amount (S$)	**1,955.10**

This claim is handled by: LIM TIEN SIONG

*Generated using **Merimen e-Claims Internet Estimation & Adjusting System***

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Workshops

383 Sin Ming Drive Singapore 575717

Date/Time: 06.03.2023 11:45 Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 5888365 JC NO305547362

OMER

S CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

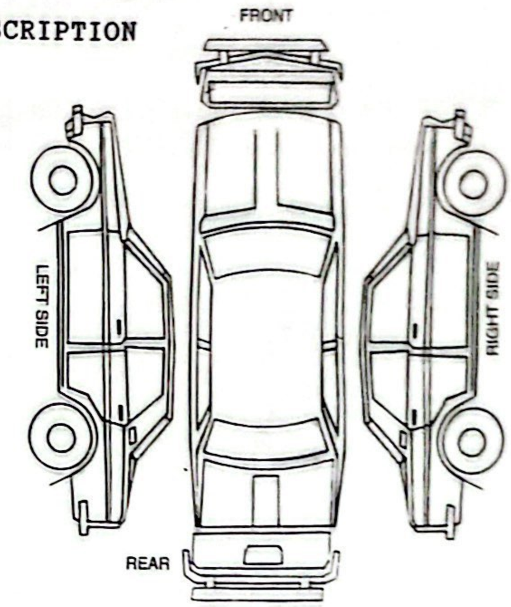
DUNT CARD NO.

REGN NO.: SHC 153G	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL IONIQ(G2)	DATE/TIME IN 06.03.2023 08:45
YR OF MANU. 02.07.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU164638	COMPLETION DATE/TIME

JOB DESCRIPTION

:cident Date: 05.03.2023
ATURE: 3P 05.03.2023

'NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY: ____________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC 153G LIMTS

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 153G

Name of Service Advisor

Date

To be kept by Security Guard