

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: TMI
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHB497J Yr Regn: 23 Jan 2020
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI IONIQ (G3) c.c. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 229464 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH1851CVL190137
 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 / Rim or _____

(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: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Tyre Size: F: 195/65R15
 R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Westlake
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 11/05/23 D.O.I. 12/05/23 2pm
 Survey held at CDGE
 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.

Date / Time	Action / Instruction
	Irfan finalised LS \$1500, 3 days. (Red \$4906.20, 77%).

Date/Time, File Pass to? : Prel. Report
 1) 31/05 Typist : Final Report
 Date/Time, File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: 1

2) _____
 Report Format : MER-TP
 Lump Sum / I.B.I. (\$) 1500

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____ \$ + RS. _____ \$
 Photos _____
 Others _____
 TOTAL _____

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5896463

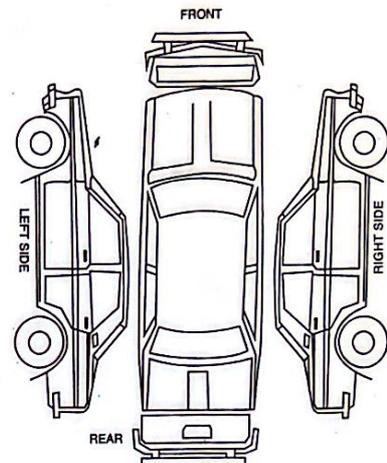
JC NO305554531

MEMBER COMFORT TRANSPORTATION PTE LTD 7010045 MEMBER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P) UNIT CARD NO.	REGN NO. SHB4197J	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 11.05.2023 10:10
	YR OF MANU. 23.01.2020	TARGET DATE
	CHASSIS CODE KMHC851CVLU190137	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 11.05.2023
 TURE: 3P.11.05.23

NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

gement Slip

Vehicle No.: SHB4197J JU TOKIO

Service Advisor Signature/Date

igned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB4197J

Name of Service Advisor Date

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Jumani bin Masudin (CHK)

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM			
Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	11/05/2023
Vehicle Reg. No.:	SHB4197J	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	23/01/2020
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU409568	Chassis No:	KMHC851CVLU190137
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		
COST OF CLAIMS		Amount	
Parts			4,105.20
Miscellaneous Items			11.00
Labour			2,290.00
Paintwork Labour			0.00
Towing			0.00
	Gross Total (S\$)		6,406.20
	+ GST 8.00% (S\$)		512.50
	Nett Amount (S\$)		6,918.70

This claim is handled by: JUMANI BIN MASUDIN

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