

13/5/2010

INS. CASE OWNER:

CC 4 / AXA1601

9118, H1263

LKK:

IDAC:

Surveyor:

Henry

DOI:

ASSIGNMENT

11/10/10

Date / Time:

10/10/10

Registered in Merimen:

10/10/10

Pre-assign / CCU / FTE

STC 7672T



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHC 1579R



INSRS:

WSP:

Tel:

Liability:

RMKS:

LOBE
logany

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	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:
Repair Cost:	S\$	(days) Reduction: %
		Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
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\$	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
Total:	S\$	Global Sum S\$:
		Email ☐ Call ☐
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor:

ASSIGNMENT

From: Henry Date: 11/02/16
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SHC 1229R
 at Workshop m/s: Comfort Delgro
 of: SA Loyang Drive
 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: 6 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 1229 R Yr Regn: 03 / 2010
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (A)
 Make: Hyundai Sonata c.c. 1991
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 33710 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHET 41VMAA 780 692
 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: 215 / 60 R16
 R: W
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 7/10/16 D.O.I. 11/10/16
 Survey held at ADBE 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
	<u>LIS</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

1)

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

\$ + RS. \$ SI

Photos:

Others

TOTAL

Report Format : _____

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

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 539649

24 Seroko Loop Singapore 758156
7 Sungai Kadut Way Singapore 728791
6 Delfi Avenue 1 Singapore 539637

Date/Time: 10.10.2016 11:33

Page : 1

RAM: ARC: Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 304966129

MER

COMFORT TRANSPORTATION PTE LTD

7010045

MER NO.

SS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

R)

65508755

(O)

P)

JNT CARD NO.

REGN NO.:

SHC1229R

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN

07.10.2016 18:50

YR OF MANU.

31.03.2010

TARGET DATE

CHASSIS CODE

KMHKT41VMAA780692

COMPLETION DATE/TIME:

JOB DESCRIPTION

accident Date: 07.10.2016

ATURE: ACC.07.10.16

/NO

LABOR CODE

DESCRIPTION

KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

to:

SHC1229R

LIMITS

Vehicle No.:

SHC1229R

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard