15/5/2010

INS. CASE OWNER:

CC 7 /AIG1702 7102 / F2467

LKK:

IDAC:

ASSIGNMENT

Surveyor: Edwin   DOI: 18/11/17   Date / Time : 18/11/17

Registered in Merimen: 20/11/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SJA 9006B		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 16/11/17	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**

SHA 2487R ⟶ ________ ⟶ ________ ⟶ ________

INSRS: LONE WSP: Tel : WJ' Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 2487R – NS/ING1701391/M2rbc/ DM : 9/6/17
	SJA 9006B – X

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:	

Surveyor Kalvin | 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

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 2487R Yr Regn: 30 Jun 2011

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

Make: Hyundai Sonata c.c 1991

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 147457 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHETX1MBA813238

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: 215/65R16

R:

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.	16/11/2	D.O.I.	17/11/2

Survey held at COGE (Changi)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	AZG 4s.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 17.11.2017 11:28 Page : 1

am: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO 305090322

OMER	REGN NO.: SHA2487R	MILEAGE
S COMFORT TRANSPORTATION PTE LTD OMER NO 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	MAKE : HYUNDAI	FUEL E.........1/2.........F
	MODEL SONATA	DATE/TIME IN 17.11.2017 08:55
	YR OF MANU 30.06.2011	TARGET DATE
OUNT CARD NO.	CHASSIS CODE KMHET41VMBA813238	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 16.11.2017
ATURE: 3P 16.11.17

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: ____________________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA2487R JU AIG LKK

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA2487R

Name of Service Advisor

Date

To be kept by Security Guard