15/5/2010

INS. CASE OWNER: _____

LKK: _____
IDAC: _____

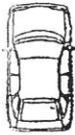CC **3** / LCR170 **22214** / **K/2A3**

ASSIGNMENT

Surveyor: **KALVIN**

DOI: **20/11/17**

Date / Time: **20/11/17**

Registered in Merimen: **21/11/17**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLK 5516X**
Name of Insured : **LCR**
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 400T →

INSRS:
WSP: **COGE (Loyang)**
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 400T - CS/FCI1/002S53/utbc2 DOA:02/02/16	Non-Reporting ltr (1st):	
	SLK 5516X - X	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$
Disbursement: S$ (e.g. Tow/ Independent)
Legal Cost S$
Total: S$ Global Sum S$:

1) Claim status: Normal/Reject/Private Settle
2) Report Format: _____
3) Survey fee: _____

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.**

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

Date: Person Contacted:

Veh No: **SHC 400 T**   Yr Regn: 30 *DC* 2010

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

Make: *Hyundai Sonata*   c.c *1991*

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

Sp.Reading *63085*   T/Radio: **Insured** / Std / NI / NA

Eng/No:

C/No: *KMHET41VMAA801772K*

Gen. Cond: **Good** / **Fair** / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / **STD Alam** or

Tyre Size: F: *285/65R16*

R:

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

Front		Rear	
R/Bal. *7*	mm	R/Bal. *7*	mm
L/Bal. *7*	mm	L/Bal. *7*	mm
D.O.A. *20/11/12*		D.O.I. *20/11/12*	
Survey held at	*CPGE (opns)*		

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

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

Vehicle: **IN / OUT**

Date / Time	Action / Instruction	
		A2G
		c/1.

N/S | O/S

Date/Time, File **Pass** to?   ☐ : **Preli. Report**

1)   ☐ : **Final Report**

Date/Time, File **Return** to?

2)

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 20.11.2017 14:27   Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO.305090771

REGN NO.: SHC 400T	MILEAGE
MAKE : HYUNDAI	FUEL E........1/2........F
MODEL SONATA 20.11.2017 09:35	DATE/TIME IN
YR OF MANU 30.12.2010	TARGET DATE
CHASSIS CODE KMHET41VMAA801774	COMPLETION DATE/TIME:

CUSTOMER

R/MS CITYCAB PTE LTD
      7010070
CUSTOMER NO 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65551188   (O)
L. (R)
(P)

DISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 20.11.2017
NATURE: 3P 20.11.2017

S/NO	LABOR CODE	DESCRIPTION
		Alg - taxi Right Rear damage
		LKK/ Kalmi -

CHECKED & PASSED OUT BY: _____

_____
SERVICE ADVISOR

_____
CUSTOMER'S SIGNATURE

Acknowledgement Slip

e:
No.:
cle No.: SHC 400T   LARRY

Larry Ng

Name of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 400T

Name of Service Advisor   Date

To be kept by Security Guard