15/5/2010

INS. CASE OWNER: Lynn | CC 3 / EQI170 22222 / Khaz | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 20/11/17 Date / Time : 20/11/17

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBE 55152 Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 20/11/17 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

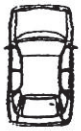
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 3896X → _____ → _____ → _____

INSRS:
WSP: COGE (Layang)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 3896X - CC3/AXA1200729/H1ec3f1 DOA: 10/04/17
	- CC4/AXA/7010444/M1wb3 DOA: 23/05/17
	- CS/EQI170105 23/R4h3k2 DOA: 23/05/17
	GBE 55152 - CC2/EQI/7011461/4lw392 DOA: 13/06/17

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 (TP circled)

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: SHP 3896 X Yr Regn: 23 Sep / 2010

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

Make: Hyundai Sonata c.c 1991

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

Sp.Reading 232091 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41VMAA 793833

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: "

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 (PHEC [illegible])

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

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

Date / Time	Action / Instruction
	EQ 4/5

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) __S + RS.__SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

Survey Fee:

Transportation:

TOTAL

Report Format :

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

COMFORTDELGRO ENGINEERING

a member of COMFORTDELGRO

Date/Time: 20.11.2017 09:21 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO 305090624

TOMER

MS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

OUNT CARD NO.

REGN NO.: SHD3896X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 20.11.2017 07:40
YR OF MANU. 23.09.2010	TARGET DATE
CHASSIS CODE KMHET41VMAA793833	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 20.11.2017
ATURE: 3P 20.11.17

/NO LABOR CODE DESCRIPTION

:KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHD3896X JU EQ LKK

Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3896X

Name of Service Advisor Date

To be kept by Security Guard