15/5/2010

INS. CASE OWNER:

CC 3 / AIG170 2 2224 / kleaz

LKK:
IDAC:

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. : SCA 9866T   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 :

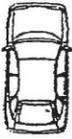If **NO**, Driver Name / Age :

Driver Tel No. :   (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
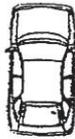
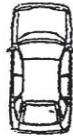Insured Liability :   %   **Final ? Yes / No**

SHD 3555E →

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
	SHD 3555E?~NS/INC11007234/Hlbn DOA: 15/04/11		
	~NS/INC15020441/Hlgbn2 DOA: 29/11/15	Non-Reporting ltr (1st):	
	SCA 9866T - 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$ 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:

(08/11/13)

Surveyor: Kalui   REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

<u>OD / TP</u> / 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: _____

Vehicle: **IN / OUT**

Veh No: **SHD 3555E**   Yr Regn: 8 Sep 2016

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

Make: Hyundai I40   c.c. 1685

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

Sp.Reading: 160683   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB44MH409JX86

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

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

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

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

Tyre Size: F: 205/60R16

R: "

	N/S	O/S

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. 16/11/17		D.O.I. 20/11/17	
Survey held at	(DGE (Lqn)		

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

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

Date / Time	Action / Instruction
	AZG
	PIP

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: 17.11.2017 13:31   Page : 1

Team:	ARC Repair TP(CLSO)1	**JOB CARD** Sales Order:		JC NO 305090343

JSTOMER		REGN NO.: SHD3555E	MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD		MAKE : HYUNDAI	FUEL E........1/2........F
JSTOMER NO. 7010045			
)DRESS 383 SIN MING DRIVE		MODEL I-40	DATE/TIME IN 16.11.2017 17:30
Singapore SINGAPORE 575717			
:L. (R) 65508755 (O) (P)		YR OF MANU 08.09.2016	TARGET DATE
SCOUNT CARD NO.		CHASSIS CODE KMHLB41UMGU093496	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.11.2017
NATURE: 3P 16.11.2017

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

---

nowledgement Slip	✂ Exit Pass
ie:	
No.:	Vehicle No.:
cle No.: SHD3555E CHIANG @	SHD3555E
_____	_____
ie of Service Advisor Signature/Date	Name of Service Advisor Date
e returned to Service Reception upon collection	To be kept by Security Guard