15/5/2010

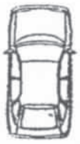
INS. CASE OWNER: Sun Thay | CC 4 / AXA170 22741 / K1pa3 | LKK: Sw/1/2 | IDAC: S7m00444

ASSIGNMENT

Surveyor: Anuk   DOI: 29-11-17   Date / Time: 29/11/17

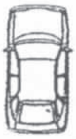
Registered in Merimen: –

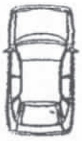
Pre-assign / CCU / FTE

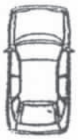


Insured Vehicle No.: SFV 8243B		Claim No.: S7m00444	
Name of Insured:		Policy No.:	
Insured Tel No.:	HP:	Make / Model:	
Excess Sec II :S$	D.O.A: 26-11-17	Place of Accident:	
Is driver the owner? (YES / NO)	Nature of Accident:		
If **NO**, Driver Name / Age:		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No.:	(V/L: YES / NO)	Insured Liability: %	**Final ? Yes / No**

SHB4695M → ____ → ____ → ____


INSRS:
WSP: ONLF loycuy
Tel:
Liability:
RMKS:


INSRS:
WSP:
Tel:
Liability:
RMKS:


INSRS:
WSP:
Tel:
Liability:
RMKS:


INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	
	SHB4695M - LS3/FU1501157/F9b/c3 ; DOA: 8/7/15
	SFV8243B - 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: 30/11   Sent By: Hwz

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: SHB 4695M | Yr Regn: 5 Jan 2017

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

Make: Hyundai I40 | c.c 1685

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

Sp.Reading — | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB41GMHU097876

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: 205/60R16

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	26/1/17	D.O.I.	29/1/17

Survey held at COGE (Loyang)

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

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

Date / Time	Action / Instruction
	Veh count start 1x4
	No Battery PIP

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___$ + RS___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 729791
6 Defu Avenue 1 Singapore 539537

Date/Time: 27.11.2017 14:34 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO.: 305092413

ISTOMER	REGN NO.: SHB4695M / MILEAGE
R/MS CITYCAB PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
ISTOMER NO. 7010070	MODEL: I-40 / DATE/TIME IN: 26.11.2017 18:45
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU.: 05.01.2017 / TARGET DATE
L. (R) 65551188 (O)	CHASSIS CODE: KMHLB41UMHU097876 / COMPLETION DATE/TIME:
(P)	
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 26.11.2017
NATURE: 3P 26.11.2017

S/NO	LABOR CODE	DESCRIPTION

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.: SHB4695M CHIANG @
le No.:

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB4695M

Name of Service Advisor

Date

To be kept by Security Guard