15/5/2010

INS. CASE OWNER: CC3 / AIG170 22828 / Klya3

LKK:

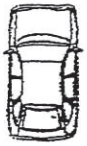
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 30/11/17 Date / Time: 30/11/17

Registered in Merimen: 01/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 5724M

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 29/11/17

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

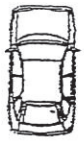
Make / Model :

Place of Accident :

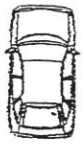
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

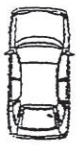
SHD 3644G →



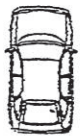
INSRS:
WSP: COGE (Loyang)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 3644G - CC3/AIG1701437 8/HIL1g2 DOA: 20/07/12
	- CC3/CTI17021938/M1423 DOA: 13/11/17
	- NS/INC0902402/FA DOA: 25/10/09
	- NS/INC1300671 9/HIQ0 DOA: 09/04/13
	SLF 5724M - 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:	

Surname: 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: SHD 3644 H Yr Regn: 18 Nov 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 6

Make: Toyota Prius c.c _____

Colour Blue A/C: Insured / Std / Nil / NA 6

Sp.Reading 141572 T/Radio: Insured / Std / Nil / NA 6

Eng/No: _____

C/No: JTDKB3FU 103 37599

Gen. Cond: Good / Fair / Poor / Burnt 6

Steering: Inorder / Jammed / Leaked / Burnt or _____ 6

Brake: Inorder / Jammed / Leaked / Burnt or _____ 6

Modi : Nil / S/Rim / STD A/Rim or _____ 6

Tyre Size: F: 195/65 R15

R: "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	29/11/17	D.O.I.	30/11/17

Survey held at COGE (Changi)

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

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

Date / Time	Action / Instruction
	AZA PIP

Date/Time File Pass to?

1) _____ ☐ : Preli. Report ☐ : 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: ___$ + R$ ___$

Photos: _____

Others: _____

TOTAL: _____

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
32[illegible] Road 3 Singapore 408649
24 Senoko Loop Singap
7 Sungei Kadut Way Sir
6 Defu Avenue 1 Singap

Team: ARC Repair TP(CLSO)1

Date/Time: 29.11.2017 17:50

Page

JOB CARD

Sales Order:

JC NO.3050

USTOMER

IR/MS COMFORT TRANSPORTATION PTE LTD

USTOMER NO. 7010045

DDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

EL. (R) 65508755

(P) (O)

VARS

ISCOUNT CARD NO.

B

REGN NO.: SHD3644G	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2
MODEL: PRIUS HYBRID(G4)	DATE/TIME IN 29.11.2017 1
YR OF MANU: 18.11.2016	TARGET DATE
CHASSIS CODE: JTDKB3FU103537599	COMPLETION D/

Accident Date: 29.11.2017
NATURE: 3P 29.11.2017

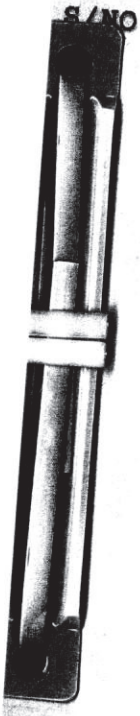
JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

A1G - ~~taxi~~ Rear damage
LKK/Kalvin -



IECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

Larry Ng

e:

o.:

le No.: SHD3644G

LARRY

Exit Pass

Vehicle No.:

SHD3644G