15/5/2010

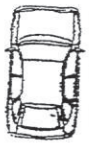
INS. CASE OWNER: CC3 / AIG1702 2829 / Kha3 | LKK: | IDAC:

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. : SKE 8288 C

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. :

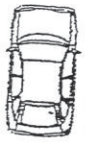
Make / Model :

Place of Accident :

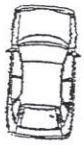
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

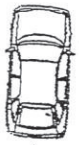
SHD 7060P → SKE 8288C (OI) → SHD 3346 S (TP) →



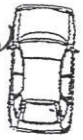
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP: COGE Cloyang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 3346S - CC3/AIG1700 4155/Hlhb3q2 DOA : 25/02/17
	- CC3/LCR17016260/Klpb3 DOA : 18/08/17
	- CC3/TMI1101 6099/Hlqo DOA : 4/05/11
	- NS/INC1200 8372/Hlqo DOA : 21/04/12
	- NS/INC1400 5852/Hlqm3c3 DOA : 25/02/14
	- NS/INC1700 7845/Hlcbn2 DOA : 18/04/17
	- NS/INC1701 1801/Hlcblk2 DOA : 15/06/17
	SKE 8288C - 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$	
Disbursement:	S$	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ (e.g. Tow/ Independent)	2) Report Format:
Total:	**S$**	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:	

Global Sum S$:

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)

N/S	O/S

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SH0 3346S Yr Regn: 21 July 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 162744 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB414MG4092187

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 Hankook

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 (AGE (Ioz-29)

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
	AEH
	P/P

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

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

Interview ($) Photos

Tech. Invs ($) Others

Weekend ($)

TOTAL

Report Format :

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

CdmfortDelGro Engineering Pte Ltd

Date/Time: 30.11.2017 13:43 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305093588

STOMER		REGN NO.: SHD3346S	MILEAGE
I/MS	COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E..............1/2..............F
STOMER NO.	7010045	MODEL I-40	DATE/TIME IN 30.11.2017 09:15
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 21.07.2016	TARGET DATE
L. (R)	65508755 (O)	CHASSIS CODE KMHLB41UMGU092187	COMPLETION DATE/TIME:
(P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 29.11.2017
NATURE: 3P 29.11.2017

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

ne:
No.:
cle No.: SHD3346S CHIANG @

ne of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3346S

Name of Service Advisor

Date

To be kept by Security Guard