15/5/2010

INS. CASE OWNER:

CC 3 /AIG1702 2846/ K2463

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kalvin

DOI: 20/11/17

Date / Time : 21/11/17

Registered in Merimen: 1/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLT 988E		Claim No. :	
Name of Insured :			Policy No. :	
Insured Tel No. :		HP:	Make / Model :	
Excess Sec II :S$		D.O.A : 29/11/17	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**

SHA 7767X → ______ → ______ → ______

INSRS: UOI/E WSP: Tel : ug. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 7767X - CO/TM/1011/4166/ H... 3/11
	SLT 988E - l

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:	

(08/11/13)

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: SHA7367X Yr Regn: 30 Dec 204

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

Make: Hyundai Santa c.c 1994

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

Sp.Reading 870298 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHETK1VMBA820563

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: 215/60R16

R: "

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.	29/11/17	D.O.I.	30/11/17

Survey held at COGE Cloyang

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

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

Date / Time	Action / Instruction
	AZG 4/s.

Date/Time, File **Pass** to?

1) _____

Date/Time, File **Return** to?

2) _____

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
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Workshops
59 Loyang Drive Singapore 508988
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758136
7 Sungei Kadut Way Singapore 729791
6 Defu Avenue 1 Singapore 539527

Date/Time: 30.11.2017 12:54 Page : 1

Team: IN ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305093596

ISTOMER	REGN NO.: SHA7367X / MILEAGE
V/MS COMFORT TRANSPORTATION PTE LTD	
ISTOMER NO. 7010045	MAKE : HYUNDAI / FUEL E.....1/2.....F
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL SONATA / DATE/TIME IN 30.11.2017 09:50
L. (R) 65508755 (O)	YR OF MANU 30.12.2011 / TARGET DATE
(P)	CHASSIS CODE KMHET41VMBA820563 / COMPLETION DATE/TIME:
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 29.11.2017
NATURE: 3P 29.11.2017

S/NO	LABOR CODE	DESCRIPTION
		A1G - taxi Left Frnt damage
		LICE/ Kalvin -

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHA7367X LARRY

Larry Ng

e of Service Advisor Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7367X

Name of Service Advisor Date

To be kept by Security Guard