15/5/2010

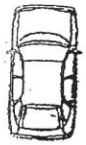
INS. CASE OWNER: Clara | CC4 / FWD1702 2870 1kleas | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 01/12/17 Date / Time: 01/12/17

Registered in Merimen: 01/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 5548T Claim No. : 1201700003403

Name of Insured : SAM YUIN LOONG PAUL Policy No. : PNPV2017-0000Z904

Insured Tel No. : HP: Make / Model : TOYOTA HARRIER

Excess Sec II :S$ D.O.A : 01/12/17 Place of Accident : LOYANG AVE SLIP ROAD BEFORE TPE/ECP

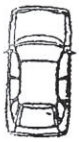
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

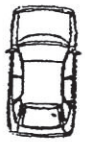
Driver Tel No. : 9831 7083 (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT YES / NO

Insured Liability : % **Final ? Yes / No**

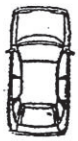
SHC 480L → → →



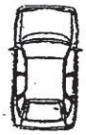
INSRS:
WSP: COGZ (Loyang)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 480L - NA/INC/2009502/k DOA: 10/05/12 SKT 5548T - 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:	

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.

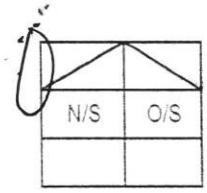
Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**



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: SHC480L | Yr Regn: 31 Oct 2013

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

Make: Hyundai IX40 | c.c 1685

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

Sp.Reading: 600713 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB41CMD040429x

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 Westlake

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	1/12/17	D.O.I.	1/12/17

Survey held at COKE (Loyang)

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
	FWD 4s

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 ($) ___$ + PS___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Hotline : 65 6383 6286, Facsimile : 65 6220 9735
Workshops
52 Loyang Drive Singapore 508966
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
32 Ubi Road 3 Singapore 408641
34 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 01.12.2017 12:09 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO. 305093948

STOMER	REGN NO.: SHC 480L / MILEAGE
I/MS CITYCAB PTE LTD	MAKE : HYUNDAI / FUEL E.....1/2.....F
STOMER NO. 7010070	MODEL I-40 / DATE/TIME IN 01.12.2017 09:10
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 31.10.2013 / TARGET DATE
(R) 65551188 (O)	CHASSIS CODE KMHLB41UMDU042194 / COMPLETION DATE/TIME:
(P)	
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 01.12.2017
NATURE: 3P 01.12.17

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC 480L LIMTS

ıe of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 480L

Name of Service Advisor

Date

To be kept by Security Guard