15/5/2010

INS. CASE OWNER: CC 3 /AIG1702 3057 / FZ PH3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Edwin

DOI: 4/12/17

Date / Time : 4/12/17

Registered in Merimen: 4/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SFS 7188A

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 20/11/17

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

(V/L: YES / NO)

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

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

SHC 7439L →

INSRS:
WSP:
Tel :
Liability :
RMKS:

LOME

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 7439L - Y SFS7188A - Y

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:	

Name: Kalvin Giovanni | 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: SHC 7439L | Yr Regn: 19 Aug 2010

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

Make: Hyundai Sonata | c.c 1991

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

Sp.Reading 350615 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHETK1VMAA792605

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 Maxxis

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	30/11/17	D.O.I.	4/12/17

Survey held at COSE (Loyang)

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

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

Date / Time	Action / Instruction
	ATA 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:

Survey Fee

Transportation

Add Fee: ☐ : Site Insp ($) $ + RS $

☐ 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
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
320 Ubi Road 1 Singapore 408648
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 01.12.2017 16:37 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3787087 JC NO.305094003

STOMER
/MS CITYCAB PTE LTD
STOMER NO. 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
.. (R) 65551188 (O)
(P)
COUNT CARD NO.

REGN NO.: SHC7439L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 30.11.2017 14:30
YR OF MANU 19.08.2010	TARGET DATE
CHASSIS CODE KMHET41VMAA792605	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.11.2017
NATURE: 3P 30.11.17/B

S/NO	LABOR CODE	DESCRIPTION

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
:le No.: SHC7439L FZ AIG LKK

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7439L

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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205 Braddell Road Singapore 579701
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Service Centres
205 Braddell Road Singapore 579701 | 59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286 | 383 Sin Ming Drive Singapore 57571
7 Sungei Kadut Way Singapore 728791 | 320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
6553 1111
SPARK Assist Recovery · Towing · Accident
Appointed Partners

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 30/6/17 Time Received: 6:30p

2. ☐ New ☐ SPARK Kakis
Name of Customer Wong Mei Khum
Contact No. 96689282
Vehicle No. SHC 7439L
Make / Model / Colour :
Email :

3. Vehicle Type:
☐ Private
☑ Taxi (CTPL/CCPL)
☐ Fleet
☐ STK (Boon Lay)

4. Type of Towing:
☑ Normal Tow
☐ King Dolly
☐ Flat Bed
☐ Crane-up
_____

5. Nature of Service:
☐ Jumpstart
☐ Recovery
☐ Change Tyre / Battery

6. Parts Replaced/Remarks:
_____
_____

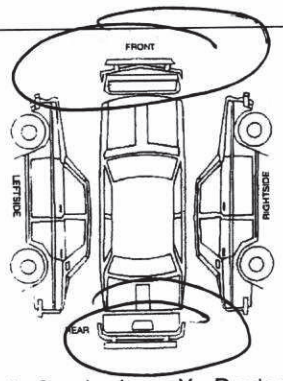
7. Location: 842 Tampines

8. Vehicle Tow - In Workshop:
☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☑ Accident ☐ Engine Stalled
☐ Return Taxi

9. Preferred Workshop:
☐ Braddell ☑ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)
☐ Others: _____

10. Odometer Reading : _____
Fuel Level : F | 1/4 | 1/2 | 3/4 | E

11. Radio / CD Player
☑ OK
☐ Faulty
☐ Not tested



#: Cracked X : Dented
/ : Scatched O : Missing

_____
Signature of Customer

Job Assignment

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☑ GAO ☐ TZ ☐ YISHUN TOWING ☐ OTHERS
Name of Driver : Freddy
Vehicle No. : GU5738P
Time Dispatch : 6:30
Time of Arrival : 7
Time Completed : 8

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

30/6/17. | 7 pm | _____
Date | Time | Signature of Customer

14. WORKSHOP

_____ | _____ | _____
Name of Attending Staff/Guard | Date & Time of Arrival | Signature of Attending Staff/Guard

CUSTOMER'S COPY