15/5/2010

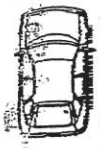
INS. CASE OWNER: Sam Theng | CC4 /AXA1702 3075 / K/wq3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 05/12/17 Date / Time: 05/12/17

Registered in Merimen: 05/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 9922A Claim No. :

Name of Insured : TRANS - CAB SERVICES PTE LTD Policy No. : VPX/P/1680520

Insured Tel No. : HP: Make / Model : RENAULT LATITUDE - 2.0 DCI AUTO (CAB 4DR (A)

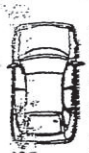
Excess Sec II :S$ 5,000.00 D.O.A : 02/12/17 Place of Accident : BAYFRONT AVE TOWARDS RAFFLES AVE

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

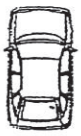
If NO, Driver Name / Age : LEONG KOK CHEONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 9109 6365 (V/L YES / NO) Insured Liability : % **Final ? Yes / No**

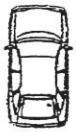
SHC 3890S → → →



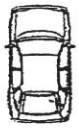
INSRS:
WSP: COGE (Loyang)
Tel :
Liability : TP - ARC
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 3890S7 - CC3/AIG11014458/H1alg2p DOA: 16/07/11
	- NBA/INC1701230 2/Y DOA: 22/06/17
	- NJA/INC0900869 4/k1 DOA: 22/04/09
	- NS/INC1500920 4/H1tbd1 DOA: 01/06/15
	- NS/INC1701230 1/M1tbe2 DOA: 22/06/17
	SHB9922A - CC3/AIG1500538 2/kpa3q2 DOA: 27/03/15
	- CC3/AXA1600605 1/kza3q2 DOA: 29/03/16
	- CC3/EQI1600775 7/kua3q2 DOA: 23/04/16
	- CC3/FCI1501415 2/ktbq2 DOA: 17/03/15
	- CS/MSG1701031 0/kqh3e2 DOA: 24/05/17
	- CS/TP11014576/Kck3 DOA: 20/02/11
08/12/17 (vivian)	- CS/TP13001954/ky1 DOA: 29/03/11

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: 08/12/17 Sent By: Shirley Hew

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)

REF: AXA

Surveyor: macimen

ASSIGNMENT

From: Date: 05/12/2017

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHC 3890S

at Workshop m/s ComfortDelGro

of 59 Loyang Drive

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 3890S Yr Regn: 11 Feb 2015

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 272755 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41GMFU06467

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.	2/12/17	D.O.I.	5/12/17

Survey held at CDGE (Loyang)

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
7/12/17	Contact P/P $ 1130.48 / 2 days.

P/P

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___$ + RS.___SI

Add Fee: ☐ : Site Insp ($) Photos

☐ : Interview ($)

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 04.12.2017 11:22 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.305094374

JSTOMER	REGN NO.: SHC3890S / MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
JSTOMER NO. 7010045	MODEL: I-40 / DATE/TIME IN: 03.12.2017 09:00
DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU.: 11.02.2015 / TARGET DATE
EL. (R) 65508755 (O)	CHASSIS CODE: KMHLB41UMFU064617 / COMPLETION DATE/TIME:
(P)	
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 02.12.2017
NATURE: 3P 02.12.2017

S/NO	LABOR CODE	DESCRIPTION
	AXA -	taxi Rear damage

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

ie:
No.:
cle No.: SHC3890S LARRY

Vehicle No.: SHC3890S

Larry Ng

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard