15/5/2010

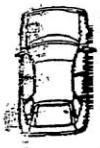
INS. CASE OWNER: Vale | CC 4/AXA1702 3078 IK/ha3 | LKK: IDAC:

ASSIGNMENT

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

Registered in Merimen: 04/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5126C Claim No. :

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : VPX/P1680520

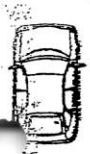
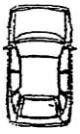
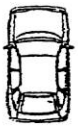
Insured Tel No. : HP: Make / Model : RENAULT LATITUDE - 2.0 DCI AUTO

Excess Sec II :S$ 5,000.00 D.O.A : 01/12/17 Place of Accident : D/AB 40R (A) ECP TOWARDS CHANGI AIRPORT T

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

If **NO**, Driver Name / Age : KOH KIM LYE ICE-UIN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 9450 1551 (V/L YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 5726C (OI)	→	SHC 8602 (TP)	→	SHD 3254Z	→	SJG 4308G
						
INSRS:		INSRS:		INSRS:		INSRS:
WSP:		WSP: COGZ (Loyang		WSP:		WSP:
Tel :		Tel :		Tel :		Tel :
Liability :		Liability : TP ARC		Liability :		Liability :
RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time	
	SHC 8602 - CS/FCI1702 3038/M1-6 DOA: 01/12/17
	SHC 5126C - CS/AXA1700 5288/AyB3 DOA: 10/03/17
	- CS/TP1402 0730/Kq6k3 DOA: 25/09/14

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:	

REF: AxA

ASSIGNMENT

From: Date: 5/12/17

Estimated Cost:

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

To Inspect Vehicle No: SHC8607

at Workshop m/s Comfort Delgro

of 59, Toyeng 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 'wp'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC8607 Yr Regn: 17 Oct 2013

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 6

Make: Mercedes Benz E220 c.c 2143

Colour: White A/C: Ins / Std / Nil / NA

Sp.Reading: 6 69725 T/Radio: Ins / Std / Nil / NA

Eng No:

C/No: WDD 21200 22A 7595 42

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: 205/65R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

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.	5/12/17

Survey held at (OKE Gyeong)

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

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

Date / Time Action / Instruction

C/S

Date/Time File Pass to? 1) : Preli. Report : Final Report

Date/Time File Return to? 2)

Report Format :

Lump Sum / I.B.I: $

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp $ Interview $ Technical $ Weekend $

Survey Fee

Transportation $ + PS $

Photos

Others

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 05.12.2017 11:36 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO. 305094403

JSTOMER		REGN NO.: SHC 860Z	MILEAGE
R/MS	CITYCAB PTE LTD		
JSTOMER NO.	7010070	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
)DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL E220CDI(E5)	DATE/TIME IN 01.12.2017 18:00
L. (R)	65551188 (O)	YR OF MANU 17.10.2013	TARGET DATE
(P)			
SCOUNT CARD NO.		CHASSIS CODE WDD2120022A759542	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 01.12.2017
NATURE: 3P 01.12.2017

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
cle No.: SHC 860Z CHIANG @

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 860Z

Name of Service Advisor

Date

To be kept by Security Guard