15/5/2018

INS. CASE OWNER: | CC 3 / AIG170 23110 / Klyo3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Ank   DOI: 5/12/17   Date / Time : 5/12/17
Registered in Merimen: 6/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. :	GU 8087D	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A.: 4-12-17	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**

SHC 2964U → ________ → ________ → ________

INSRS: WSP: Chase Loyang Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHC2964U-NK[illegible] dr ; DOA: [illegible]	**STAGE** — **DATE / PIC**
	GU8087D-[illegible] ; DOA: [illegible]	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: SHC29644 Yr Regn: 31 Dec 2012

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

Make: Hyundai Sonata c.c. 1999

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

Sp.Reading: 705255 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41VMCA831679

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi.: Nil / S/Rim / STD S/Rim or

Tyre Size F: 215/60 R16

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.	4/12/17		D.O.I.	5/12/17	

Survey held at: COGE (Loyang)

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
	A26 4/.

Date/Time File Pass to? / : Prell. Report / : Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp. ($) / Interview ($) / Tech. Invs ($) / Weekend ($)

Survey Fee: / Transportation: / $ +R$ $ / Photos / Others / TOTAL

Report Format:

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 05.12.2017 08:28 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO 305094773

ISTOMER VMS COMFORT TRANSPORTATION PTE LTD ISTOMER NO. 7010045 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SHC2964U MAKE: HYUNDAI MODEL SONATA YR OF MANU 31.12.2012 CHASSIS CODE KMHET41VMCA831679	MILEAGE FUEL E 1/2 F DATE/TIME IN 04.12.2017 15:30 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.12.2017
NATURE: 3P 04.12.2017

S/NO	LABOR CODE	DESCRIPTION
		AIG - taxi Right Front damage
		LKK/Kalvin -

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC2964U LARRY

Larry NG

e of Service Advisor Signature/Date

s returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2964U

Name of Service Advisor Date

To be kept by Security Guard