INS. CASE OWNER: CC 3 / AIG170 23111 , KHa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Anik DOI: 5/12/17 Date / Time : 5/12/17

Registered in Merimen: 6/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SGG 8577E		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 8026M → ______ → ______ → ______

INSRS: WSP: Chino Laying Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 8026M - CC3/ CA/1500 2945/ HMW3q1 ; DOA: 17/7/15
	- MT/MC/1600 3449/ HMGbq2 ; DOA: 19/7/16
	SGG 8577E - CC3/AIG/1700 1038/ HMWb3 ; DOA: 25/01/17

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.

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 8026A Yr Regn: 6 May 25

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

Make: Mercedes Benz E220 cc

Colour: White A/C: Installed / Std / NI / NA

Sp.Reading: 414585 T/Radio: Installed / Std / NI / NA

Eng/No:

C/No: WDD21200128159044

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225 / 55 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:	4/12/24	D.O.I:	5/12/24

Survey held at: COKE (1 day)

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

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

Date / Time	Action / Instruction
	ATA
	HP

Date/Time File Pass to?

To:

Date/Time File Return to?

To:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech Insp ($) ☐ Weekend ($)

Photo:

Others:

Report Format :

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 04.12.2017 14:29 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305094408

STOMER		REGN NO.: SHC8026M	MILEAGE
/MS	COMFORT TRANSPORTATION PTE LTD	MAKE: MERCEDES BENZ	FUEL E 1/2 F
STOMER NO.	7010045	MODEL E220CDI(E6)	DATE/TIME IN 04.12.2017 09:50
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 06.05.2015	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE WDD2120012B159044	COMPLETION DATE/TIME:
(P)			
CCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 04.12.2017
NATURE: 3P 04.12.2017

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC8026M CHIANG @

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8026M

Name of Service Advisor

Date

To be kept by Security Guard