15/5/2010

INS. CASE OWNER: Saw Theng | CC 4 /AXA1702 3158 / E1p63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Falvin | DOI: 6/12/17 | Date / Time : 6/12/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJU 5349H | Claim No. : STM0053T | 21034

Name of Insured : | Policy No. :

Insured Tel No. : HP: | Make / Model :

Excess Sec II :S$ D.O.A : 02/12/17 | 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**

SHA 978D → ____ → ____ → ____

INSRS: LIBERTY
WSP: VG
Tel :
Liability :
RMKS: (ARC)

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 978D – LG/QW/TUL0373/H1Ub52 DOA 3/12/17
	SJU 5349H – 4
	* smartclaim

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: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

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: SHA 9780 Yr Regn: 15 Sep 2016

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

Make: Hyundai I40 c.c 1685

Colour yellow A/C: Insulated / Std / NI / NA

Sp.Reading 158943 T/Radio: Insulated / Std / NI / NA

Eng/No:

C/No: KMHCB4AUMH409623

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 Westlake

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.	6/12/17

Survey held at CDLE (Lynn)

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
	Axle P/P

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee

Transportation: ___$ + PS ___SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING
member of COMFORTDELGRO

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Maintline: +65 6383 6260 Facsimile: +65 6250 9755
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59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
43 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 04.12.2017 14:19 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO.305094510

OMER IS CITYCAB PTE LTD OMER NO. 7010070 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P)	REGN NO.: SHA 978D	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 04.12.2017 11:00
	YR OF MANU 15.09.2016	TARGET DATE
OUNT CARD NO.	CHASSIS CODE KMHLB41UMGU093623	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 02.12.2017
ATURE: 3P 02.12.2017

/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA 978D CHIANG @

Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 978D

Name of Service Advisor Date

To be kept by Security Guard