15/5/2010

INS. CASE OWNER: CC 3 / AIG170 23283 / klha3

LKK:

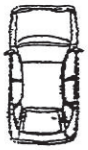
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 06/12/17 Date / Time: 06/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 7487U

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 05/12/17

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

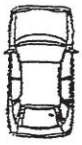
Make / Model :

Place of Accident :

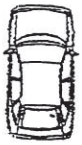
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

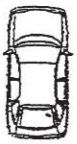
SHA 56P → → →



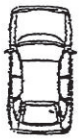
INSRS:
WSP: COGE (Chayang)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel.:
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 56P - CC3/AIG09003205/Fal f2q2 DOA: 12/02/09
	SLD 7487U - X

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:	

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 56P | Yr Regn: 13 Sep 2017

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

Make: Toyota Prius | c.c

Colour: Yellow | A/C: Insured / Std / NI / NA

Sp.Reading: 25781 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKDBJF46035 6285x

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STDA/Rim or

Tyre Size: F: 195/65 R15

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.	5/12/17	D.O.I.	6/12/17

Survey held at: CDAE (Gay)

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

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

Date / Time	Action / Instruction
	AZA

Date/Time File Pass to?

1)

Date/Time File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insc ($) ___$ + RS___SI

☐ Interview ($) Photos

☐ Tech. Invs ($) Others

☐ Weekend ($)

TOTAL

Report Format :

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Workshops
62 Loyang Drive Singapore 508936
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 738166
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 06.12.2017 12:53 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO. 305095377

USTOMER	REGN NO.: SHA 56P / MILEAGE
R/MS CITYCAB PTE LTD	MAKE: TOYOTA / FUEL E.....1/2.....F
USTOMER NO. 7010070	MODEL: PRIUS HYBRID(G4) / DATE/TIME IN 06.12.2017 10:05
DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 13.09.2017 / TARGET DATE
L. (R) 65551188 (O)	CHASSIS CODE JTDKB3FU603562854 / COMPLETION DATE/TIME:
(P)	
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 05.12.2017
NATURE: 3P 05.12.2017

S/NO	LABOR CODE	DESCRIPTION
		A1G - taxi Rear damage
		LKK/Kelvin -

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

e:
lo.:
cle No.: SHA 56P LARRY

Larry Ng

ne of Service Advisor Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 56P

Name of Service Advisor Date

To be kept by Security Guard