15/5/2010

INS. CASE OWNER: | CC 4/AXA1702 3322 / E2p63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Edwin | DOI: 7/12/17 | Date / Time : 7/12/17

Registered in Merimen: 7/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMC 5221K	Claim No. :	
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 :

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

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

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

SH9433G → ______ → ______ → ______

INSRS: UOI WSP: wj. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH9433G – X
	SMC 5221K – CS/E4/06/188798/ KTH3P DOA: 3/10/16

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$ (S$ x days)	
Loss of Income (LOI):	S$ (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: SH 9933H Yr Regn: 17 Mar 2017

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

Make: Hyundai Ionic CC

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

Sp.Reading: 88642 T.Radio: Installed / Std / NI / NA

Eng.No:

C/No: KMHC851CVHU022745

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R:

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

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	7/12/17

Survey held at COKE (Tuas)

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
	AXA
	PP

Date/Time File Pass to: : Preli. Report

to: : Final Report

Date/Time File Return to:

by:

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

Transportation:

Add Fee: Site Insp ($) Photo

Interview ($) Other

Tech Insp ($)

Weekend ($)

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 05.12.2017 09:38 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.305094823

CUSTOMER		REGN NO.: SH 9933G	MILEAGE
MR/MS	COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E 1/2 F
CUSTOMER NO.	7010045	MODEL: IONIQ	DATE/TIME IN: 04.12.2017 13:35
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU: 17.03.2017	TARGET DATE
TEL. (R)	65508755 (O)	CHASSIS CODE: KMHC851CVHU022745	COMPLETION DATE/TIME:
(P)			
DISCOUNT CARD NO.			

JOB DESCRIPTION

[:ident Date: 02.12.2017
NATURE: 3P 02.12.2017

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

:knowledgement Slip

ame:
No.:
hicle No.: SH 9933G CHIANG @

ame of Service Advisor

Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9933G

Name of Service Advisor

Date

To be kept by Security Guard