15/5/2010

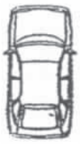
INS. CASE OWNER: | CC 3 / LCR170 23447, K1pa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Ang DOI: 08/12/17 Date / Time : 08/12/17

Registered in Merimen: 11/12/17

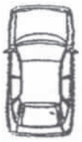
Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 5439D		Claim No. :	
Name of Insured : [redacted]		Policy No. :	
Insured Tel No. :	HP:	Make / Model : Toyota Prius Hybrid.	
Excess Sec II :S$	D.O.A : 08/12/2017	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**

SHB 5239R → SLQ 5439D → SHA 4361 G →

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP: Ong Wong
Tel :
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA4361G. C13/AG150117911/K1793C7; DOA: 9/7/15
	SLQ 5439D. 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:	

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)

N/S	O/S

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. SHA 4361G Yr Regn: 19 May 2016

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

Make: Hyundai I40 c.c 1685

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

Sp.Reading: 154767 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB41UAGU089722

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 Hankook

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	8/12/17		D.O.I.	8/12/17	

Survey held at: COKE Company

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	
11/12/17	Call PP $280/2 days,	AZG P/P

Date/Time, File Pass to?

1) : Preli. Report

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($) __S - RS __S

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

Survey Fee

Transportation

TOTAL

Report Format :

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

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

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59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 08.12.2017 10:36 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO. 305095841

OMER S OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) OUNT CARD NO.	REGN NO.: SHA4361G MAKE: HYUNDAI MODEL I-40 YR OF MANU 19.05.2016 CHASSIS CODE KMHLB41UMGU089722	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 08.12.2017 07:40 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 08.12.2017
ATURE: 3P 08.12.17

/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHA4361G LIMTS

Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4361G

Name of Service Advisor Date

To be kept by Security Guard