15/5/2010

INS. CASE OWNER: CC3 / AIG170 2 3561 / Klea3

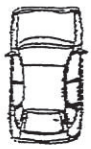
LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 11/12/17 Date / Time : 11/12/17

Registered in Merimen: 12/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SKP 871M

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 08/12/17

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. :

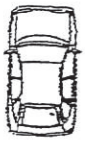
Make / Model :

Place of Accident :

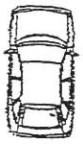
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

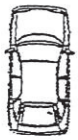
SHC 2715Y → → →



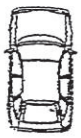
INSRS:
WSP: CDGE (Luyang)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel.:
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 2715Y - CC3/ICS17004803/Hleg3q2 DOA: 07/03/17
	- CS/TMI15011704/Hlghn2 DOA: 11/07/15
	SKP 871M - 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)

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 2715Y Yr Regn: 11 July 2013

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 0

Make: Hyundai Sonata cc 1994

Colour Blue A.C: Insulated / Std / NI / NA 0

Sp.Reading 66591 T.Radio: Insulated / Std / NI / NA 0

Eng No: _____

C/No: KMHET41VMDA 835390

Gen. Cond: Good / Fair / Poor / Burnt 0

Steering: Inorder / Jammed / Leaked / Burnt or 0

Brake: Inorder / Jammed / Leaked / Burnt or 0

Modi : Nil / S/Rim / S/D A/Rim or 0

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.	8/12/12	D.O.I.	10/12/12

Survey held at: CHEChong

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
	A24 4/2

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 (S$ _____) ☐ Interview (S$ _____) ☐ Tech. Invs (S$ _____) ☐ Weekend (S$ _____)

Survey Fee

Transportation

Photos

Others

TOTAL

Report Format : _____

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
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59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 1 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 08.12.2017 16:22 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3788746 JC NO.305096084

ISTOMER

/MS COMFORT TRANSPORTATION PTE LTD
ISTOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65508755 (O)
(P)

SCOUNT CARD NO.

REGN NO.: SHC2715Y	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 08.12.2017 14:50
YR OF MANU. 11.07.2013	TARGET DATE
CHASSIS CODE KMHET41VMDA835390	COMPLETION DATE/TIME:

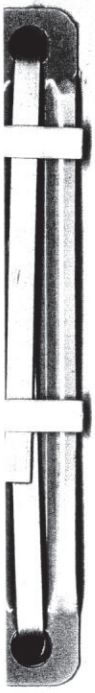
JOB DESCRIPTION

Accident Date: 08.12.2017
NATURE: 3P 08.12.17/B

REAR RIGHT

AIG
SKP 871M

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

Exit Pass

e No.: SHC2715Y FZ AIG LKK

Vehicle No.: SHC2715Y

FZ

of Service Advisor Signature/Date

Name of Service Advisor Date

returned to Service Reception upon collection

To be kept by Security Guard