15/5/2010

INS. CASE OWNER: CC 3 / AIG1702 3650 / Khaz

LKK:

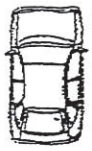
IDAC:

ASSIGNMENT

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

Registered in Merimen: 13/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SFV 2800H

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/12/17

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. :

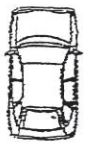
Make / Model :

Place of Accident :

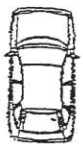
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

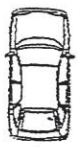
SHD 7076U →



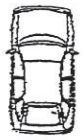
INSRS:
WSP: COGE (Coyang)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 7076U - X ; SFV 2800H - 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$		
Disbursement:	S$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$		2) Report Format:
Total:	S$	Global Sum S$:	3) Survey fee:
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	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: SHD 7076H Yr Regn: 15 Oct 2015

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

Make: Hyundai I40 c.c. 1685

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

Sp.Reading 268954 T.Radio: Installed / Std / NI / NA

Eng.No:

C/No: KMHLB41HAGH078613

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / 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.	10/12/17	D.O.I.	12/12/17

Survey held at CDRE (Gyms)

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
	AZA
	PIP

Date/Time File Pass to?

1)

Date/Time File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Lump Sum / I.B.I: $

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp $

☐ : Interview $

☐ : Tech. Insp $

☐ : Weekend $

Survey Fee

Transportation

___$ + PS ___$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Workshops
50 Layang Drive Singapore 609936
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
32 Senoko Loop Singapore 758136
7 Sungei Kadut Way Singapore 729791
6 Defu Avenue 1 Singapore 539937

Date/Time: 11.12.2017 17:50 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.: 305096866

JSTOMER	REGN NO.: SHD7076U / MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
JSTOMER NO. 7010045	MODEL I-40 / DATE/TIME IN 10.12.2017 21:05
DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 15.10.2015 / TARGET DATE
L. (R) 65508755 (O)	CHASSIS CODE KMHLB41UMGU078613 / COMPLETION DATE/TIME:
(P)	
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 10.12.2017
NATURE: 3P 10.12.2017

S/NO	LABOR CODE	DESCRIPTION
		ALG - taxi Rear damage
		LKK/Kalvin -

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHD7076U LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD7076U

Name of Service Advisor

Date

To be kept by Security Guard