15/5/2010

INS. CASE OWNER: CC 3 / LCR1702 3653 / KL223

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. : SLQ 4888Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 09/12/17 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**

SH 6354Y →

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

Date/ Time	
	SH 6354Y - CS/III1501611 3/HGbd1 DOA : 17/09/15
	- CS3/III1501135 1/RJbk3 DOA : 29/05/15
	- NA/AIG110228 03/LW1 DOA : 04/11/14
	SLQ 4888Y - 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:	

REF:

Surveyor: Kalvin

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: SH6354Y Yr Regn: 12 Nov 2015

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

Make: Hyundai Z460 c.c. 1685

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

Sp.Reading 233773 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC8414MG480827

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD S/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.	9/12/17	D.O.I.	12/12/17

Survey held at CDRE (Bangi)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front M3

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

Date / Time	Action / Instruction
	AZG PIR

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. Invs ($) _____

☐ Weekend ($) _____

Survey Fee

Transportation

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
Workshops
53 Loyang Drive Singapore 508965
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758136
7 Sungei Kadut Way Singapore 728799
6 Defu Avenue 1 Singapore 539537

Date/Time: 11.12.2017 18:51 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO. 305096869

JSTOMER		REGN NO.: SH 6354Y	MILEAGE
R/MS	COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
JSTOMER NO.	7010045	MODEL I-40	DATE/TIME IN 11.12.2017 12:00
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 12.11.2015	TARGET DATE
L. (R)	65508755 (O)	CHASSIS CODE KMHLB41UMGU080427	COMPLETION DATE/TIME:
(P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 09.12.2017
NATURE: 3P 09.12.2017

S / NO	LABOR CODE	DESCRIPTION
	A1G - ~~Front~~ Left	
	LKK/Kalmi -	

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SH 6354Y LARRY

Larry Ng
e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6354Y

Name of Service Advisor

Date

To be kept by Security Guard