

INS CASE OWNER:

CC 3 / LCR1702 3653 1 K1223

LKK:

IDAC:

ASSIGNMENT

Surveyor:

RALVIN

DOI:

12/12/17

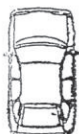
Date / Time:

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 :SS

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.:

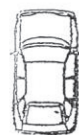
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SH 6354Y



INSRS:

WSP: C045 (Loyang)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SH 6354Y - CS/III/SD/113/H/16d1 DDA: 17/09/15
 - CS2/III/SD/11251/R/16k3 DDA: 29/05/15
 - NA/ATG/11022803/LWI DDA: 04/11/11
 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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

100

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

Est. or Market Value:	_____		
IDAC Accident Rpt:	_____	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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 6354 Y Yr Regn: Nov 2013
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / 6 / Prime Mover /
 Truck / Trailer or
 Make: Hyundai 240 cc 1685
 Colour: Blue A/C: 6 Ins: 6 Std / NI / NA
 Sp. Reading: 23773 T/Radio: 6 Ins: 6 Std / NI / NA
 Eng No: _____
 C/No: KMHCB414M69080422
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: In order / 6 / Jammed / Leaked / Burnt or
 Brake: In order / 6 / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD 6 Rim or
 Tyre Size: F: 205/60R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *Hen Koda*

Front		Rear	
R/Bal.	7	R/Bal.	7
L/Bal.	7	L/Bal.	7
D.O.A.	9/2/12	D.O.I.	12/12/12

Survey held at CHC (Gang)
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
-------------	----------------------

Date/Time, File Pass to?

☐ : Prelim. Report
☐ : Final Report

1)

Date/Time: File Return to?

Report Format :

Lump Sum / I.B.I.: 13

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐	Site Insp	(\$
☐	Interview	(\$
☐	Tech. Invs	(\$
☐	Weekend	(\$

Survey Fee:

Transpiration

Drugs

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

200 Bras Basah Road, Singapore 189570
Tel: 6342 3333 Fax: 6342 3333

Workshops

58 Loo Yang Drive Singapore 600688

385 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 608286

320 Loo Road Singapore 600688

24 Serangoon Road Singapore 730126

7 Sungei Kadut Way Singapore 728791

6 Dafu Avenue 1 Singapore 535537

Date/Time: 11.12.2017 18:51

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO. 305096869

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

L (R)

(P)

SCOUT CARD NO.

REGN NO.

SH 6354Y

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

11.12.2017 12:00

DATE/TIME IN

YR OF MANU

12.11.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU080427

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.12.2017

NATURE: 3P 09.12.2017

S / NO

LABOR CODE

DESCRIPTION

ALG - Front Left
LKK/Kalmi -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

Vehicle No.:

Vehicle No.:

SH 6354Y

LARRY

Vehicle No.:

SH 6354Y

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard