15/5/2010

INS. CASE OWNER: CC3 / LCR1702365 7 / K12a3

LKK:

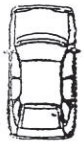
IDAC:

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. : SLK 3476R Claim No. :

Name of Insured : LCR Policy No. :

Insured Tel No. : HP: Make / Model :

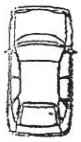
Excess Sec II :S$ D.O.A : 08/12/17 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

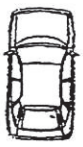
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

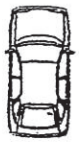
SHC 7154H →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 7154H7 - CC3/AIG1500923 93/H12a3g2 DOA: 31/05/15
	J - CS/FCI1500168 0/HbXX DOA 23/01/15
	SLK 3476R - CC4/LCR1701685 9/A2b3 DOA: 25/08/17

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 7154H Yr Regn: 7 Apr 2016

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

Make: Hyundai Z40 c.c 1685

Colour: yellow A/C: Insp'd / Std / NI / NA

Sp.Reading: 274561 T/Radio: Insp'd / Std / NI / NA

Eng/No:

C/No: KMHCB41GMG406973

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: 205/60 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Market

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.	12/12/17

Survey held at COKE (Guyana)

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

O/S Front.

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

Date / Time	Action / Instruction
	AZG
	PIP

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Lump Sum / I.B.I: (S

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (S ☐ : Interview (S ☐ : Tech. Invs (S ☐ : Weekend (S

Survey Fee

Transportation

$ - PS $

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING

+ key in taxi +

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6333 6260 Facsimile + 65 6280 0716
Workshops
59 Loyang Drive Singapore 508968
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609296
24 Senoko Loop Singapore 758166
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

A member of COMFORTDELGRO

Date/Time: 12.12.2017 12:56 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO. 305097199

USTOMER	
R/MS	CITYCAB PTE LTD
USTOMER NO.	7010070
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
L. (R)	65551188 (O)
(P)	
SCOUNT CARD NO.	

REGN NO : SHC7154H	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 12.12.2017 11:00
YR OF MANU 07.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU086973	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.12.2017
NATURE: 3P 08.12.2017

S/NO	LABOR CODE	DESCRIPTION
	A(A - taxi Right Front damage	
	LKK/Kalm -	

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC7154H LARRY

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7154H

Name of Service Advisor

Date

To be kept by Security Guard