15/5/2010

INS. CASE OWNER: CC 3/ AIG1702364 / Khaz

LKK:

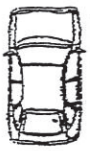
IDAC:

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. : SKJ 9292G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 05/12/17 Place of Accident :

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

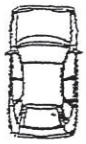
If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

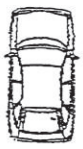
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

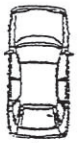
SHA 7466T →



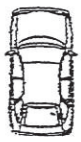
INSRS:
WSP: CDGB (Cheras)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 7466T - CC3/AIG1701261 4/H1bH2k2 DOA: 26/06/12
	- CC3/AIG1301895D/H1S43W2 DOA: 08/10/13
	- CC3/AIG1600906B/H1h43g2 DOA: 15/05/16
	- CC3/AIG1600906B/H1h43g21 DOA: 15/05/16
	- CC3/AXA1100336 3/H1hC3G DOA: 03/05/11
	- CC3/CAI1400591 4/H23y5q2 DOA: 29/03/14
	- CS/FCI1400615 5/Rghd1 DOA: 29/03/14
	- CS/FCI1400853 8/tm3XX DOA: 05/05/14
	- CS/FCI1700384 3/kth3n2 DOA: 25/01/17
	- CS3/FCI1301892 9/Qm3d1 DOA: 03/10/13
	- NS/INC1300436 3/R1gn DOA: 10/03/13
	SKJ 9292G - CC3/AIG1500715 0/H14c3q2 DOA: 24/04/15
	- CC4/AIG1700710 1/Dka3q2 DOA: 03/04/17
	- CC6/AIG1300203 2/ks63y DOA: 22/01/13
	- NA/AIG1700702 5/h4 DOA: 03/04/17

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$		
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:	

REF:

Surname: 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: SHA 7466T Yr Regn: 15 May 2012

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

Make: Mercedes Benz E220 C.C _____

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

Sp.Reading 263934 T.Radio: Installed / Std / NI / NA

Eng No: _____

C/No: WDD2120121B172423

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 0

Tyre Size: F: 225 / 55R16

R: "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	5/12/12	D.O.I.	12/12/12

Survey held at CDGE (Bangsar)

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

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - PS _____ $

Photos: _____

Others: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

TOTAL: _____

Report Format : _____

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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

Date/Time: 11.12.2017 16:45 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

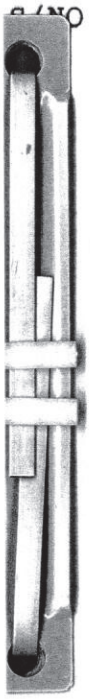
Sales Order: JC NO. 305096859

STOMER	REGN NO : SHA7466T / MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD	MAKE : MERCEDES BENZ / FUEL E.....1/2.....F
STOMER NO. 7010045	MODEL E220CDI(E6) / DATE/TIME IN 11.12.2017 12:00
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 13.05.2015 / TARGET DATE
L. (R) 65508755 (O)	CHASSIS CODE WDD2120012B172423 / COMPLETION DATE/TIME:
(P)	
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 05.12.2017
NATURE: 3P 05.12.2017

S/NO	LABOR CODE	DESCRIPTION
		A/C - taxi FRA damage
		LCK/Relmi -



HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHA7466T LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7466T

Name of Service Advisor

Date

To be kept by Security Guard