15/5/2010

INS. CASE OWNER: Lynn | CC 3 / EQI1702 3744 / Klea 3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 13/12/17 Date / Time : 13/12/17

Pre-assign / CCU / FTE Registered in Merimen:

Insured Vehicle No. : SKM 1425C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 11/12/17 Place of Accident :

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

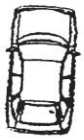
If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHD 3735C →

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



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 3735C ; SKM 1425C

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$		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$	(e.g. Tow/ Independent)	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: SHD3735C Yr Regn: 30 Aug 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / T(O) / Prime Mover / Truck / Trailer or

Make: Toyota Prius c.c

Colour Blue A/C Ins / Std / NI / NA (6)

Sp.Reading 35480 T.Radio: Ins / Std / NI / NA (6)

Eng/No:

C/No: JTDKB3FU503563784

Gen. Cond: Good / Fair / Poor / Burnt (6)

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or (6)

Modi : Nil / S/Rim / STD A/Rim or (6)

Tyre Size: F: 195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or (6)

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	11/12/17	D.O.I.	13/12/17

Survey held at CDAE (Loyang)

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
	EQ
	PIP

Date/Time File Pass to?

1)

Date/Time File Return to?

2

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp $ ☐ Interview $ ☐ Tech. Ins $ ☐ Weekend $

Survey Fee

Transportation $ - PE $

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 12.12.2017 16:38 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.305097209

CUSTOMER	REGN NO.: SHD3735C
M/MS COMFORT TRANSPORTATION PTE LTD	MILEAGE
CUSTOMER NO. 7010045	MAKE : TOYOTA
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	FUEL E...............1/2...............F
TEL. (R) 65508755 (O)	MODEL PRIUS HYBRID(G4)12.
(P)	DATE/TIME IN 12.2017 09:05
	YR OF MANU 30.08.2017
	TARGET DATE
	CHASSIS CODE JTDKB3FU503563784
DISCOUNT CARD NO.	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.12.2017
NATURE: 3P 11.12.2017

S/NO	LABOR CODE	DESCRIPTION

EQ – taxi Rear damage
LKK / Kalvin –

CHECKED & PASSED OUT BY: ____________________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Date:
No.:
Vehicle No.: SHD3735C LARRY

Larry Ng

Name of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3735C

Name of Service Advisor

Date

To be kept by Security Guard