15/5/2010

INS. CASE OWNER: | CC 4 /AXA1702 3847, E2W68 | LKK: IDAC:

ASSIGNMENT

Surveyor: Falvin DOI: 15/12/17 Date / Time: 15/12/17

Registered in Merimen: 15/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SKA 5740D			Claim No. :	
Name of Insured :			Policy No. :	
Insured Tel No. :	HP:		Make / Model :	
Excess Sec II :S$	D.O.A : 14/12/17		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**

SHB 2668E → ______ → ______ → ______

INSRS: WSP: UNITE Tel : Liability : 14 RMKS: (MRL)	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHB2668E – [illegible] / Payer over 16/5/15	
	SKA 5740D – 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:	

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: SH82668E | Yr Regn: 17 Aug 2017
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Toyota Prius
Colour: Yellow | A/C: Insured / Std / NI / NA
Sp.Reading: 29410 | T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: JTDKB3FU603560361
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi.: Nil / S/Rim / STD Rim or
Tyre Size: F: 195/65R15
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. 14/12/17 | D.O.I. 15/12/17
Survey held at: CDKE (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

AXA
P/P

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. Invs $
Weekend $

Survey Fee
Transportation
Photos
Other
TOTAL

Report Format :
Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

COMFORTDELGRO

Date/Time: 14.12.2017 11:29 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO305097854

TOMER	REGN NO.: SHB2668E / MILEAGE
AS CITYCAB PTE LTD	MAKE: TOYOTA / FUEL E 1/2 F
TOMER NO. 7010070	MODEL: PRIUS HYBRID(G4) / DATE/TIME IN: 14.12.2017 07:45
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU.: 17.08.2017 / TARGET DATE
(R) 65551188 (O)	CHASSIS CODE: JTDKB3FU603560361 / COMPLETION DATE/TIME:
(P)	
OUNT CARD NO.	

JOB DESCRIPTION

ccident Date: 14.12.2017
ATURE: 3P 14.12.2017

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

vledgement Slip

: No.: SHB2668E LARRY

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB2668E

Name of Service Advisor

Date

To be kept by Security Guard