15/5/2010

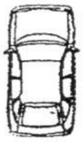
INS. CASE OWNER: Vale oh | CC4 / AXA170 23872, K1 pa3 | LKK: SMART | IDAC: S7m005NR

ASSIGNMENT

Surveyor: Ank | DOI: 12/12/17 | Date / Time : 15/12/17

Registered in Merimen: ______

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 8047H | Claim No. : S7m005NR

Name of Insured : F & G Food P/L | Policy No. :

Insured Tel No. : | HP: | Make / Model : T. DYNA

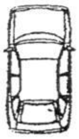
Excess Sec II :S$ 2,500.00 | D.O.A : 14/12/17 | Place of Accident : BEACH ROAD

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

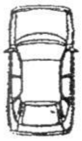
If **NO**, Driver Name / Age : CHEW YUE HAI | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 82638151 (V/L: YES / NO) | Insured Liability : % | **Final ? Yes / No**

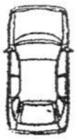
SHC 8703S → ______ → ______ → ______



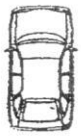
INSRS:
WSP: CDGC
Tel : lorry.
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC8703S - NS/INC/14007282/Egbw2 ; DOA: 17/4/14
	GBF 8047H - 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: 19/12/17 Sent By: Hum

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:	

REF: AXA

Sinyang

Smart claim

ASSIGNMENT

From: Date: 18.12.2017

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHC 8703S

at Workshop m/s Comfort Delgro

of 59 Loyang Drive

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 8703S Yr Regn: 19 Nov 2015

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

Truck / Trailer or

Make: Hyundai I40 c.c 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 250740 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB4HUMHU080583

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: 205/60R16

R:

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

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.	18/12/17	

Survey held at CDAE (Gray)

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
15.12.17 5.08pm	Informed mr. Lim survey on 18.12.2017 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:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___$ + RS ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 14.12.2017 17:54 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305097935

TOMER

AS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

REGN NO.: SHC8703S	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 14.12.2017 11:35
YR OF MANU. 19.11.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080583	COMPLETION DATE/TIME:

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.: SHC8703S LKE

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8703S

Name of Service Advisor

Date

To be kept by Security Guard