15/5/2010

INS. CASE OWNER: Tan Kwee May | CC 4 / AXA170 24197 / 19ja3 | LKK: | IDAC:

## ASSIGNMENT

Surveyor: Amk DOI: 20/12/17 Date / Time: 19/12/17

Registered in Merimen: 19/12/17

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SFM 2607Y Claim No. : C0463658 GA061160

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

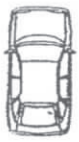
**Excess Sec II :S$** D.O.A : 17/12/17 Place of Accident :

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**

SHA 3591R → → →



INSRS:
WSP:
Tel :
Liability : 100%.
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SHA 3591R - CV3/AG1101595T/HSa3K2 ; DOA: 4/8/11 |
| | - CS/111201593Y/RQH ; DOA: 01/08/12 |
| | SFM 2607Y - CV1/VA2140114537R/W ; DOA: 16/06/14 |

| 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: 21/12/17 Sent By: Amk

**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: | |

(08/11/13)

Surveyor:

REF: AXA

## ASSIGNMENT

'ARC'

From: _____ Date: 20/12/17

Estimated Cost: _____

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

To Inspect Vehicle No: SHA 3591R

at Workshop m/s Comfort Delgro

of 59 Loyang Drive, 508969

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 'wp'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 3591R Yr Regn: 29 Dec 2016

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 118940 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB4UMH4097696

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 65 R16

R: _____

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 7 mm | R/Bal. | 7 mm |
| L/Bal. | 7 mm | L/Bal. | 7 mm |
| D.O.A. | 17/12/17 | D.O.I. | 20/12/17 |

Survey held at Ohe (Loyang)

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

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

| Date / Time | Action / Instruction |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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: _____ $ + RS ___ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____) Others

☐ : Weekend ($ _____)

TOTAL

Report Format : _____

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

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO



Date/Time: 18.12.2017 17:59 Page : 1

eam: ARC Repair TP(CLSO)1

# JOB CARD

Sales Order: JC NO.305099046

TOMER

MS COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

AXA

COUNT CARD NO.

| REGN NO.: SHA3591R | MILEAGE |
|---|---|
| MAKE : HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 18.12.2017 13:10 |
| YR OF MANU. 29.12.2016 | TARGET DATE |
| CHASSIS CODE KMHLB41UMHU097696 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

ccident Date: 17.12.2017
IATURE: 3P 17.12.2017

| S/NO | LABOR CODE | DESCRIPTION |
|---|---|---|

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

e No.: SHA3591R LKE

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA3591R

Name of Service Advisor

Date

To be kept by Security Guard