15/5/2010

INS. CASE OWNER:

CC 4/AXA1702 4705, Elubb

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kalvin

DOI: 20/12/17

Date / Time : 20/12/17

Registered in Merimen: 20/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SEH 5732R

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 18/12/17

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : %

Final ? Yes / No

SHC 8470M → ______ → ______ → ______

INSRS: LMIP	INSRS:	INSRS:	INSRS:
WSP: Wy.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC8470M – [illegible] 8/6/10
	SEH 5732R – 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: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

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:

Surname 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: SHC8470M Yr Regn: 3 Dec 2015

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

Make: Hyundai Z40 c.c. 1685

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

Sp Reading: 182797 T.Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB81AMG408066

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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 Hankook - Rear

Front		Rear	
R/Bal:	7 mm	R/Bal:	7 mm
L/Bal:	7 mm	L/Bal:	7 mm
D.O.A:	18/12/17	D.O.I:	20/12/17

Survey held at: CPAE (Ipoh)

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

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

Date / Time	Action / Instruction
	AXM 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. Insp. $ ☐ Weekend $

Survey Fee

Transportation

Report Format :

Lump Sum / I.B.I: ( )

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Date/Time: 19.12.2017 11:21 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305099118

OMER		REGN NO.: SHC8470M	MILEAGE
IS	COMFORT TRANSPORTATION PTE LTD		
OMER NO.	7010045	MAKE : HYUNDAI	FUEL E.....1/2.....F
DRESS	383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 19.12.2017 08:05
	Singapore SINGAPORE 575717	YR OF MANU. 03.12.2015	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE KMHLB41UMGU080665	COMPLETION DATE/TIME:
(P)			
OUNT CARD NO.			

JOB DESCRIPTION

ccident Date: 18.12.2017
ATURE: 3P 18.12.17

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC8470M JU AXA

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8470M

Name of Service Advisor

Date

To be kept by Security Guard