15/5/2010

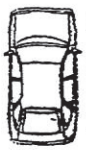
INS. CASE OWNER: Irene | CC 3 / CTI170 24279 / klys3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 21/12/17 Date / Time : 21/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJC 8807C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

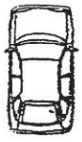
Excess Sec II :S$ D.O.A : 21/12/17 Place of Accident :

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

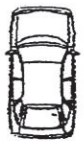
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC 8684M → → →

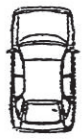


INSRS:
WSP: COGE (copy)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 8684M) - CC3/AIG1700684 3/H1Sq3W2 DOA: 02/04/12
	- CC3/AXA1300240 1/HJHf3C3 DOA: 01/02/13
	- CC4/III/WD8089/TlpB3 DOA: 01/05/16
	- CC4/III1700528 4/Shg3g2 DOA: 11/03/17
	- CS3/III1400236 5/Ym3w2 DOA: 27/01/14
	- NA/CTI1702423 3/24 DOA: 21/12/17
	- NA/III1101499 2/W1 DOA: 27/07/11
	SJC 8807C) - NA/CTI1701518 0/C3 DOA: 04/08/17
	- NA/CTI1702423 3/24 DOA: 21/12/17

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:	

Surname Kalvin REF:

ASSIGNMENT

From: Date: 7 Apr 2016

Estimated Cost:

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

To Inspect Vehicle No: SHC8684M Veh Regn:

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:

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 21 9580 T.Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB41UMHU086886

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 Hankook

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	21/12/17	D.O.I.	21/12/17

Survey held at CDAE (Lorong)

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
	CTI 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 Invs $ ☐ Weekend $

Survey Fee

Transportation

Photos

Other

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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205 Braddell Road Singapore 579701
Mainline: +65 6383 6260 Fax: Mainline: +65 6280 9775
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59 Lorong Chuan Singapore 556836
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
34 Benoi Loop Singapore 705106
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 21.12.2017 15:00 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 305100049

JSTOMER

R/MS
JSTOMER NO.
)DRESS

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717

:L. (R) 65508755 (O)
(P)

SCOUNT CARD NO.

REGN NO.: SHC8684M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 21.12.2017 09:45
YR OF MANU. 07.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU086886	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.12.2017
NATURE: 3P 21.12.2017

S/NO	LABOR CODE	DESCRIPTION
	CHINA -	Taxi Rear damage
	LKIC/ Kohmi -	

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

e:
lo.:
cle No.: SHC8684M LARRY

Larry Ng

ıe of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8684M

Name of Service Advisor

Date

To be kept by Security Guard