15/5/2010

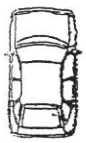
INS. CASE OWNER: CC 3 / LCR170 24348 / klws3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 26/12/17

Registered in Merimen: 26/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 601K

Name of Insured : LCR

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 20/12/17

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. : _____

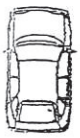
Make / Model : _____

Place of Accident : _____

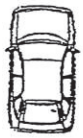
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

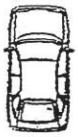
SHA 2500K → _____ → _____ → _____



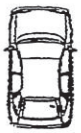
INSRS:
WSP: CDGE (Cheong)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 2500K - CC3/AXA1201931G/H1ed32 DOA: 29/09/12
	- CC3/FCI1502568/KthC2 DOA: 01/12/15
	- CS/DAI1203004/H1kr2 DOA: 02/07/12
	SLL 601K - CS/FCI1709682/GtbA2 DOA: 11/10/17

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:	

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: SHA 2500K | Yr Regn: 10 Aug 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 0

Make: Toyota Prius | c.c

Colour: Blue | A/C: Insured / Std / NI / NA 0

Sp.Reading: 56803 | T.Radio: Insured / Std / NI / NA 0

Eng/No:

C/No: JTDKB3FU503756315*

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: 195/65 R15

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	20/12/17	D.O.I.	22/12/17

Survey held at: CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	AIA 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 $

Report Format :

Lump Sum / I.B I: /$

Survey Fee

Transportation

Photos

Others

Total

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 22.12.2017 15:35 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO. 305100094

USTOMER	REGN NO.: SHA2500K / MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA / FUEL E.....1/2.....F
USTOMER NO. 7010045	MODEL: PRIUS HYBRID(G4) / DATE/TIME IN 21.12.2017 11:20
DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 10.08.2017 / TARGET DATE
L. (R) 65508755 (O) (P)	CHASSIS CODE JTDKB3FU503563154 / COMPLETION DATE/TIME:
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 20.12.2017
NATURE: 3P 20.12.2017

S/NO	LABOR CODE	DESCRIPTION
		A(G - taxi Left Rear
		LCK/ Kelmi -

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHA2500K LARRY

Larry Ng
e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA2500K

Name of Service Advisor

Date

To be kept by Security Guard