15/5/2010

INS. CASE OWNER:

CC 7/AIG1702 0451 / [illegible]

LKK:

IDAC:

ASSIGNMENT

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

Registered in Merimen: 27/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SLL 7110P		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 22/12/17	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 1917 Z → ______ → ______ → ______

INSRS: LOKE WSP: [illegible] Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA1917Z – [illegible] DOA : 21/11/16
	SLL7110P – 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:
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$ (S$ x days)		
Loss of Income (LOI):	S$ (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

Date: | Person Contacted: | Vehicle: IN / OUT

Veh No: SHA 1917Z | Yr Regn: 3 Sep 2015

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

Make: Hyundai IX40 | cc: 1685

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

Sp Reading: 40444 68 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB41GMH640772xx

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 Paranti

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A	22/12/17	D.O.I.	26/12/17

Survey held at: CMEC (Loyang)

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

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

Date / Time	Action / Instruction
	AZA PP

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 Invg $ ☐ Weekend $

Report Format :

Lump Sum / I.B.I: $

Survey Fee

Transportation

$ + R$ $

Photos

Others

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 26.12.2017 08:37 Page : 1

JOB CARD

eam: ARC Repair TP(CLSO)1 Sales Order: JC NO.: 305100664

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

REGN NO.:	MILEAGE
SHA1917Z	
MAKE :	FUEL
HYUNDAI	E.....1/2.....F
MODEL	DATE/TIME IN
I-40	23.12.2017 10:30
YR OF MANU.	TARGET DATE
03.09.2015	
CHASSIS CODE	COMPLETION DATE/TIME:
KMHLB41UMGU077245	

JOB DESCRIPTION

ccident Date: 22.12.2017
ATURE: 3P 22.12.17/C

/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA1917Z JU AIG LKK

Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA1917Z

Name of Service Advisor Date

To be kept by Security Guard