15/5/2010

INS. CASE OWNER:

CC 3 /AIG1702 4570, F1 ub3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Edwin   DOI: 27/12/17   Date / Time : 27/12/17

Registered in Merimen: 27/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKA 3749T	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 27/12/17	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

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

Driver Tel No. : (V/L: YES / NO)

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

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

SHA 3709U → ______ → ______ → ______

INSRS: un GE WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 3709U - CS/EM16013428/Ardal DOA: 11/7/16
	SKA 3749T - Y

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 ☐

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 3709 H | Yr Regn: 18 Jun / 2015

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 38472 | T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: KMHCB41UMFU069543

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: 205/60 R16

R: "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	27/12/17	D.O.I.	27/12/17

Survey held at CMCE (Gurney)

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

O/S Front

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

Date / Time	Action / Instruction
	AZA P/P

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:

(___$ + RS ___SI

(Photos

(Others

Report Format :

Lump Sum / I.B.I: ($

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 75815
7 Sungei Kadut Way Singapore 72
6 Defu Avenue 1 Singapore 53953

Date/Time: 27.12.2017 14:09 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.30510160

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755 (O)
(P)

DISCOUNT CARD NO.

REGN NO.: SHA3709U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....
MODEL I-40	DATE/TIME IN 27.12.2017 10:0
YR OF MANU. 18.06.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069543	COMPLETION DATE/T

JOB DESCRIPTION

Accident Date: 27.12.2017
NATURE: 3P 27.12.17

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
I/C No.:
Vehicle No.: SHA3709U JU AIG LKK

Name of Service Advisor

Signature/Date

Exit Pass

Vehicle No.: SHA3709U

Name of Service Advisor

Date

To be kept by Security Guard