15/5/2010

INS. CASE OWNER: CC 3 / AIG1702455F / Klps3

LKK:

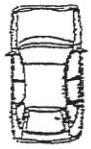
IDAC:

ASSIGNMENT

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

Registered in Merimen: 28/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 3494C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

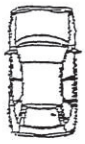
Excess Sec II :S$ D.O.A : 23/12/17 Place of Accident :

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

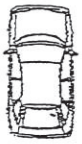
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

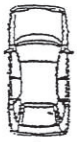
SHA 2343Y → → →



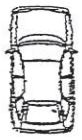
INSRS:
WSP: COGE (Clayton)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel.:
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA 2343Y - CC3/AIG1501824S/Klps352 DOA: 25/12/15
- NA/INC0901843/pl DOA: 18/08/09
- NS/INC1101151/Klbn DOA: 31/05/11
SLM 3494C - 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$ ($ 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 2343Y Regn: 26 May 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 6

Make: Hyundai Z40 cc 1685

Colour: Blue A/C: Insured / Std / Nil / NA 6

Sp.Reading: 317832 T.Radio: Insured / Std / Nil / NA 6

Eng.No:

C/No: KMHLB41MHG089961

Gen. Cond: Good / Fair / Poor / Burnt 6

Steering: Inordr / Jammed / Leaked / Burnt or 6

Brake: Inordr / Jammed / Leaked / Burnt or 6

Modi.: Nil / S/Rim / STD A/Rim or 6

Tyre Size: F: 205 / 60 R16

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.	23/12/17	D.O.I.	27/12/17

Survey held at: CUGE (Legacy)

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 Info $ ☐ Weekend $

Report Format :

Lump Sum / I.B.I: (S

Survey Fee

Transportation

Photos

Other

Total

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
326 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 75815
7 Sungei Kadut Way Singapore 72
6 Defu Avenue 1 Singapore 53953

Date/Time: 27.12.2017 10:38

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 30510144

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.: SHA2343Y	MILEAGE
MAKE: HYUNDAI	FUEL E..........1/2..........
MODEL I-40	DATE/TIME IN 27.12.2017 10:2
YR OF MANU. 26.05.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU089961	COMPLETION DATE/T

JOB DESCRIPTION

Accident Date: 23.12.2017
NATURE: 3P 23.12.17

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: ____________________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
I/C No.:
Vehicle No.: SHA2343Y JU AIG LKK

Name of Service Advisor

Signature/Date

To be ... by Service Reception upon collection

Exit Pass

Vehicle No.: SHA2343Y

Name of Service Advisor

Date

To be kept by Security Guard