15/5/2010

INS. CASE OWNER: CC 3 / CTI170 24563 / klhs3

LKK:

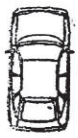
IDAC:

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 1256H Claim No. :

Name of Insured : RED SWIFT SERVICES LLP Policy No. : DMCUSN20643S170 1

Insured Tel No. : HP: 9693 2262 Make / Model : CITROEN DISPATCH

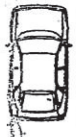
Excess Sec II :S$ D.O.A : 24/12/17 Place of Accident : NORTH BRIDGE RD TWDS BUGIS

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

If **NO**, Driver Name / Age : YEO ZHI LU OI GIA REPORT: (YES) / NO ; TP GIA REPORT (YES) / NO

Driver Tel No. : 9487 9723 (V/L: (YES) / NO) Insured Liability : % **Final ? Yes / No**

SHD 3396Y → → →



INSRS:
WSP: COGS Charges)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
28/12/17 (Wed)	SHD 3396Y - CS/FCI1402180/Agbk3 DOA: 08/11/14	Non-Reporting ltr (1st):	
	- NA/CTI170243S5/h4 DOA: 24/12/17	Non-Reporting ltr (2nd):	
	- NS/INC1600642/Hlgbd1 DOA: 01/04/16	Non-Reporting ltr (Final):	
	GBB 1256H - CC3/CTI1701584?/klhsh3g2 DOA: 08/08/17	Notification ltr (if non-pickup):	
	- NA/CTI1701430G/h4 DOA: 24/07/17	Call OI:	
	- NA/CTI170245S5/h4 DOA: 24/12/17	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)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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: SHD3396Y Yr Regn: 5 July 2017

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

Make: Toyota Prius c/c

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

Sp Reading: 82076 T Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU353 61354

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / 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. 24/12/17 D.O.I. 27/12/17

Survey held at: CDGE (Sang)

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

CTJ

PHP

Date/Time File Pass to? : Preli. Report

1) : Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp $

Interview $

Tech. Invs $

Weekend $

Survey Fee

Transportation

Photos

Other

Total

Report Format :

Lump Sum / I.B.I. / S

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 26.12.2017 18:56 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO305101285

JSTOMER	REGN NO.: SHD3396Y	MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD	MAKE : TOYOTA	FUEL E................1/2.................F
JSTOMER NO 7010045 DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 25.12.2017 01:15
L. (R) 65508755 (O) (P)	YR OF MANU 05.07.2017	TARGET DATE
SCOUNT CARD NO.	CHASSIS CODE JTDKB3FU303561354	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.12.2017
NATURE: 3P 24.12.2017

S/NO LABOR CODE DESCRIPTION

CHINA - taxi Rear damage
LKIC/Kalvin -

HECKED & PASSED OUT BY: ____________

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip	Exit Pass
e: lo.: cle No.: SHD3396Y LARRY	Vehicle No.: SHD3396Y
Larry Ng e of Service Advisor — Signature/Date	Name of Service Advisor — Date
e returned to Service Reception upon collection	To be kept by Security Guard

26/12/2017