15/5/2010

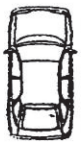
INS. CASE OWNER: Sykeeda | CC 3/QBE18000113 / K/CS3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 02/01/18 Date / Time : 02/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 4663R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 28/12/17 Place of Accident :

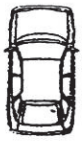
Is driver the owner? (YES / NO) Nature of Accident :

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

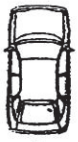
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHB 2950P → → →

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 2950P - X ; SLJ 4663R - 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: 03/01/18 Sent By: Shirley Hsu

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:	

Kalvin

ASSIGNMENT

From: ______ Date: ______ Veh No: SHB 2950P Regn: 2 July 2014

Estimated Cost: ______ Type: M/Car / M/Cycle / Bus / Van / Lorry / T(ax)i / Prime Mover

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or: ______

To inspect Vehicle No: ______ Make: Hyundai I40 cc 1685

at Workshop/Premises: ______ Colour: Yellow A/C: Installed Std NI / NA

of: ______ So Reading: 524946 T/Radio: Installed Std NI / NA

Insured: ______ Eng No: ______

Policy No: ______ C/No: KMHLB414MEU057852

Claims No: ______ Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: ______ Excess: ______ Steering: Inorder / Jammed / Leaked / Burnt or

Client's Record: ______ Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: ______ Mod: Nil / S/Rim / STD A/Rim or

Tyre Size F: 205/60R16

(Policy Condition) R: "

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

N/S	O/S

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

Bal. or Market Value: ______

Front		Rear	
R.Bal.	7 mm	R.Bal.	7 mm
L.Bal.	7 mm	L.Bal.	7 mm

IDAC Accident Report: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: ______ days Res.: Yes or No D.O.A.: 28/12/17 D.O.I.: 2/1/18

Lum Sum: ______ % 3 Val.: Yes or No Survey held at: CDHE (Loyang)

CA / REV / REP. / 24 HRS Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear

Vehicle: IN / OUT

Date: ______ Person Contacted: ______ The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

QBE
4/8

Date/Time File Pass to: ☐ : Preli. Report ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Date/Time File Return to:

Add Fee: ☐ Site Insp $ ☐ $ ☐ $

Report Format:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 02.01.2018 11:03 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.305102752

TOMER

MS CITYCAB PTE LTD

TOMER NO. 7010070

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65551188 (O)

(P)

QBE

OUNT CARD NO.

REGN NO.: SHB2950P	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 02.01.2018 10:00
YR OF MANU. 02.07.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU057852	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 28.12.2017
IATURE: 3P 28.12.2017

S/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

.:
e No.: SHB2950P LKE/KALVIN

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB2950P

Name of Service Advisor

Date

To be kept by Security Guard