15/5/2010

INS. CASE OWNER: CC 3 /CTI1800 0126 /E2463

LKK:

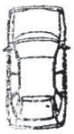
IDAC:

ASSIGNMENT

Surveyor: Edwin DOI: 21/1/18 Date / Time : 21/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SBY 746

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 21/1/18

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

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

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

Claim No. :

Policy No. :

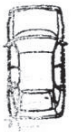
Make / Model :

Place of Accident :

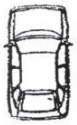
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

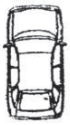
SHC 3326TH → → →



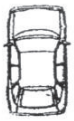
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 3326TH - CC3/CTI1800 0126/E2463 DOI: 21/1/18
	SBY 746 - E

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$	
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:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop/his

of:

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

Offence Record:

Make of Veh:

(Policy Condition)

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

N/S O/S

Veh No: SHC 33474 Regn: 29 Jan 2011

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

Make: Hyundai Sonata 1991

Colour: Blue A/C: Ins/Oed/ Std/ NI / NA

Sp Reading: 162932 Radio: Ins/Oed/ Std/ NI / NA

Eng No:

C No: KMHET81VMBA80557

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size F: 215/60R16

R: "

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

Front / Rear

R.Bal: 7 mm R.Bal: 7

L.Bal: 7 mm L.Bal: 7

D.O.A: 28/12/17 D.O.: 2/1/18

Survey held at: CDKE(yung)

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

N/S wing mirror

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

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Resi: Yes or No

Lum Sump: 3 Vali: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date Time Action / Instruction

CTI

4s

MG called in & informed that TP Taxi involved in accident sveral times.

AIG record showed April, June, Aug, Sep, Nov, Dec (same day 2 accident).

Date/Time File Pass to: : Prell. Report

: Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: Site Insp. $

Report Format:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 02.01.2018 14:35 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305102779

CUSTOMER	REGN NO.: SHC3347U	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E................1/2.................F
R/MS 7010045	MODEL SONATA	DATE/TIME IN 02.01.2018 14:01
CUSTOMER NO. / ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 29.01.2011	TARGET DATE
TEL. (R) 65508755 (O) (P)	CHASSIS CODE KMHET41VMBA805567	COMPLETION DATE/TIME:
DISCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 28.12.2017
NATURE: 3P 28.12.2017

S/NO LABOR CODE DESCRIPTION

CHINA - Left Side Mirror
LKK / Kalmin —

CHECKED & PASSED OUT BY: ____________________

____________________ SERVICE ADVISOR

____________________ CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
No.:
Vehicle No.: SHC3347U LARRY

Larry Ng

Name of Service Advisor Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3347U

Name of Service Advisor Date

To be kept by Security Guard