15/5/2010

INS. CASE OWNER: CC3 / LCR1800238 / Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: AMC DOI: 3/1/18 Date / Time : 3/1/18

Registered in Merimen: 4/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLE 4020Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

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

SH7032H → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CHUB	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : 100%	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SH7032H - CC3/LCR1801695A/Elwa3q2 ; DOA: 29/8/17
	-CC3/LCR1701856/Elza3q2 ; DOA: 14/9/17
	SLE 4020Y - 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: SH 70324 Yr Regn: 31/July 2012

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

Make: Hyundai Sonata cc: 1991

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

Sp Reading: 42976 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41VMCA827836

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: 215/60 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:	1/1/18	D.O.I:	3/1/18

Survey held at CMG (Lumut)

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

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

Date / Time	Action / Instruction
	AJA 4/1

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 [illegible] $

☐ Weekend $

Survey Fee

Transportation

Report Format :

Lump Sum / I.B.I: /$

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717 — 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 — 6 Defu Avenue 1 Singapore 539537
320 Ubi Road 3 Singapore 408842

Date/Time: 03.01.2018 10:20 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.305103236

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

UNT CARD NO.

REGN NO.: SH 7032U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 02.01.2018 10:35
YR OF MANU 31.07.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA827830	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 01.01.2018
TURE: 3P 01.01.18

NO LABOR CODE DESCRIPTION

ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

o.: SH 7032U LIMTS

Service Advisor Signature/Date

Exit Pass

Vehicle No.: SH 7032U

Name of Service Advisor Date