15/5/2010

INS. CASE OWNER: Ernest | CC 4, ASM 1800 0764, E1963 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin   DOI: 4/1/18   Date / Time : 4/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 9535J   Claim No. : 87M006AS / 24012

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 29/12/17   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 4204C →   →   →

INSRS: LOWE	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : 40-	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA4204C – MS/IN/13003944/H27dd DOA: 10/2/13
	SHB9535J – CO/M/CMI/4003865/KUhdl DOA: 23/3/14
	* 8mark claim.

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:	

Company: 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

Date: Person Contacted: Vehicle IN / OUT

Veh No: SHA 4204C Regn: 22 Dec 2016

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

Make: Hyundai I40 cc: 1685

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

Sp Reading: T Radio: Insured / Std / Nil / NA

Eng No:

C No: KMHLB4147MH409728?

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

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:	29/12/12	D/O I:	4/1/18

Survey held at: COLE Bengkel

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
	AXA PIP

Date/Time File Pass to?

Date/Time File Return to?

☐ Preli. Report

☐ Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. $

☐ Interpret $

☐ Tel $

☐ Fax $

Report Format:

Lump Sum / I.B I:

Survey Fee:

Transportation:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 29.12.2017 16:59 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305102258

JSTOMER	REGN NO.: SHA4204C / MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI / FUEL E.....1/2.....F
JSTOMER NO. 7010045	MODEL I-40 / DATE/TIME IN 29.12.2017 13:45
DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 22.12.2016 / TARGET DATE
L. (R) 65508755 (O) (P)	CHASSIS CODE KMHLB41UMHU097282 / COMPLETION DATE/TIME:
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 29.12.2017
NATURE: 3P 29.12.2017

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHA4204C CHIANG @

ie of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4204C

Name of Service Advisor

Date

To be kept by Security Guard