15/5/2018

INS. CASE OWNER: Joyce | CC 3 / QBE180005 32 / Dys 3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 08/01/18 Date / Time : 08/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBC 9375U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 03/01/18 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**

SHO 3224K → → →

INSRS:
WSP: COSE Cloyes)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHO 3224K - X ; GBC 9375U - 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 Hoon

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:	

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: 2 days Res.: Yes or No

Lum Sum: 7/8 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD 3224 K Reg: 2016 July

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: 166873 Radio Insured Std Nil NA

Eng No: D4FDGU655901

C No: KMHLB41UMGU091858

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.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 08/01/2018 D.O.I. 08/01/2018

Survey held at: CDGTZ Loyang

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
		QBE GBC 9375U

Date/Time File Pass to? : Preli. Report

: Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Add Fee: Site Insp $

Interview $

Technical $

Weekend $

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

QBEINS

LKC

Date/Time: 08.01.2018 12:53 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO. 305104731

CUSTOMER		REGN NO.: SHD3224K	MILEAGE
MR/MS	COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....
CUSTOMER NO.	7010045	MODEL: I-40	DATE/TIME IN: 08.01.2018 11:25
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU.: 08.07.2016	TARGET DATE
TEL. (R) (P)	65508755 (O)	CHASSIS CODE: KMHLB41UMGU091858	COMPLETION DATE/TIME:
DISCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 03.01.2018
NATURE: 3P 03.01.18

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

_____ _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
No.:
Vehicle No.: SHD3224K LIMTS

_____ _____

Name of Service Advisor Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3224K

_____ _____

Name of Service Advisor Date

To be kept by Security Guard