15/5/2010

INS. CASE OWNER: TE | CC / ~~AXA~~ Asm 180 00559 / Dh93 | LKK: [redacted] 75552 | IDAC:

SMART (Assignment from AXA)

ASSIGNMENT

Surveyor: Bryan   DOI: 08/01/17   Date / Time : 18/01/17

& UCC survey before AXA give assignment.   Registered in Merimen: S8M006MV

Pre-assign / CCU / FTE

Insured Vehicle No. : SKP 8083T		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 30/12/17	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**

SHC 1160D → ______ → ______ → ______

INSRS: WSP: COGZ (Layang) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 1160D) - CC3/AXA1 1005398/H1q1C3q2 DOA: 22/03/1
	- CS/FCI 17004750/Agh3m2 DOA: 05/03/17
	-NS/INC 10002769/Fn DOA: 07/02/19
	-NS/INC100 18809/Dn DOA: 19/09/10
	SKP 8083T - 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: 18/1   Sent By: Hm

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 + LO ☐	**[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:	

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: 2 days Res.: Yes or No

Lum Sum: 7|P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 1160 D Yr Regn: 2017 Oct.

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

Make: ~~Hyundai~~ Toyota Prius c.c: 1798

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

Sp.Reading: 38114 T.Radio: Insured / Std / NI / NA

Eng/No: 2ZRS080897

C/No: JTDKB3FU503568953

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195|65R15

R: —11—

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	1 mm	L/Bal.	6 mm
D.O.A.	30/12/2017	D.O.I.	08/01/2018

Survey held at: CDGB Loyang

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

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

Date / Time	Action / Instruction
	AXA SKP 8083T
	check video and scene photo
	damage on taxi very minor

Date/Time File Pass to?

1)

Date/Time File Return to?

1

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp $

☐ Interpreter $

☐ Tech Insp $

☐ Weekend $

Photos

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 1 Singapore 408645
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 04.01.2018 09:35

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 305103718

USTOMER	REGN NO.: SHC1160D	MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD	MAKE : TOYOTA	FUEL E..............1/2...............F
USTOMER NO. 7010045		
DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 03.01.2018 10:20
L. (R) 65508755 (O) (P)	YR OF MANU 06.10.2017	TARGET DATE
SCOUNT CARD NO.	CHASSIS CODE JTDKB3FU503568953	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.12.2017
NATURE: 3P 30.12.2017

S/NO	LABOR CODE	DESCRIPTION

AXA- Front Left damage

IECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC1160D LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1160D

Name of Service Advisor

Date

To be kept by Security Guard