15/5/2010

INS. CASE OWNER: Janet | CC 3 / EQI18000582 / Dys 3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 09/01/18 Date / Time : 09/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLG 2513U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 07/01/18 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**

SHC 1644L →

INSRS:
WSP: COKE Aloysius)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1644L - CCG/TDI1700421S/Apr3 DOA: 27/02/17
	J - NA/CTI 1700400S/h4 DOA: 27/02/17
	SLG 2513U - 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: 10/01/18	Sent By: Shirley Hews	
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:	

Ref:

Surveyor

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. _____

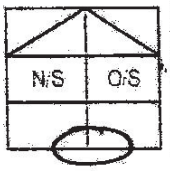
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 1614L Regn 2012 April

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 384903 Radio Insured / Std / NI / NA

Eng.No: D4BAC070681

C.No: KMHET41VMCA823234

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: 215/60 R16

R: —11—

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

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm
D.O.A.	07/01/2018	D.O.I.	09/01/2018

Survey held at CDGT3 Loy-ng

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

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

Date / Time	Action / Instruction
	EQ SLG 2513U

Date/Time File Pass to? 1 _____

Date/Time File Return to? 2 _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee _____

Transportation _____

Add Fee: ☐ Site Insp $ _____

☐ Interpreter $ _____

☐ Translation $ _____

☐ Weekend $ _____

Photos _____

Other _____

Report Format : _____

Lump Sum / I.B.I.: $ _____

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 09.01.2018 08:53 Page : 1

Team: IN ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO 305105144

STOMER	REGN NO: SHC1614L	MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO 7010045	MODEL SONATA	DATE/TIME IN 08.01.2018 14:55
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 19.04.2012	TARGET DATE
L. (R) 65508755 (O) (P)	CHASSIS CODE KMHET41VMCA823234	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 07.01.2018
NATURE: 3P 07.01.2018

S/NO	LABOR CODE	DESCRIPTION

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC1614L CHIANG @

e of Service Advisor

Signature/Date

s returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1614L

Name of Service Advisor

Date

To be kept by Security Guard