15/5/2010

INS. CASE OWNER: Elaine | CC / EQI1800053 9 / Des 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. : SJQ 9313E 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 8795B → → →

INSRS: / WSP: COME Cleaners / Tel : / Liability : / RMKS:

INSRS: / WSP: / Tel : / Liability : / RMKS:

INSRS: / WSP: / Tel : / Liability : / RMKS:

INSRS: / WSP: / Tel : / Liability : / RMKS:

Date/ Time	
	SHC 8795B - CS/III 1000667K/Afg1 DOA : 01/04/10
	- NA/FCI0900622251 DOA : 20/02/09
	- NA/INCC900622351 DOA : 20/03/09
	- NS/INC1000942S/C01 DOA : 13/05/10
	SJQ 9313E - 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 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:	

Survey | 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: ?|P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 8795B Regn: 2015 Dec

Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax / Prime Mover

Truck / Trailer or

Make: Hyundai I40 cc 1685

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

Sp Reading 222075 T Radio Insured / Std / NI / NA

Eng No: D4FDFU579740

C No. KMHLB41UHGU082940

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: 205/60R16

R: —"—

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	07/01/2018	D.O.I.	09/01/2018

Survey held at ADGE Loyang

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
	ECQ SJQ 9313E

Date/Time. File Pass to? : Preli. Report

: Final Report

Date/Time. File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee.

Transportation

Add Fee: Site Insp $

Interview $

Tech $

Weekend $

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 08.01.2018 17:15 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3795553 JC NO.305105073

STOMER

/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
.. (R) 65508755 (O)
(P)

COUNT CARD NO.

REGN NO.: SHC8795B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 08.01.2018 11:15
YR OF MANU 10.12.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU082940	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.01.2018
NATURE: 3P 07.01.18/B

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC8795B FZ EQ

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8795B

Name of Service Advisor

Date

To be kept by Security Guard