15/5/2010

INS. CASE OWNER: Jowyn | CC 3 / CTI1800607 / Des3 | LKK: IDAC:

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJC 1590Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 09/01/18 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 3650T → → →

INSRS: WSP: COGE (Loyang) Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 3650T - NBA/INC1401975D/b4 DOA: 16/10/14
	SJC 1590Y - 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 Hens

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:

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/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 3650T Regn: Sept 2017

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

Make: Toyota Prius c c: 1798

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

Sp.Reading: 45922 T.Radio: Insured / Std / NI / NA

Eng.No: 2ZR3065629

C/No: JTDKB3FU603564930

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: 195/65 R15

R: —"—

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

Front		Rear	
R/Bal.	5 mm	R.Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	08/01/2018	D.O.I.	09/01/2018

Survey held at CDGR Layang

Des. of Damages : Frt / (Rear) / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	Clinic Taping SJC 1590Y

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 $ _____

☐ Inten. Exp $ _____

☐ Technical $ _____

☐ Weekend $ _____

Report Format : _____

Lump Sum / I.B.I: $ _____

Print

Other

TOTAL

COMFORT DELGRO ENGINEERING

A Subsidiary of COMFORTDELGRO

Date/Time: 08.01.2018 13.35 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305104817

JSTOMER	
R/MS	COMFORT TRANSPORTATION PTE LTD
JSTOMER NO.	7010045
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
	65508755
L. (R)	(O)
(P)	
SCOUNT CARD NO.	

REGN NO.: SHC3650T	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL: PRIUS HYBRID(G4)	DATE/TIME IN: 08.01.2018 10:10
YR OF MANU: 28.09.2017	TARGET DATE
CHASSIS CODE: JTDKB3FU603564930	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.01.2018
NATURE: 3P 08.01.2018

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC3650T CHIANG @

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3650T

Name of Service Advisor

Date

To be kept by Security Guard