15/5/2010

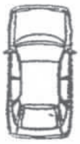
INS. CASE OWNER: | CC 3, LCR1800 0683, K1wa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Awc DOI: 10-1-18 Date / Time : 10-1-18

Registered in Merimen: 11-1-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE8932P		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 9-1-18	Place of Accident :	

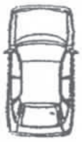
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

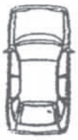
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SH 7042R → ______ → ______ → ______

INSRS:
WSP: ODUE Wyang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH7042R. NS/MC16010729/H9h3c7; DOA: 8/6/16
	SLE8932P. 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:	Sent By:	
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:	

Surveyor Kalvin | 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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SH 7042R Regn: 26/May/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 6

Make: Hyundai Z40 c.c. 1685

Colour: Blue A.C.: Insured / Std / NI / NA 6

Sp.Reading: 266544 T.Radio: Insured / Std / NI / NA 6

Eng/No:

C/No: KMHLB41MAH4089869

Gen. Cond: Good / Fair / Poor / Burnt 6

Steering: In order / Jammed / Leaked / Burnt or 6

Brake: In order / Jammed / Leaked / Burnt or 6

Modi: Nil / S/Rim / STD A/Rim or 6

Tyre Size F: 205/60 R16

R: "

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

Front			Rear		
R/Bal.	7	mm	R/Bal	7	mm
L/Bal.	7	mm	L Bal	7	mm
D.O.A	9/1/18		D.O.I	10/1/18	

Survey held at COLE (Lyn)

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

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

Date / Time	Action / Instruction

AZG
PIP

Date/Time File Pass to?

1)

Date/Time File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp $ ☐ Interpr $ ☐ Tech Insp $ ☐ Weekend $

Survey Fee

Transportation

Report Format :

Lump Sum / I.B.I: /$

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 09.01.2018 17:04 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 305105446

OMER		REGN NO.: SH 7042R	MILEAGE
S	COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO.	7010045	MODEL: I-40	DATE/TIME IN 09.01.2018 13:30
ESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 26.05.2016	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE KMHLB41UMGU089869	COMPLETION DATE/TIME:
(P)			
UNT CARD NO.			

AIG

JOB DESCRIPTION

ccident Date: 09.01.2018
ATURE: 3P 09.01.2018

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SH 7042R LKE/KALVIN

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7042R

Name of Service Advisor

Date

To be kept by Security Guard