15/5/2010

INS. CASE OWNER: Kwee May | CC 4/ AXA1800068? / Klys3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 10/01/18 Date / Time : 10/01/18

Pre-assign / CCU / FTE Registered in Merimen: 10/01/18

Insured Vehicle No. : SHO 247P
Name of Insured : TRANS-CAB SERVICES PTE LTD
Insured Tel No. : HP:
Excess Sec II :S$ 5,000.00 D.O.A : 07/01/18
Is driver the owner? (YES / NO) — NO circled
Nature of Accident :
If NO, Driver Name / Age : THIEN YIT FATT
Driver Tel No. : 9754 1266 (V/L: YES / NO) — YES circled

Claim No. :
Policy No. : VPX/P1680520
Make / Model : RENAULT LATITUDE - 2.0 L (A)
Place of Accident : BAYFRONT AVENUE - MBS CASINO TAXI STAND
OI GIA REPORT: YES / NO — YES circled ; TP GIA REPORT: YES / NO — YES circled
Insured Liability : % **Final ? Yes / No**

SHC 1654X →

INSRS:
WSP: EDGE (Cloyang)
Tel :
Liability : ARC
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1654X - CC3/TI/1800061/KUBS DOA 07/01/18
11/01/18 (Jas)	SHD 247P - CC3/TI/1800066/KUBS DOA 07/01/18
	* Claim each others.

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: 11/01/18 Sent By: Shirley Huen

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$	(S x days)	
Loss of Income (LOI):	S$	(S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**			
GIA/LTA Search	S$		
Medical:	S$		
Disbursement:	S$		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$	(e.g. Tow/ Independent)	2) Report Format:
Total:	**S$**	**Global Sum S$:**	3) Survey fee:

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 SHC1654X Yr Regn 19 Apr 2012

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

Make Hyundai Sonata cc 199

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

Sp Reading 261806 Radio Insured / Std / NI / NA

Eng/No

C/No: KMHET41VMCA823258

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: "

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

Front			Rear		
R/Bal	7	mm	R.Bal	7	mm
L.Bal	7	mm	L.Bal	7	mm

D.O.A. 7/1/18 D.O.I. 10/1/18

Survey held at CDGE (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 41

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 $

☐ Inter... $

☐ ... $

☐ Weekend $

Report Format :

Lump Sum / I.B.I.S

OMFORT
ENGINEERING

COMFORT Date/Time: 10.01.2018 11:18 Page : 1

eam: IN ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305105682

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

OUNT CARD NO.

AXA

REGN NO.: SHC1654X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 10.01.2018 10:00
YR OF MANU 19.04.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA823258	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 07.01.2018
ATURE: 3P 07.01.2018

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC1654X LKE

f Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1654X

Name of Service Advisor Date

To be kept by Security Guard