15/5/2010

INS. CASE OWNER: Joyce | CC3/QBE180000643 1 Kles3 | LKK: IDAC:

**ASSIGNMENT**

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

Registered in Merimen:

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SJT 6009M 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**

SHA 4615A → → →

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

| Date/ Time | |
|---|---|
| | SHA 4615A - CC3/ATC/10020243/Dh-1 DOA: 06/10/10 |
| | SJT 6009M - 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: 11/01/18 Sent By: Shirley Khew

| | | | |
|---|---|---|---|
| **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**

Vehicle: **IN / OUT**

Date: Person Contacted

Date / Time Action / Instruction

Date/Time File Pass to?

: **Preli. Report**

: **Final Report**

Date/Time File Return to?

**Report Format :**

**Lump Sum / I.B.I:**

Ref No. SHA 4615A Date 20 Sep 2017

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

Make Toyota Wish CC

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

Sp Reading 22960 T/Radio Insured / Std / Nil / NA

Eng/No:

C/No. JTDKB3FU703564158

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: 195/65R15

R:

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

| 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 QDE (Lyn)

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

Frt O/S

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

QDE

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Add Fee: Site Insp $

Interpret $

Tech Insp $

Weekend $

COMFORTDELGRO ENGINEERING

COMFORTDELGRO Date/Time: 10.01.2018 08:41 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305105457

| | | | |
|---|---|---|---|
| TOMER | | REGN NO.: SHA4615A | MILEAGE |
| MS | COMFORT TRANSPORTATION PTE LTD | MAKE: TOYOTA | FUEL E.....1/2.....F |
| TOMER NO. | 7010045 | MODEL PRIUS HYBRID(G4) | DATE/TIME IN 09.01.2018 16:20 |
| RESS | 383 SIN MING DRIVE Singapore SINGAPORE 575717 | YR OF MANU. 20.09.2017 | TARGET DATE |
| (R) 65508755 (O) | | CHASSIS CODE JTDKB3FU703564158 | COMPLETION DATE/TIME: |
| (P) | | | |
| OUNT CARD NO. | | | |

JOB DESCRIPTION

ccident Date: 09.01.2018
ATURE: 3P 09.01.2018

| /NO | LABOR CODE | DESCRIPTION |
|---|---|---|

KED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHA4615A JU QBE LKK

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4615A

Name of Service Advisor Date

To be kept by Security Guard