15/5/2010

INS. CASE OWNER: CC3 / LCR18000756 / Klpa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Awk

DOI: 11-1-18

Date / Time : 11-1-18

Registered in Merimen: 12-1-18

Pre-assign / CCU / FTE SLN 2300 E

Insured Vehicle No.	:		Claim No.	:
Name of Insured	:		Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S$		D.O.A : 10-1-18	Place of Accident :	
Is driver the owner?	(YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : %

Final ? Yes / No

SHC2300K → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CD bt [illegible]	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC2300K - [illegible] 4003824 [illegible] :DOA: 22/11/14
	SLN 2300E - 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: DBA: SHC 2300K 31 May 2012

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:

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover / Truck / Trailer or:

Make: Hyundai Sonata D.O. 1991

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

Sp Reading: 171144 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KCMHB74I1VMCA825876

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 Maxxis

Front		Rear	
R.Bal:	7 mm	R.Bal:	7 mm
L.Bal:	7 mm	L.Bal:	7 mm
D.O.A:	10/1/18	D.O.I:	11/1/18

Survey held at: CDRE Clayfield

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

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

Date / Time	Action / Instruction	
15/1/18	Contact H/S $900 / 2 Days	AZA H/S

Date/Time File Pass to:

To:

Date/Time File Return to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee: ☐ Site Insp. : $

☐ Investigation : $

☐ Technical Fee : $

☐ Weekend : $

Report Format:

Lump Sum / I.B.I: $

OMFORTDELGRO
ENGINEERING
member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 729791
6 Defu Avenue 1 Singapore 539537

Date/Time: 11.01.2018 14:33 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO. 305106032

OMER
S
OMER NO.
ESS
(R)
(P)
OUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(O)

REGN NO.: SHC2300K	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 11.01.2018 10:50
YR OF MANU 31.05.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA825576	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 10.01.2018
ATURE: 3P 10.01.18

/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC2300K LIMTS

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2300K

Name of Service Advisor

Date

To be kept by Security Guard