15/5/2010

INS. CASE OWNER: | CC 3 / ASM1800 0775 / Klea3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Ank | DOI: 11/1/18 | Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : 8DJ 96Z | Claim No. :

Name of Insured : | Policy No. :

Insured Tel No. : | HP: | Make / Model :

Excess Sec II :S$ | D.O.A : 8/1/18 | 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**

SHD 3599D → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: ORNG Loyang	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHD3599D - AS MC170165701 Klv be2 ; DOA: 24/8/17
	- CS FC11600831 8 ugh3e2 ; DOA: 31/5/16
	8DJ 96Z - 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

Regn: Date: Regn: SHD 3599D 28 July 2016

Estimated Cost:

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or: 0

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Make: Hyundai I40 CC: 1685

To Inspect Vehicle No:

at Workshop m/s:

Colour: Blue A/C: Insured / Std / NI / NA: 0

of:

Sp Reading: 202142 Radio: Insured / Std / NI / NA: 0

Insured:

Eng No:

Policy No:

Claims No:

C/No: KMHLB41UMHU093264

Sum Insured: Excess:

Gen Cond: Good / Fair / Poor / Burnt: 0

(Client's Record)

Steering: Inoper / Jammed / Leaked / Burnt or: 0

Make of Veh:

Brake: Inoper / Jammed / Leaked / Burnt or: 0

Mod: Nil / S/Rim / STD A/Rim or: 0

Tyre Size: F: 205/60R16

(Policy Condition)

R: "

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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

Bal. or Market Value:

Front			Rear		
R Bal:	7	mm	R Bal:	7	mm
L Bal:	7	mm	L Bal:	7	mm
D/O/A:	8/1/18		D/O/I:	11/1/18	

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

Survey held at: CMAE (Kotong)

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: Person Contacted:

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

Date Time Action / Instruction

AxA
PIP

Date Time File Passed: ☐ : Preli. Report ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date Time File Returned:

Add Fee: ☐ Site Insp. $ ☐ Inspection $ ☐ Test $ ☐ Assessment $

Report Format:

Lump Sum / I.B.I.: $

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 09.01.2018 09:45 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO. 305105182

REGN NO.: SHD3599D	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 08.01.2018 16:40
YR OF MANU 28.07.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093264	COMPLETION DATE/TIME:

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

UNT CARD NO.

AXA

JOB DESCRIPTION

ccident Date: 08.01.2018

ATURE: 3P 08.01.2018

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHD3599D LKE

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3599D

Name of Service Advisor

Date

To be kept by Security Guard