15/5/2010

INS. CASE OWNER: Cynthia | CC 4 ASM /AXA1800 0855, F7463 / | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 16/1/18 Date / Time : 16/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GW 4410U

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 12/01/18

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

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

Driver Tel No. : (V/L: YES / NO)

Claim No. : S8M00752 | 25547

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % **Final ? Yes / No**

SKC7777E → → →

INSRS: UMIE	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : W (NR)	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SKC 7777E - CS / F41601/333/Dubbt DOA 4/7/16.
	GW4410U - X
	+ Smartclaim
	"10-NR" "pls check validity of IX's OL."
	"pls obtain TP UTV."

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: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

If NO or B 28, Ass. Lia :

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	**S$**	**Global Sum S$:**

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

REF: Asm (AXA)

ASSIGNMENT

From: Date: 18/01/2018

Estimated Cost:

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

To Inspect Vehicle No: SHC 7777K

at Workshop m/s ComfortDelgro

of 55 Loyang Drive

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Lany

(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:

Veh No: SHC 7777K Yr Regn: 30 Jan 2013

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

Make: Hyundai Sonata c.c 1991

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

Sp.Reading 68696 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41VMCA831597

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / ST A/Rim or

Tyre Size: F: 215/60R16

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.	12/1/18	D.O.I.	16/1/18

Survey held at OKE (Loyang)

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

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) $ - RS $

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)

COMFORTDELGRO ENGINEERING

+ key in taxi +

A member of COMFORTDELGRO

Date/Time: 12.01.2018 15:28 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO. 305106374

JSTOMER	REGN NO.: SHC7777K / MILEAGE
R/MS CITYCAB PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
JSTOMER NO. 7010070	MODEL: SONATA / DATE/TIME IN: 12.01.2018 12:50
)DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU.: 30.01.2013 / TARGET DATE
L. (R) 65551188 (O)	CHASSIS CODE: KMHET41VMCA831597 / COMPLETION DATE/TIME:
(P)	
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 12.01.2018
NATURE: 3P 12.01.2018

S/N	LABOR CODE	DESCRIPTION
	AXA - taxi Rear Damage	

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC7777K LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7777K

Name of Service Advisor

Date

To be kept by Security Guard