INS. CASE OWNER:	CC 3 / AIG1800 0950 , kija3
	LKK: / IDAC:

ASSIGNMENT

Surveyor: Aw/c	DOI: 15 1-18
	Date / Time : 151-18
	Registered in Merimen: 16-1-18

Pre-assign / CCU / FTE

SCR 18697

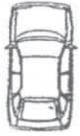|			
Insured Vehicle No. :		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 13-01-18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

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**

SHA 1021 H →

INSRS: WSP: come loyang Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA1021H. cux/AXA1 700.948/M/wa263 .poA 24/1/17 —cux/1111 700 107/k/y9393 ; 00A 28/1/17	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SCR 18697. X	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:	

Kalvin

From	Date
Estimated Cost	

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

To Inspect Vehicle No.

at Workshop Site

of

Insured

Policy No.

Claims No.

Sum Insured   Excess

Claims Record

Make of Veh.

(Policy Condition)

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

Bal. or Market Value

IDAC Accident Report: Consistent? : Yes or No

GIA   PR Seen: Consistent? : Yes or No

Est. Repairs: days   Res.: Yes or No

Lum Sum: %   S Val.: Yes or No

CA / REV / REP. / 24 HRS

Date   Person Contacted: Vehicle: IN / OUT

Date	Time	Action / Instruction

Veh No. SHA 1021H   23 Mar 2012

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

Truck / Trailer or

Make   Hyundai Sonata   199

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

Sp. Reading   87120   T. Radio   Ins / Std / Nil / NA

Eng No.

C No.   KMHETX1VMCA821652

Gen. Cond. Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod'l: 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	—
L.Bal. 7	mm	L.Bal. 7	—
D.O.A. 13/1/8		D.O.I. 15/1/8	
Survey held at		CASE (Loyang)	

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

The UIC / Chassis frame / Body Structure affected due to collision

AZG
4s

Date/Time File Pass to: ☐ : Preli. Report	Days Of Repair:
☐ : Final Report	Resurvey No. of Trip: Survey Fee
Date/Time File Return to:	Transportation
	Add Fee: ☐ Site Insp $
Report Format:	☐ Transfer $
Survey Sum $	☐ Tier $

COMFORTDELGRO
ENGINEERING

member of **COMFORTDELGRO**

A16

LKC

Date/Time: 15.01.2018 12:47   Page : 1

ComfortDelGro Engineering Pte Ltd

Workshops

am: IN   ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: JC NO. 305106915

OMER	REGN NO.: SHA1021H	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL
OMER NO 7010045		E................1/2................F
ESS 383 SIN MING DRIVE	MODEL SONATA	DATE/TIME IN
Singapore SINGAPORE 575717		15.01.2018 10:05
65508755	YR OF MANU 23.03.2012	TARGET DATE
(R) (O)		
(P)	CHASSIS CODE KMHET41VMCA821652	COMPLETION DATE/TIME:
UNT CARD NO.		

JOB DESCRIPTION

cident Date: 13.01.2018
ATURE: 3P 13.01.18

/NO   LABOR CODE   DESCRIPTION

KED & PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

ledgement Slip   ✂   Exit Pass

No.:   SHA1021H   LIMTS   Vehicle No.:   SHA1021H

_____   _____   _____   _____
f Service Advisor   Signature/Date   Name of Service Advisor   Date

turned to Service Reception upon collection   To be kept by Security Guard