15/5/2010

INS. CASE OWNER: CC 3 / CTI18000952 / klys3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 15/01/18 Date / Time: 15/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SGV 6064C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

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

SHC 3044T → → →

INSRS: WSP: (DGE Auto) Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 3044T - CC3/AIG1000802S/Fit 242 DOA: 21/04/10 3 - NS/INC 16002782/High 502 DOA: 12/01/18
	SGV 6064C - 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: 19/01/18 Sent By: 19/01/18

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

Veh No: SHC 3044T Yr Regn: 31 Dec 2012

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

Make: Hyundai Sonata 1991

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

Sp Reading: 820711 Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHETXIVMCA831695

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: 215/60R16

R:

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

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. 15/1/18

Survey held at: CGE Clementi

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

N/S Front

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

Date / Time	Action / Instruction
16/1/18	Confirm L/S $1350/2 days.

CTZ L/S

Date/Time File Pass to:

☐ : Preli. Report

☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp: $ ☐ Interview: $ ☐ Tech: $ ☐ Weekend: $

Report Format:

Lump Sum / I.B.R.S

COMFORT ENGINEERING

COMFORT | Date,Time: 12.01.2018 15:52 | Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.305106376

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL. (R) 65508755 (O)

(P)

DISCOUNT CARD NO.

REGN NO.: SHC3044T	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 12.01.2018 13:15
YR OF MANU 31.12.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA831695	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.01.2018
NATURE: 3P 12.01.2018

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
JC No.:
Vehicle No.: SHC3044T CHIANG @

Name of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3044T

Name of Service Advisor

Date

To be kept by Security Guard