15/5/2010

INS. CASE OWNER: CC 3 / CTI1 800 1035 , K1ka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: AWK   DOI: 16-1-18   Date / Time : 16-01-18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : PC 523C		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 11-1-18	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**

SHA 2362 S → → →

INSRS: WSP: CDGE loyang. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHA2362S - OC/CTI1700197?/ Uzaz? ; DOA: 31/1/17	
	PC523C - CS/CTI17016339/ T?? ; DOA: 20/8/17	

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: 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. SHA2362S Y-Regn: 6 Oct 2017

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

Make: Toyota Prius

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

Sp.Reading: 39031 T.Radio: Insured / Std / NI / NA

Eng.No:

C/No: JTDKB3FU4x0J5 68801

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Rim or

Tyre Size: F: 195/65R15

R: "

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

Front			Rear		
R.Bal.	7	mm	R.Bal.	7	mm
L.Bal.	7	mm	L.Bal.	7	mm
D.O.A.	11/1/18		D.O.I.	16/1/18	

Survey held at: CDGE (Loyang)

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

CTI
P/P

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 $ ___S - PS ___S

Interview $ Photos

Tech. Invs $ Others

Weekend $

Report Format:

Lump Sum (LB) $

TOTAL

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 16.01.2018 10:03 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305107314

TOMER	REGN NO.: SHA2362S	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD	MAKE : TOYOTA	FUEL E.....1/2.....F
TOMER NO. 7010045	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 16.01.2018 09:25
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 06.10.2017	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE JTDKB3FU403568801	COMPLETION DATE/TIME:
(P) CHINA		
OUNT CARD NO.		

JOB DESCRIPTION

ccident Date: 11.01.2018
ATURE: 3P 11.01.2018

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

: No.: SHA2362S LKE/KALVIN

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA2362S

Name of Service Advisor

Date

To be kept by Security Guard