15/5/2010

INS. CASE OWNER: CL | CC 4 / ASM1800 1071 , 41pa3 | LKK: SMK101 IDAC: S8M00752

ASSIGNMENT

Surveyor: Calvin   DOI: 17-01-18   Date / Time : 17/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : YN9912P   Claim No. : S8M00752Z/(2605)

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/01/18   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**

SHC733H → ______ → ______ → ______

INSRS: Ong WSP: Tel : Liability : Wyas. RMKS: (ABC)	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC733H - X ; YN9912P - X
	* Side swipe. to obtain TP CCTV.
	* To check validity of OD's DL.

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: 18/1   Sent By: Hm

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: SHC 733H 10 July 20xx

Estimated Cost:

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

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

To Inspect Vehicle No: Make: Hyundai Z40 cc: 1685

at Workshop m/s: Colour: Yellow A/C: Insured / Std / NI / NA: 0

c/: Sp Reading: 380297 Radio: Insured / Std / NI / NA: 0

Insured: Eng/No:

Policy No: C/No: KMHLB41UMEU057939

Claims No: Gen Cond: Good / Fair / Poor / Burnt: 0

Sum Insured: Excess: Steering: Inoper / Jammed / Leaked / Burnt: 0

(Client's Record) Brake: Inoper / Jammed / Leaked / Burnt: 0

Make of Veh: Modi: Nil / S/Rim / STD A/Rim: 0

Tyre Size: F: 205/60R16

(Policy Condition) R:

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

N/S	O/S

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

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:	12/1/18		D.O.I:	17/1/18	

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: CMCE (Lyng)

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

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

Date / Time Action / Instruction

Exceed 48hrs. Email attached AxA

Date/Time File Pass to? ☐ : Preli. Report ☐ : Final Report

Days Of Repair:

Date/Time File Return to? Resurvey No. of Trip: Survey Fee:

Add Fee: ☐ Site Insp.: $ ☐ Interpret.: $ ☐ Tech. Visit: $ ☐ Weekend: $

Report Format :

Lump Sum / I.B I: $

OMFORTDELGRO
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ComfortDelGro Engineering Pte Ltd

Workshops

59 Loyang Drive Singapore 508952 | 34 Sengkang Loop Singapore 158153
583 Sin Ming Drive Singapore 575717 | 1 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609280 | 6 Defu Avenue 1 Singapore 539537

Date/Time: 15.01.2018 08:19 Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO 305106639

OMER	REGN NO.: SHC 733H
S CITYCAB PTE LTD	MILEAGE
OMER NO 7010070	MAKE: HYUNDAI
ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	FUEL E..............1/2...............F
65551188	MODEL I-40
(R) (O)	DATE/TIME IN 12.01.2018 21:05
(P)	YR OF MANU 10.07.2014
	TARGET DATE
OUNT CARD NO.	CHASSIS CODE KMHLB41UMEU057939
	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 12.01.2018
ATURE: 3P 12.01.18

/NO	LABOR CODE	DESCRIPTION

KED & PASSED OUT BY: ____________________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC 733H LIMTS

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 733H

Name of Service Advisor

Date

To be kept by Security Guard