15/5/2010

INS. CASE OWNER:	CC3 / AIG18001108 / K/hs3	LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN   DOI: 17/01/18   Date / Time : 17/01/18
Registered in Merimen: 18/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 5585		Claim No. :	
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**

SHD 6536R → ________ → ________ → ________

INSRS: WSP: COGE (Loyang) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
	DOA: 11/12/15		
	SHD 6536R - CC3/EQI1502137 3/Alhg3g2	Non-Reporting ltr (1st):	
	- CC3/LCR17004282/mihg3g2 DOA: 23/02/17	Non-Reporting ltr (2nd):	
	- CS/FCI16012233/Avbv2 DOA: 23/06/16	Non-Reporting ltr (Final):	
	SLN 6536R - X	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

ASSIGNMENT

SHD 6536R 4 Nov 2014

Estimated Cost

OD / TP / WS / TP RES OD RES EVA INV M

To inspect Vehicle No

at Workshop

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 Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted Vehicle IN / OUT

Car / M/Cycle / Bus / Van / Lorry / T0 / Prime Mover / Truck / Trailer

Make Hyundai I40 168

Colour Blue A/C Insured Std / NI / NA

Sp Reading 404398 Insured Std / NI / NA

Eng No

C No KMHLD414MEY058985

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: 205/60R16

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	17/1/18		D.O.	17/1/18	

Survey held at CDKE (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

A24

Date/Time File Pass : Preli. Report

: Final Report

Date/Time File Return

Days Of Repair:

Resurvey No. of Trip

Add Fee:

Report Format :

Lump Sum / I.B

COMFORT ENGINEERING

COMFORT ... Date/Time: 17.01.2018 14:... Page ... 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO. 305107938

ISTOMER	REGN NO: SHD6536R	MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
ISTOMER NO. 7010045	MODEL I-40	DATE/TIME IN 17.01.2018 10:15
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 04.11.2014	TARGET DATE
L. (R) 65508755 (O)	CHASSIS CODE KMHLB41UMEU059835	COMPLETION DATE/TIME:
(P)		
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 17.01.2018
NATURE: 3P 17.01.2018

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHD6536R CHUNNI

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6536R

Name of Service Advisor

Date

To be kept by Security Guard