15/5/2010

INS. CASE OWNER: CC 2 / LCR180 01114 / KISS

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 16/01/18 Date / Time : 16/01/18

Registered in Merimen: 18/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLL 2968P Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 14/01/18 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**

SH 6625R → → →

INSRS:
WSP: COS (Lopas)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 6625R - CC3/AIG09022495/GW DOA: 05/10/09
	- CC3/III1702232950/KE23 DOA: 04/12/17
	- CC6/III1701819791/KE23 DOA: 11/09/17
	- CS/INC0700476212/1 DOA: 19/02/09
	- NBA/INC1500037212/1 DOA: 07/01/15
	- NS/INC1200321412/1 DOA: 10/01/12
	SLL 2968P - 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: 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 + LO ☐ [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

From: ______ Date: ______ Veh No: SH 6625R Regn: 18 Jun 2015

Estimated Cost: ______ Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

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

To inspect vehicle No: ______ Make: Hyundai Ix35 cc 1685

at Workshop/Premise: ______ Colour: Blue

of: ______ Sp Reading: 320094

Insured: ______ Eng No: ______

Policy No: ______ Ch No: KMHLB414MFU069480

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

Sum Insured: ______ Excess: ______ Steering: Inorder / Jammed / Leaked / Burnt or

Clients Report: ______ Brakes: Inorder / Jammed / Leaked / Burnt or

Make of Vent: ______ Mod: Nil / S/Rim / STD A/Rim or

Tyre Size F: 205/60 R16

R: ______

Policy Condition:

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: R.Bal. 7 L.Bal 7 — Rear: R.Bal. 7 L.Bal 7

IDAC Accident Report: ______ Consistent? : Yes or No

GIA PR Seen: ______ Consistent? : Yes or No

D.O.A. 14/1/18 D.O.I. 16/1/18

Est. Repairs: ______ days Res: Yes or No

Lum Sum: ______ % S Val: Yes or No

Survey held at: CDHE (Loyang)

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

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

Date Time Action Instruction

~~For~~ AZA T/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 $ ☐ $ ☐ $

Report Format:

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Date/Time: 15.01.2018 17:07 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305107194

OMER	REGN NO.: SH 6625R / MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
OMER NO. 7010045	MODEL I-40 / DATE/TIME IN 14.01.2018 20:45
IESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 18.06.2015 / TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHLB41UMFU069480 / COMPLETION DATE/TIME:
(P)	
OUNT CARD NO.	

JOB DESCRIPTION

ccident Date: 14.01.2018
ATURE: 3P 14.01.18

/NO LABOR CODE DESCRIPTION

FRT RH

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SH 6625R JU AIG LKK

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6625R

Name of Service Advisor

Date

To be kept by Security Guard