15/5/2010

INS. CASE OWNER: CL | CC 4 / ASM1800 1159 , 19ya3 | LKK: SMART | IDAC: 26153

ASSIGNMENT

Surveyor: Ank | DOI: 15-01-18 | Date / Time : 18/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKS 9520B	Claim No. :	58M007CF
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 :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

6x

SJJ 2646C → SKS 9520B → SHA 7494L →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: CM GE 10 yang	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability : OI	Liability : TP	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA7494L - CU4/1111 7016840/19pa3q2 ; 0119.23/8/17
	SKS 9520B . 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: 22/1/18 Sent By: Hwh

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:		

REF: ASM (AXA)

ASSIGNMENT

From: Date: 19.01.2018

Estimated Cost:

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

To Inspect Vehicle No: SHA 7494L

at Workshop m/s ComfortDelgro Loyang

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: SHA 7494L Yr Regn: 18 Jun 2015

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

Make: Hyundai I40 c.c 1685

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

Sp.Reading 326220 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB41MFU069558

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl : Nil / S/Rim / STD 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.I.	19/1/18

Survey held at COHE (Loyang)

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

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

Date / Time	Action / Instruction
	P/P

Date/Time File Pass to? 1) : Preli. Report : Final Report

Date/Time File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ($ - PS $)

Photos

Others

Add Fee: Site Insp ($) Interview ($) Tech. Invs ($) Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

TOTAL

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 18.01.2018 08:50 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305108058

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHA7494L	MILEAGE
/MS	7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO.	383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 17.01.2018 13:10
DRESS	Singapore SINGAPORE 575717	YR OF MANU 18.06.2015	TARGET DATE
– (R)	65508755 (O)	CHASSIS CODE KMHL541UMFU069558	COMPLETION DATE/TIME:
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 17.01.2018
NATURE: 3P 17.01.2018

S/NO	LABOR CODE	DESCRIPTION

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHA7494L CHIANG @

e of Service Advisor

Signature/Date

a returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7494L

Name of Service Advisor

Date

To be kept by Security Guard