13/5/2010

INS. CASE OWNER: CC 3 / LCR18000 1252 / Klps3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN | DOI: 19/01/18 | Date / Time: 19/01/18
Registered in Merimen: 22/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLG 7089U | Claim No. :
Name of Insured : LCR | Policy No. :
Insured Tel No. : | HP: | Make / Model :
Excess Sec II :S$ | D.O.A : 19/01/18 | 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 6625S →

INSRS: WSP: COGE Clayes) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHD 6625S - CC3/CTI16013617/Hleg3sl DOA: 20/07/16	
	SLG 7089U - CS/LCR17005485/Migh3tz DOA: 15/05/17	

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: Email ☐ Call ☐
Repair Cost:	S$	(days) Reduction: %	
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 REF

ASSIGNMENT

From: SHD 6625 S 23 Mar 2016

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 Fee Yes or No

Lum Sum: % 3 Val. Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Truck M.Car M.Cycle Bus Van Lorry Taxi Prime Mover

Truck / Trailer or

Make: Mercedes Benz E200

Colour: white Insured / Std / Ni / NA

Sp Reading: 25 6055 Insured / Std / Ni / NA

Eng No:

C/No. WDD2120012B716784

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: 225/55 R16

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 19/1/18 D.O.I 19/1/18

Survey held at COGE (Loyang)

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

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

Date / Time Action instruction

AZG PIP

Date Time File Passed to: [ ] : Preli. Report

[ ] : Final Report

Date Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Add Fee: [ ] Site Insp. $

[ ] Intangible $

[ ] Techn... $

[ ] Weekend $

Report Format:

Lump Sum / I.B.:

Aig4Bia

LKK

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
32 Ubi Road Singapore 408663
30 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728721
6 Defu Avenue 1 Singapore 539537

Date/Time: 19.01.2018 14:31 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 305108611

OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) OUNT CARD NO.	REGN NO.: SHD6625S	MILEAGE
	MAKE : MERCEDES BENZ	FUEL E................1/2.................F
	MODEL E220CDI(E6)	DATE/TIME IN 19.01.2018 10:55
	YR OF MANU 23.03.2016	TARGET DATE
	CHASSIS CODE WDD2120012B316784	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 19.01.2018
ATURE: 3P 19.01.18/C

/NO	LABOR CODE	DESCRIPTION

Front RH

CKED & PASSED OUT BY: ____________________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip	Exit Pass
No.: SHD6625S LIMTS	Vehicle No.: SHD6625S
f Service Advisor / Signature/Date	Name of Service Advisor / Date