1/5/2010

INS. CASE OWNER: CC / LCR1800359 / kljs3

LKK:

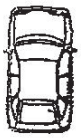
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 22/01/18 Date / Time: 22/01/18

Registered in Merimen: 22/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 3397D

Name of Insured : LCR

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 19/01/18

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

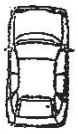
Place of Accident :

Nature of Accident :

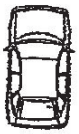
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHD 3346S →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 3346S - CC3/AZG1700415S/H1hb32 DOA: 25/02/17
	- CC3/AZG1702282S/K1hb32 DOA: 29/11/17
	- CC3/LCR1701626O/Kljs3 DOA: 18/08/17
	- CS/FCI1702420S/Klgl3 DOA: 05/12/17
	- NS/INC1460385Z/Hlgm3c3 DOA: 25/02/14
	- NS/INC1700784S/H1-bn2 DOA: 13/04/17
	- NS/INC1701180I/H1c6k2 DOA: 15/06/17
	SLQ 3397D - 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 + 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

SHD 3346S 21 July 2016

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:

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 Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Make: Hyundai Z?? cc: 1685

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

Sp Reading: 167436 Radio: Insured / Std / NI / NA

Eng No:

C/No: KMHCB414MG40 92187

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size F: 205/60 R16

R: "

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

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 22/1/18

Survey held at: CAKE (Geylang)

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

N/S wing mirror

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

Date / Time Action / Instruction

AZA 1/1

Date/Time File Pass to: Preli. Report

Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Add Fee: Site Insp. $

[illegible] $

[illegible] $

Mileage [illegible] $

Report Format:

Lump Sum / I.B [illegible]

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Workshops
383 Sin Ming Drive Singapore 5757..
45 Pandan Road Singapore 609286
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 22.01.2018 08:17 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO305108942

OMER	REGN NO.: SHD3346S	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E........1/2........F
OMER NO. 7010045	MODEL I-40	DATE/TIME IN 19.01.2018 19:45
ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 21.07.2016	TARGET DATE
(R) 65508755 (O) (P)	CHASSIS CODE KMHLB41UMGU092187	COMPLETION DATE/TIME:
OUNT CARD NO.		

JOB DESCRIPTION

ccident Date: 19.01.2018
ATURE: 3P 19.01.18

/NO	LABOR CODE	DESCRIPTION

KED & PASSED OUT BY: ____________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHD3346S LIMTS

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3346S

Name of Service Advisor

Date

To be kept by Security Guard