

15/5/2010

INS. CASE OWNER:

CC 3/AIG18001367 / Klyss

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

22/01/18

Date / Time:

22/01/18

Registered in Merimen:

22/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKU 84935

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A.:

21/01/18

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

SHA 2840D



INSRS:

WSP: 0043 (clayong)

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 2840D - X ; SKU 84935 - X	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:
Repair Cost:	\$	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	Email ☐ Cal ☐
Repair Cost:	\$		If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	\$	(days)	
Loss of Use (LOU):	\$	(\$ x days)	
Loss of Income (LOI):	\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐		[Tick only one]	
GIA/LTA Search	\$		
Medical:	\$		
Disbursement:	\$	(e.g. Tow/ Independent)	
Legal Cost	\$		
Total:	\$	Global Sum \$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	\$	Name 1:	
Payee 2: (Strike if N.A.)	\$	Name 2:	
Payee 3: (Strike if N.A.)	\$	Name 3:	

ASSIGNMENT

From _____ Date _____
Estimated Cost _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No. _____
at Workshop no. _____
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 Rpt: _____ Consistent? Yes or No
GIA / PR Seen: _____ Consistent? Yes or No
Est. Repairs: _____ days Res. Yes or No
Lump Sum: _____ % 3 Val. Yes or No

CA / REV / REP. / 24 HRS.

Date: _____ Person Contacted: _____

vehicle: IN / OUT

Date: Time _____ Action: Instruction _____

SHA 28400 28 July 24
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover
Truck / Trailer or _____
Make: Hyundai Sonata 2019
Colour: Blue A.D. Insured / Std / NI / NA
Sp. Reading: 641834 Fabric Insured / Std / NI / NA
Eng No: _____
C No: KM HET41V M0A813466
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: 215 / 60 R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Wetake
Front: _____ Rear: _____
R/Bal: 7 mm R/Bal: 7 mm
L/Bal: 7 mm L/Bal: 7 mm
D.O.A: 21/1/18 D.O.A: 22/1/18
Survey held at: CORRECTION
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear
The U/C / Chassis frame / Body Structure affected due to collision

Date/Time File Passed? ☐ Preli. Report
☐ Final Report
Date/Time File Returned? _____

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp. \$
☐ Interview \$
☐ Technical \$
☐ Meet and \$

Report Format: _____
Lump Sum / LB: \$ _____

Survey Fee _____
The amount _____

Azi
45

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

3rd Floor, 701, Singapore 179701

Mainline - 65 6583 6260 Facsimile - 65 6280 5725

Workshops

55 Loyang Drive Singapore 508666

383 Sin Ming Drive Singapore 570717

45 Pandan Road Singapore 608266

322 Upper Road Singapore 386466

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 729791

6 Dohi Avenue 1 Singapore 439537

Date/Time: 22.01.2018 14:26

Page : 1

Team: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 205109205

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO: 7010045

LESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

(P)

(O)

JUNT CARD NO:

REGN NO:

SHA2840D

MILEAGE

MAKE

HYUNDAI

FUEL

E. 1/2 F.

MODEL

SONATA

22.01.2018 08:50

YR OF MANU

28.07.2011

TARGET DATE

CHASSIS CODE

KMHRT41VMSA813466

COMPLETION DATE/TIME:

Accident Date: 21.01.2018

ATURE: 3P 21.01.18

JOB DESCRIPTION

/NO

LABOR CODE

DESCRIPTION

R

KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edgecraft Slip

Exit Pass

Job:

SHA2840D

LIMITS

Vehicle No:

SHA2840D

Service Advisor

Signature/Date

Name of Service Advisor

Date:

Turned to Service Reception upon collection

To be kept by Security Guard