15/5/2010

INS. CASE OWNER: CC 3 / AIG1800137I / KHS3

LKK:

IDAC:

ASSIGNMENT

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

Registered in Merimen: 23/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJK5693K

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

D.O.A : 21/01/18

Nature of Accident :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

SHA 2986S →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 2986S - CC3/ICS1700774H/Peg3c2 DOA: 14/04/17 - CC3/TMZ1401728/HWMSK3 DOA: 11/05/14 - NS/INC14022910/H6HC3 DOA 07/12/14 SJK5693K - CC4/AIG1601388O/Meb3 DOA: 23/07/16

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$		
Disbursement:	S$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$		2) Report Format:
Total:	**S$**	**Global Sum S$:**	3) Survey fee:

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

Estimated Cost:

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

To inspect vehicle no

at Workshop mls

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

Date: Person Contactec: Vehicle: IN / OUT

SHA 29865 29 Mar 2018

Type M/Car M/Cycle / Bus Van Lorry Taxi Prime Mover

Truck / Trailer or

Make Hyundai Z80 cc 1685

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

Sp Reading 409405 Radio Insured / Std / NI / NA

Eng No.

C No. KMHLB41GHAE405252

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: 205/60R16

R:

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

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.I. 22/1/18

Survey held at COLE Clayton

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

O/S Rear.

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

Date / Time	Action Instruction
	AZK 4/3

Date Time File Pass to:

Date Time File Return to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Add Fee: ☐ Site Insp $

☐ [illegible] $

☐ Tech [illegible] $

☐ Assessing $

Report Format :

Lump Sum / I.B I:

[redacted]

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

Date/Time: 22.01.2018 14:26 Page : 1

am: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO. 305109204

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

OUNT CARD NO.

REGN NO.: SHA2986S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 22.01.2018 09:15
YR OF MANU: 29.03.2014	TARGET DATE
CHASSIS CODE: KMHLB41UMEU052352	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 21.01.2018
ATURE: 3P 21.01.18/C

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA2986S LIMTS

f Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA2986S

Name of Service Advisor Date

To be kept by Security Guard