INS. CASE OWNER: **TE** | cc 4, ASM 18001384, K1pa3 | LKK: ~~SWMP1~~
IDAC: 269M

ASSIGNMENT

Surveyor: _Kalvin_   DOI: _22-01-18_   Date / Time: _22/01/18_

Registered in Merimen: ____

Pre-assign / CCU / FTE

SBY358M

Insured Vehicle No. : ____   Claim No. : __ 18M007CA__ (exd)

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 : ____

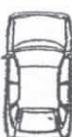If **NO**, Driver Name / Age : ____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : ____   (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**

SH 6693 T ———→ ____ ———→ ____ ———→ ____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: COlt loyang	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SH6693T. cuy/111 7019670 |kea3 ; DOA: 06/10/17	Non-Reporting ltr (1st):	
	SBY358M. X	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:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:		
			Others:		

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:	

Surveyor: Kalvin   REF:

ASSIGNMENT

From: Date:	Reg No: **SH 6693 T** Reg: **15 Sep 2016**
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: **Hyundai I40** cc **1685**
at Workshop m/s	Colour: **Blue** A/C: Insured / Std / NI / NA
of	Sp Reading: **210164** T.Radio: Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	C/No. **KMHLB41UM GU 093511**
Claims No	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / Std A/Rim or
	Tyre Size F: **205/60R16**
	R:

Remark: The veh had commenced its
repair at the time of inspection.

	N/S	O/S

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	

Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	D.O.A **17/1/18** D.O.I **22/1/18**
GIA / PR Seen: Consistent? : Yes or No	Survey held at: **CP'E C/07 Nov**
Est. Repairs: days Res.: Yes or No	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: % 3 Val.: Yes or No	**Front**

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

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

A x A
P/P

Date/Time: Action / Instruction:

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 $
☐ Inter/ex $
☐ Tech Insp $
☐ Weekend $

Report Format :

Lump Sum / I.B :

COMFORTDELGRO ENGINEERING

A member of **COMFORTDELGRO**

Date/Time: 18.01.2018 12:41   Page : 1

Team: ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: JC NO.305108281

CUSTOMER	REGN NO.: SH 6693T	MILEAGE
M/S COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E.............1/2.............F
CUSTOMER NO. 7010045		
ADDRESS 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 18.01.2018 11:25
Singapore SINGAPORE 575717		
65508755 (R) (O)	YR OF MANU 15.09.2016	TARGET DATE
(P)	CHASSIS CODE KMHLB41UMGU093511	COMPLETION DATE/TIME:
ACCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 17.01.2018
NATURE: 3P 17.01.18

S/NO   LABOR CODE   DESCRIPTION

CHECKED & PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

Acknowledgement Slip | Exit Pass

e: |
No.: | Vehicle No.: SH 6693T
le No.: SH 6693T   LIMTS |

_____ | _____
e of Service Advisor   Signature/Date | Name of Service Advisor   Date

e returned to Service Reception upon collection | To be kept by Security Guard