15/5/2010

INS. CASE OWNER: CC 3/EQ11 8001428 , K1pa3

LKK:

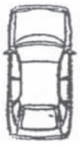
IDAC:

ASSIGNMENT

Surveyor: AWK DOI: 23-01-18 Date / Time : 23-01-18

Registered in Merimen:

Pre-assign / CCU / FTE

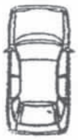


Insured Vehicle No. : FBM 5706Y		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 21-1-18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age :		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

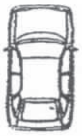
SHC 7183Z → ______ → ______ → ______

INSRS:
WSP: Chloe Loyang
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 7183Z - CC3/CT11701772821/K1pa3 ; DOA: 4/9/17
	- SL/SPF1701707?/419h30? ; DOA: 18/08/17
	FBM5706Y. NBA/EQ1180012481/Y ; DOA: 21/1/18

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:	

Surveyor: Kalvin REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

c/

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:

Vehicle: SHC 7183Z Reg: 14 July 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or:

Make: Hyundai i40 Yellow c.c: 1685

Colour: A.C: Insufficient / Std / NI / NA

Sp Reading: 266676 T.Radio: Insufficient / Std / NI / NA

Eng/No:

C/No: KMHLB41GAGA0-923799

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperative / Jammed / Leaked / Burnt or

Brake: Inoperative / Jammed / Leaked / Burnt or

Modi.: Nil / S/Rim / ST/A/Rim or

Tyre Size: F: 205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Triangle (Front) Westlake (Rear)

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	23/1/18

Survey held at: CDAE (Garage)

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

Rear N/S / Front O/S

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

Date / Time	Action / Instruction

EQ
PIP

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. $ Inten. adj. $ Tech. insp. $ Weekend $

Report Format :

Lump Sum / I.B I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 23.01.2018 09:33 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.305109643

STOMER	REGN NO.: SHC7183Z	MILEAGE
/MS CITYCAB PTE LTD	MAKE : HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010070	MODEL I-40	DATE/TIME IN 21.01.2018 14:10
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 14.07.2016	TARGET DATE
(R) 65551188 (O) (P)	CHASSIS CODE KMHLB41UMGU092399	COMPLETION DATE/TIME:
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 21.01.2018
NATURE: 3P 21.01.2018

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC7183Z CHIANG @

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7183Z

Name of Service Advisor

Date

To be kept by Security Guard