15/5/2010 INS. CASE OWNER:	(yonthia	CC 4/AXA1800	448, E	LWBA LKK: IDAC:	
Surveyor:	Lyonthia Kalvin	DOI: ASSIGNME	ENT I	Date / Time : The Color	.[.V
Pre-assign / CCU / Insured Vehicle No. Name of Insured Insured Tel No.	SHF 2	HP:	Claim No. : Policy No. : Make / Model :	Registered in Merimen:	
Excess Sec II :S\$ Is driver the owner?		D.O.A:	Place of Acciden	T: YES / NO ; TP GIA REPORT: YE	
Driver Tel N	lo. :	(V/L: YES / NO)	Insured Liability		
INSRS: WSP: Tel: Liability: RMKS:	E INSRS: WSP:		INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	Shcho781-4) N/A	24.1.	Non-Reporting ltr (1st):	ATE / PIC
	947 781C -113/1116	HYOTYTEY ENDS DUR		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:	
				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:	
FINALIZATION	Date/Time:	Confirm with:		Others: Confirm by:	
Repair Cost:	SS (days) Reduction:	%	EmailCall	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability:		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 S\$ (\$ x	days)			
Loss of Income (LOI): LOR only LOU only		OR + LOI [Tick only one]			
GIA/LTA Search	S\$	[Land only only			
Medical:	SS			1) Claim status: Normal/Reject/Priva	te Settle
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format:	
Legal Cost	S\$	a a . at		3) Survey fee:	
Total:	S\$	Global Sum S\$:		Email Call	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ S\$	Name 2: Name 3:			
ayee J. (SHIKE II IV.A.)	L/W				

Payee 3: (Strike if N.A.)

24/01/18	SHC 3038 L 275an 2011
Estimate: Color	0
NO TO WE TO SESTION PERMENT HAVE MY	Hundai Souche 1991
To recess lance vs. SHC 3038L	701.
Comfort Delgro	BIM and the second seco
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Sum maurati Eldess	Brake unoffer Jammad Leaked Burnt of
Dilente Record	Mad + MB s P.m. s 6 A.P.m. c
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repair at the time of inspection	TOYO LYOKO :- Well-14
Ba, ch i aneriya ya	· <u>Eur</u>
QAIG Applicant Potent Consistent? Yes on No	R.Ba 7 = Ba 1
Bit an Seen Consistent? : Yes of No	_Ba
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am Sum Silva Yes or No	Survey read a (PhE (logay)
	Descof Damages Rt. Rear QIS N.S. U.O. Reoftep or
CA / REV / PER / 24 HRS WP?	IN/OUT Rem
Date Person Contacted	The UIO Chassis frame Body Structure affected questions on
Date Time "Actor Instruction	Vot ro B. My 4s.
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Date The President	Simples
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COMFORTDELGRO

Date/Time: 22.01.2018 15:2

Date

Page 3

am: ARC Repair TP(CLSO)1	JOB CARD S	ales Order:	JC NO.305109502
MER		REGN NO. SHC3038L	MILEAGE
COMFORT TRANSPORTATION PTE 7010045	LTD	MAKE:	FUEL =1/2
ss 383 SIN MING DRIVE SS Singapore SINGAPORE 575717		MODEL	20.01.2018 03:25
(O)		YR OF MANU 1. 2011	TARGET DATE
(P) UNT CARD NO.	CHASSIS CODE (MHET 41 VMBA 80 4209 COMPLETION DATE		
cident Date: 20.01.2018 TURE: 3P 20.01.18	JOB DESCRIPTION		
NO LABOR CODE	DESCRI	PTION	
			٠.
· · · · · · · · · · · · · · · · · · ·			
	9		
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*5			
KED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTO	MER'S SIGNATURE
edgement Slip	Exit Pass ,		
o.: SHC3038L FZ AXA	Vehicle No.:	IC3038L	

Name of Service Advisor

To be kept by Security Guard

Signature/Date

f Service Advisor

turned to Service Reception upon collection



A member of COMPORTDELGRO

Name of Attending Staff/Guard

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline +65 6383 6280 Facsimile +65 6280 9755

Signature of Attending Staff/Guard

Service Centres

205 Braddell Road Singapore 579701

45 Pandan Road Singapore 509286

57 Sungai Kadut Way Singapore 728791

24 Senoko Loop Singapore 758156





JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
I. Date: Time Received:	3. Vehicle Type:	4. Type of Towing: Normal Tow	
2. New SPARK Kakis	Private Taxi (CTPL/CCPL)	King Dolly	
Name of Customer : MIC CHCHC	Fleet	Flat Bed	
Contact No. 1566566	STK (Boon Lay)	Crane-up	
Vehicle No. : SIJ(3038L	5. Nature of Service:	6. Parts Replaced/Remarks:	
Make/Model/Colour: 14 100 Mug	Jumpstart Recovery		
Email :	Change Tyre / Battery	- 1 14/ 1 - 1	
7. Location: 9. Preferred Workshop: Braddell Sin Ming Senoko Others: Control Surgei Kadut Komoco (UBI / Leng Kee)	Pandan Ubi Cycle & Carriage (PD)	Tow - In Workshop: oky Exhaust	
10. Odometer Reading :	11, Radio / CD Player OK Faulty Not tested	FRONT	
Job Attended	3.2	300EL	
12. Tow Truck / Recovery Van : VRS QA	GAO TZ YISHUN OTHE	RS OF BRAA	
	54380	#: Cracked X: Dented	
	C > aur	/: Scatched O: Missing	
4	4200		
Time or runvai	2564	Signature of Customer	
Time Completed : Cash Invoice Details (if applicable)			
13. Cash Invoice No. :	No. of the second secon		
Customer Acknowledgement a. I have been advised to remove all valuable items in my vehi	icle, including Global Positioning System (GPS), aud	io compact disk, thumbdrive, carpark coupo	
a. Thave been advised to remove an valuable terms from the cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk a c. Surcharge: Towing fee will be levied if the customer decide	and SPARK Car Care™ will not be held liable for suc	h losses.	
Date	Signature of Customer		
14. WORKSHOP			

Date & Time of Arrival