15/5/2010

INS. CASE OWNER: | CC 3 / AXA18001466 / K/ys3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 28/01/18 Date / Time : 28/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKA 5418K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 18/01/18 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 9304Y → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: COGS (Clayong)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SH 9304Y - CC3/CAI14021870/M1hy3u2 DOA: 19/1/14
	SKA 5418K - CV/TP16006264/Ccd1 DOA: 18/04/16

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 + LO ☐ [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:	

Kalvin REF

ASSIGNMENT

SH 9304Y 13 Dec 2017

Estimated Cost

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

To inspect Vehicle No

at Workshop m/s

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

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

Truck / Trailer or

Make Hyundai I40 1685

Colour Blue A/C Insured Std / NI / NA

Sp Reading 17933 T Patio Insured Std / NI / NA

Eng No

C No KMHLB41GAHU098597

Gen Cond Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Mod: 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

Front			Rear		
R/Bal	7	mm	R/Bal	7	mm
L/Bal	7	mm	L/Bal	7	mm

D.O.A 18/1/18 D.O.I 23/1/18

Survey held at (DLE (?)

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

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

Date Time Action Instruction

24/1/18 Claimed P/L $1036-18 / 2 days. Axa P/P

Date Time File Pass to: : Preli. Report Days Of Repair:

: Final Report Resurvey No. of Trip: Survey Fee

Date Time File Return to:

Add Fee: Site Insp. $

$

Tel $

Clearance $

Report Format:

Lump Sum / I.B:

COMFORT ENGINEERING

A member of COMFORTDELGRO

Date/Time: 18.01.2018 17:11 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO. 305108356

JSTOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO: SH 9304Y	MILEAGE
R/MS	7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
JSTOMER NO.	383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 18.01.2018 15:10
DDRESS	Singapore SINGAPORE 575717	YR OF MANU 13.12.2017	TARGET DATE
L. (R)	65508755 (O)	CHASSIS CODE KMHLB41UMHU098597	COMPLETION DATE/TIME:
(P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 18.01.2018
NATURE: 3P 18.01.2018

S/NO	LABOR CODE	DESCRIPTION
	AXA-	taxi Rear damage
	LKK/Kelmi	
	(Panel Surveyor)	

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SH 9304Y LARRY

Larry Ng
e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9304Y

Name of Service Advisor

Date

To be kept by Security Guard