15/5/2010

INS. CASE OWNER: | CC 3 / LCR1 800 1492 / Klja3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Auk   DOI: 24/1/18   Date / Time : 24/1/18

Registered in Merimen: 28/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLG 5716 G		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 23-01-18	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**

DGV

SHA 4743 M ⟶ ________ ⟶ ________ ⟶ ________

INSRS:	INSRS:	INSRS:	INSRS:
WSP: edhe loyang	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA4743M - CC6/LI1701643/ Ulna392 ; DOA: 1/8/17
	- CC4/AXA15008746/ H1pm392 ; DOA: 23/5/15
	SLG5716G - CS/EG/16019636/ Klvbn2 ; DOA: 13/10/16

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$		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

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA4743M   Regn: 29 Jan 2017

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

Make: Toyota Prius   c.c

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

Sp Reading   T.Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU4X0355 9679

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: 195/65 R15

R:

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

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

D.O.A. 23/1/18   D.O.I. 24/1/18

Survey held at: CDKE (Loyang)

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

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

Date / Time   Action / Instruction

25/1/18 . Submit P/P $1945-95 / 2 days.   AZK 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: $

[ ] Interview: $

Report Format: [ ] Tech. Inv.: $

Lump Sum / I.B [ ] Weekend: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609266
32 Ubi Road 1 Singapore 408694
24 Senoko Loop Singapore 738158
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 536537

Date/Time: 24.01.2018 14:04 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305110170

USTOMER R/MS COMFORT TRANSPORTATION PTE LTD USTOMER NO. 7010045 DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L. (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO.: SHA4743M MAKE : TOYOTA MODEL PRIUS HYBRID(G4) YR OF MANU 29.06.2017 CHASSIS CODE JTDKB3FUX03559679	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 23.01.2018 17:40 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 23.01.2018
NATURE: ACCIDENT REPAIR (AR)

S/	LABOR CODE	DESCRIPTION
		A(G- taxi Rear left damage LKK/Kalmi-

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHA4743M LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4743M

Name of Service Advisor

Date

To be kept by Security Guard