

INS. CASE OWNER:

CC 3 / AIG1800 1603, K2WBH

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

25/1/18

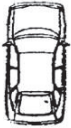
Date / Time :

25/1/18

Registered in Merimen:

20/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFZ 6546E

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

24/01/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

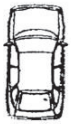
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHA 9158U



INSRS:

WSP:

Tel :

Liability :

RMKS:

LUBE
W.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

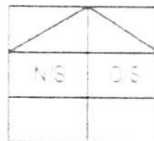
Date/ Time	STAGE	DATE / PIC
SHA 9158U - CUB (M4) 10/1/18 SFZ 6546E - X	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	☐ ☐
	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:	☐ ☐	
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:	

ASSIGNMENT

Engine No. _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No. _____
 at Workshop / m/s _____
 or _____
 Insured _____
 Policy No. _____
 Claims No. _____
 Sum Insured _____ Excess _____
 (Client's Record)
 Make of Vehicle _____

(Policy Condition)

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



Ball or Market Value _____
 IDAO Accident Report Consistent? Yes or No
 GUA / PR Seen Consistent? Yes or No
 Est. Repairs _____ days Res Yes or No
 Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted _____

Vehicle IN / OUT

Date / Time Action / Instruction

Date/Time File Pass to? ☐ : Preli. Report
☐ : Final Report
 Date/Time File Return to? _____

Report Format :

Lump Sum / I.B to : _____

SHA 91584 22 Jun 2017
 Type: M/Car / M/Cycle / Bus / Van / Lorry / ☒ Prime Mover
 Truck / Trailer or _____

Make Toyota Prius
 Colour Yellow A/C ☒ Insured ☒ Std / Nil / NA
 Sp Reading 72052 T. Radio ☒ Ins ☒ Std / Nil / NA

Eng No _____
 C No JTDKDJFY 60355 8433

Gen Cond: Good / ☒ / Poor / Burnt
 Steering: In order / ☒ Jammed / Leaked / Burnt or

Brake: In order / ☒ Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / ☒ A/Rim or

Tyre Size F: 195/65R15
 R: _____

☒ 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. 24/1/18 D.O.A. 25/1/18

Survey held at: CPH 6/6/18

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

o/p Front

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

AZG
 P/P

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transport

Add Fee: ☐ Site Insp \$
☐ Interpret \$
☐ Tech. Insp \$
☐ Drawing \$

COMFORT DELGRO ENGINEERING

A member of COMFORT DELGRO

AIG
LKK

ComfortDelGro Engineering Pte Ltd

100 Bras Basah Road, Singapore 179574

Head Office: 100 Bras Basah Road, Singapore 179574

Workshops

59 Loyang Drive Singapore 508936

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Hill Road Singapore 106649

64 Serangoon Loop, Singapore 738156

7 Sungei Kadut Way Singapore 723791

8 Defu Avenue 1, Singapore 339537

Date/Time: 24.01.2018 16:13

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO. 305110223

CUSTOMER

CITYCAB PTE LTD
7010070
CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65551188
L. (R) (O)
(P)

REGN NO: SHA9158U

MILEAGE

MAKE: TOYOTA

FUEL

E.....1/2.....F

MODEL PRIUS HYBRID(G4)24.

DATE/TIME IN 01.2018 12:00

YR OF MANU 22.06.2017

TARGET DATE

CHASSIS CODE JTDKB3FU6035558433

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 24.01.2018
NATURE: 3P 24.01.18/C

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Re:

Io.: SHA9158U LIMITS
File No.:

Vehicle No.: SHA9158U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard