15/5/2010

INS. CASE OWNER: CC 3/AIG1800 1603 , KZW692

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 25/1/18 Date / Time : 25/1/18

Registered in Merimen: 30/1/18

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 : 26/01/18	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: LIBE WSP: Tel : W. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHA9159U – CC3/AIG18007657/KZW6292 DOA: 17/1/18	
	SFZ6546E – X	

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:	

Kalvin REF

ASSIGNMENT

SHA 9158 U 22 Jun 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 / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Prius

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

Sp Reading: 72052 T Radio: Insured / Std / NI / NA

Eng No

C/No: JTDKDJF4 60755 8433

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: 195/65R15

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 24/1/18 D.O.I 25/1/18

Survey held at: CPAEC Ltd

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

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

Date / Time Action / Instruction

AZA P/P

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. $ [ ] Interim $ [ ] Tech. $ [ ] Add. $

Report Format:

Lump Sum / I.B.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

AIG
LKK

Date/Time: 24.01.2018 16:13 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.305110223

USTOMER		REGN NO.: SHA9158U	MILEAGE
R/MS	CITYCAB PTE LTD	MAKE : TOYOTA	FUEL E................1/2.................F
USTOMER NO.	7010070		
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 24.01.2018 12:00
L. (R)	65551188 (O)	YR OF MANU. 22.06.2017	TARGET DATE
(P)			
SCOUNT CARD NO.		CHASSIS CODE JTDKB3FU603558433	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.01.2018
NATURE: 3P 24.01.18/C

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: ____________________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHA9158U LIMTS

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA9158U

Name of Service Advisor

Date

To be kept by Security Guard