15/5/2010

INS. CASE OWNER: CC3 / AXA1800161 3 / K/ys3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 25/01/18 Date / Time : 25/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHO 9706Y		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 22/01/18	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**

SLG 9621U ⟶ SHO 9706Y (OI) ⟶ SHC 8624L (TP) ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: COLS (Comp ?)	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC 8624L - CC4/III17009007/Sub322 DOA 24/04/17
	SHD 9706Yn - CC3/EQI13018415/Ksa3w2 DOA 30/09/13
	- CC3/III15002398/Kja3a2 DOA 03/02/15
	- CC3/LCR18001454/Kws3 DOA 22/01/18
	- CC6/AXA17005x18/Kleg352 DOA 05/05/17

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

SHC8624L 10 Dec 2015

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: Hyundai I40 cc 1685

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

S/r Reading: 327998 Radio Insured / Std / NI / NA

Eng No

C No KMHDB41AM9908 2926

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: 205/60R16

R: "

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

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

D.O.A 22/1/18 D.O.I 25/1/18

Survey held at CDGE (Loyang)

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

AXA
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. $

$

Tel $

Desk $

Report Format

Lump Sum / I.B

COMFORT
ENGINEERING

COMFORT | Date/Time: 22.01.2018 11:10 | Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3798690

JC NO.: 305109078

ISTOMER

R/MS
ISTOMER NO.
DRESS

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

L. (R) (O)
(P)

SCOUNT CARD NO.

REGN NO.: SHC8624L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 22.01.2018 08:30
YR OF MANU: 10.12.2015	TARGET DATE
CHASSIS CODE: KMHLB41UMGU082926	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.01.2018
NATURE: 3P 22.02.18

S/NO	LABOR CODE	DESCRIPTION

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC8624L CHIANG @

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8624L

Name of Service Advisor

Date

To be kept by Security Guard