15/5/2010

INS. CASE OWNER: STACEY | CC4 / AXA 18001657 / klps3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 26/01/18 Date / Time: 29/01/18

Registered in Merimen: 29/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 9427C 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 : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHA 4753J →

INSRS:
WSP: COGE (Lopez)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 4753J - X ; SHD 9427C - 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: 30/01/18 Sent By: Shirley Hiew

FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email ☐ Call ☐
Repair Cost:	S$	(days) Reduction: %	
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$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$		
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 CS /QW18001657/ KlGb

SHA 4753J 23 Aug 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 Rs 3 val Yes or No

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date Person Contacted

Truck / M Car / M Cycle / Bus / Van / Lorry / Car / Prime Mover

Truck Trailer

Make Toyota Prius

Colour Dk

Air Bag Insured / Std / NI / NA

Km Reading 82745

T Panel Insured / Std / NI / NA

Eng No

C No JT0KD3FU503x6759

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. 195/65 R15

R.

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

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

DOA 24/1/18 DC 26/1/18

Survey held at CDKE Changi

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

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

Date Time Action Instruction

Ind Separate Report.

SHA 4753J - x

29/1/18 Contact P/P $640/ 20/01

Date/Time File Pass to: Preli. Report

Final Report

Days Of Repair:

Resurvey No. of Trip

Survey Fee

Date/Time File Return

Add Fee: $

$

$

$

Report Format

Lumb Sum / LB

COMFORT ENGINEERING

A member of COMFORTDELGRO

Date/Time: 24.01.2018 14:16 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305110176

JSTOMER		REGN NO.: SHA4753J	MILEAGE
R/MS	COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL E.....1/2.....F
JSTOMER NO.	7010045	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 24.01.2018 09:55
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 23.08.2017	TARGET DATE
L. (R) (O) (P)	65508755	CHASSIS CODE JTDKB3FU503563591	COMPLETION DATE/TIME:
SCOUNT CARD NO.			

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.: SHA4753J LIMTS

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4753J

Name of Service Advisor

Date

To be kept by Security Guard