15/5/2010

INS. CASE OWNER: CC 3/AIG18001712 / Klps3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN   DOI: 26/01/18   Date / Time : 26/01/18
Registered in Merimen: 29/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 8005T		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**

SHC 363S → → →

INSRS: WSP: DDGS (Loyang) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 363S] - CC3/CTI16023330/Hlpa3r2 DOA 04/12/16
	] - CS5/FCI12016921/Ryldi DOA: 07/03/12
	SLN 8005T - NA/AIG17023628/:3 DOA: 12/12/17

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: 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$ (S x days)		
Loss of Income (LOI):	S$ (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

ASSIGNMENT

SH C 3635 16 Dec 2010

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

Clients 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.

JDAC Accident Rport Consistent? Yes or No

GIA PR Seen Consistent? Yes or No

Est. Repairs days Fee 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

Make Hyundai Sonata 1994

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

Sp Reading 896685 T/Radio Insured Std / NI / NA

Eng No

C No KMHET41VMAA798058

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 265/60 R16

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
DOA	24/1/08		DOI	26/1/08	

Survey held at CDLE Cheng

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

O/S Rear

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

Date Time Action Instruction

AZK

Date/Time File Pass to

: Preli. Report

: Final Report

Date/Time File Return

Days Of Repair:

Resurvey No. of Trip

Survey Fee

Add Fee: Site Insp $

$

$

$

Report Format

Lump Sum / I.B

COMFORT ENGINEERING

COMFORT ... Date/Time: 25.01.2018 1... Page 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO. 305110525

JSTOMER	REGN NO: SHC 363S / MILEAGE
R/MS CITYCAB PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
JSTOMER NO. 7010070	MODEL SONATA / DATE/TIME IN 24.01.2018 20:25
DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 16.12.2010 / TARGET DATE
L. (R) 65551188 (O)	CHASSIS CODE KMHET41VMAA798058 / COMPLETION DATE/TIME:
(P)	
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 24.01.2018
NATURE: ACCIDENT REPAIR (AR)

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC 363S

ıe of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 363S

Name of Service Advisor

Date

To be kept by Security Guard