15/5/2010

INS. CASE OWNER: Jenny | CC 3 / QBE18001714 / Klhs3

LKK:
IDAC:

ASSIGNMENT

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

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 2994K
Name of Insured : GUO MENGXIANG
Insured Tel No. : HP: 9758 9712
Excess Sec II :S$ D.O.A : 26/01/18
Is driver the owner? (YES / NO) [YES circled]
If NO. Driver Name / Age :
Driver Tel No. : (V/L: YES / NO) [YES circled]

Claim No. :
Policy No. : 2-V0016896-MVA
Make / Model : MERCEDES-BENZ
Place of Accident : GEYLANG ROAD TOWARDS SIMS WAY
Nature of Accident :
OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]
Insured Liability : % **Final ? Yes / No**

SHA 8616X → → →

INSRS:
WSP: 0068 (Lopez)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 8616X - CS/QW09d4738/Rcg1 DOA 28/06/09
	- NSA/QBE18001535/M DOA 26/01/18
	SLV 2994K - NSA/QBE18001537/M DOA 26/01/18
30/01/18 (V.C)	

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 Hew

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

SHA8616X 22 Oct 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

DAC Accident Rport Consistent? Yes or No

GIA PP Seen Consistent? Yes or No

Est. Repairs days Res Yes or No

Lum Sum % S val. Yes or No

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date Person Contacted

M/Car M/Cycle Bus Van Lorry Prime Mover

Truck Trailer

Make Hyundai I40 cc 1685

Colour yellow

Reg. Date 2 70 306

A/C Insured / Std / NI / NA

Eng No

Ch No KMHC841M6uu79774

Gen Cond Good Fair Poor Burnt

Steering Inorder Jammed Leaked Burnt or

Brake inorder Jammed Leaked Burnt or

Mod. Nil S/Rim STD Rim or

Tyre Size F 205/60R16

R

BS / DUN / EXNOVA / GY FS LIZA / M/C OHTSU / PIR / SUMI / TOYO / YOKO or Hankook

	Front		Rear	
R Bal	7	mm	7	mm
L Bal	7	mm	7	mm
DOA	26/1/18		29/1/18	

Survey held at CDWB (Cheng)

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

N/S Front

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

Date Time Action Instruction

QBB

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

Lump Sum

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408640
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 26.01.2018 15:46 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3799964

JC NO305110857

STOMER

VMS CITYCAB PTE LTD
STOMER NO. 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

SCOUNT CARD NO.

REGN NO.: SHA8616X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.01.2018 11:15
YR OF MANU. 22.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU079724	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.01.2018
NATURE: 3P 26.01.18/C

S/NO	LABOR CODE	DESCRIPTION

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHA8616X FZ QBE

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA8616X

Name of Service Advisor

Date

To be kept by Security Guard