15/5/2010

INS. CASE OWNER: CC 3 / AIG18001723 / KLCS3

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. : SJF 118U

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 25/01/18

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHD 7185M →

INSRS:
WSP: COGS (Lapang)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 7185M - X
	SJF 118U - CC3/AIG1600717/Aubc2 DOA : 08/04/16
	- CS/FCI11003876/Augi DOA : 25/03/11
	- NA/FCI11003564/r DOA : 25/03/11
	- NA/ENC 08020485/wi DOA : 18/07/13

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

SHD 7185 M 17 Nov 2016

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

Accident Report Consistent? Yes or No

PR Seen Consistent? Yes or No

Est. Repairs days Yes or No

Lum Sum 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 1685

Colour Blue Insured / Std / Nil / NA

Reading 138026 Insured Std / Nil / NA

Eng No

C No KMHLD41 4MHG 09640

Gen Cond Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt

Brake Inorder / Jammed / Leaked / Burnt

Mod Nil / S/Rim / STD / Rim

Tyre Size F 205/60 R16

R

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

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

D.O.A 25/1/18 D.O. 26/1/18

Survey held at CDLE (Bm)

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

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

Date Time Action Instruction

30/1/18 Submit PIP $330/280

AZH PIP

File Pass : Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip

File Return

Add Fee:

Report Format

Lump Sum

OMFORT
ENGINEERING

COMFORT [illegible] 25.01.2018 12:10 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO. 305110528

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

REGN NO.: SHD7185M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.01.2018 12:10
YR OF MANU 17.11.2016	TARGET DATE
CHASSIS NO. [illegible]41UMHU096417	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 25.01.2018
ATURE: 3P 25.01.18

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHD7185M JU AIG LKK

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD7185M

Name of Service Advisor

Date

To be kept by Security Guard