15/5/2010

INS. CASE OWNER: | CC3 / AIG1800 1816 / K1ka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: AMC | DOI: 29-01-18 | Date / Time : 29-01-18

Registered in Merimen: 30-01-18

Pre-assign / CCU / FTE SKF 3898U

Insured Vehicle No. :	SKF 3898U	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 26-01-18	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**

SKD 7332U → SKF 3898U → SH 8920 A →

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: OI	INSRS: WSP: IDAC Loyang Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH8920A. CC3/AIG1600130S/K1ka3 2 : DOA: 26/1/16
	SKF 3898U. NA/AIG1800/600/K4 : DOA 26/1/18

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:

Company: Kalvin REF:

ASSIGNMENT

From: Date: 19 May 2016

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SH 8920A Reg:

at Workshop m/s Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

of Make: Hyundai Z40 CC: 1685

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

Policy No. Sp Reading: 278408 T/Radio: Insured / Std / NI / NA

Claims No. Eng/No:

Sum Insured: Excess: C/No: KMHLB41HMG408965

(Client's Record) Gen. Cond: Good / Fair / Poor / Burnt

Make of Veh: Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size F: 205/65R16

R: "

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

Bal. or Market Value:

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	26/1/18		D.O.I.	29/1/18	

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

Survey held at OKE (Bugis)

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

CA / REV / REP. / 24 HRS

Vehicle : IN / OUT

Date: Person Contacted:

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

Date / Time	Action / Instruction
30/1/18	Called PIP $1821.96 / 2 days. AZA PIP

Date/Time File Pass to? ☐ : Preli. Report ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time File Return to?

Add Fee: ☐ Site Insp $ ☐ Interview $ ☐ Tech Drive $ ☐ Weekend $

Report Format :

Lump Sum / I.B I: $

Survey Fee

Transportation

Parking

Misc

Total

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 408646
24 Senoko Loop Singapore 75815
7 Sungei Kadut Way Singapore 72
6 Defu Avenue 1 Singapore 53953

Date/Time: 27.01.2018 09:05 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.30511100

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755 (O)
(P)

DISCOUNT CARD NO.

REGN NO.: SH 8920A	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....
MODEL I-40	DATE/TIME IN 26.01.2018 14:5
YR OF MANU. 19.05.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU089685	COMPLETION DATE/T

JOB DESCRIPTION

Accident Date: 26.01.2018
ATURE: 3P 26.01.18

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
I/C No.:
Vehicle No.: SH 8920A JU AIG LKK

Name of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8920A

Name of Service Advisor

Date

To be kept by Security Guard