15/5/2010

INS. CASE OWNER: | CC3 /CTI1800 1823 / E2463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 29/01/18 Date / Time : 29/01/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 25447 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 20/01/18 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

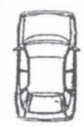
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 7247Z ⟶ ⟶ ⟶

INSRS: MHE
WSP:
Tel : W.
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 7247Z — X GBG 25447 — Y

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:	

Surveyor: Kalvin | REF:

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC7247Z Reg: 11 Aug 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai I40 cc: 1685

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

Sp.Reading: 222674 T.Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLD41UMG4092627

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size F: 205/60R16

R: 4

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

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

Survey held at: CPHE Changi

Des. 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

CTI
PIR

Date/Time: File Pass to? [ ] : Preli. Report

[ ] : Final Report

Date/Time: File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] Site Insp.: $

[ ] Interview: $

[ ] Tech Insp.: $

[ ] Weekend: $

Report Format :

Lump Sum / I.B.I: S

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 408649
24 Senoko Loop Singapore 75815
7 Sungei Kadut Way Singapore 72
6 Defu Avenue 1 Singapore 53953

Date/Time: 27.01.2018 09:06 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.30511100

CUSTOMER

MR/MS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65551188 (O)
(P)

DISCOUNT CARD NO.

REGN NO.: SHC7247Z	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....
MODEL I-40	DATE/TIME IN 26.01.2018 14:5
YR OF MANU. 11.08.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU092627	COMPLETION DATE/T

JOB DESCRIPTION

Accident Date: 26.01.2018
NATURE: 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.: SHC7247Z FZ CHINA LKK

Name of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7247Z

Name of Service Advisor

Date

To be kept by Security Guard