

15/5/2010

INS. CASE OWNER:

CC 3 / AIG18001830 / Klys3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

29/01/18

Date / Time:

29/01/18

Registered in Merimen:

30/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SCF 5688R

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

27/01/18

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

SNC 204L



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
SNC 204L - CS / INC09021011/CA	Non-Reporting ltr (1st):	
SCF 5688R - X	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: \$\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: \$\$		
Loss of Rental (LOR): \$\$	(days)	
Loss of Use (LOU): \$\$	(S x days)	
Loss of Income (LOI): \$\$	(S x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$	(e.g. Tow/ Independent)
Legal Cost	\$\$	
Total:	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$\$	Name 1:
Payee 2: (Strike if N.A.)	\$\$	Name 2:
Payee 3: (Strike if N.A.)	\$\$	Name 3:

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No _____
 at Workshop no/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.**
 Bal. or Market Value _____
 IDAC Accident Rpt: _____ 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
 Date: _____ Person Contacted _____ Vehicle IN / OUT

/	
N/S	O/S

7 Jan 2016
 Veh No **SHC 804L** Regn
 Type **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or**
 Make **Hyundai 240** cc **1685**
 Colour **Yellow** Insured / Std / NI / NA
 Sp Reading **173289** - Radio Insured / Std / NI / NA
 Eng/No _____
 Ci/No. **KMHCB41YAG408082X**
 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: **205/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Wet/Le**
 Front **7** mm R/Bai **7** mm
 L/Bal. **7** mm L/Bal **7** mm
 D.O.A. **27/1/8** D O I **29/1/8**
 Survey held at **WKE (1/2/2016)**
 Des. of Damages **Frt / Rear / O/S / N/S / U/C / Rooftop or**
Rear M2
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

AKH
PP

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. \$
 Inter. \$
 Tech. \$
 Equip. \$

Report Format :
 Lump Sum / I.B.I. :



COMFORT ENGINEERING

A member of COMFORTDELGRO

Date/Time: 29.01.2018 10:56 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305111416

CUSTOMER R/MS CITYCAB PTE LTD CUSTOMER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65551188 (O) (P)	REGN NO: SHC 804L	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....
	MODEL I-40	DATE/TIME IN 28.01.2018 10:35
	YR OF MANU 07.01.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU080824	COMPLETION DATE/TIME:

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 27.01.2018
NATURE: 3P 27.01.2018

S/NO	LABOR CODE	DESCRIPTION
		A/G - taxi Rear damage
		LKIC/Kalvin -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip e: Io.: File No.: SHC 804L LARRY Larry Ng	Exit Pass Vehicle No.: SHC 804L	_____ Name of Service Advisor	_____ Date
Signature/Date		To be kept by Security Guard	

Vehicle returned to Service Reception upon collection