15/5/2010

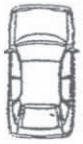
INS. CASE OWNER: Stacey Ng | CC4 / ASM1800 1994 / Kia3 | LKK: | IDAC: 78603

ASSIGNMENT

Surveyor: Amk DOI: 1-2-18 Date / Time : 1-2-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XD3436B Claim No. : S8[illegible]87C

Name of Insured : MCK TRANSPORT SERVICES Policy No. : VCA/P1689406

Insured Tel No. : HP: Make / Model : Mit.

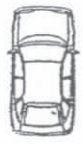
Excess Sec II :S$ D.O.A : 1-2-18 Place of Accident : 45 CHANGI SOUTH AVE 2

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

If **NO**, Driver Name / Age : SHANMUGAM MAHESWARAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

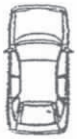
Driver Tel No. : 86244282 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHA4672J → → →



INSRS:
WSP: CDW Loyang.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA4672J - NS | INC1300 TOSL | Hirdl ; DOA: 10/4/13
	XD3436B - 04 | AXA | 60 1996 | Kia3 ; DOA: 21/06/16

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: 2/5	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: SHA 4672J Yr Regn: 29 Dec 2016

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

Make: Hyundai Z4 cc: 1685

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

Sp Reading: 124661 Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCB4141HU097710

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: "

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:	1/2/18	D.O.I:	1/2/18

Survey held at: CMAE (Loyang)

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

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

Date / Time	Action / Instruction
2/2/18	Called P/P $ 4157 / 3 Rpts

ASOA

Date/Time File Pass to?

To:

Date/Time File Return to?

To:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp $

☐ Inter[illegible] $

☐ Tes[illegible] $

☐ [illegible] $

Survey Fee

Transportation

Report Format:

Lump Sum / I.B.:

MFORTDELGRO
ENGINEERING

ember of COMFORTDELGRO

Date/Time: 01.02.2018 12:50 Page : 1

n: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO 305112648

MER
COMFORT TRANSPORTATION PTE LTD
7010045
MER NO.
SS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
R)
P)
NT CARD NO.

REGN NO.: SHA4672J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 01.02.2018 08:45
YR OF MANU 29.12.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU097710	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 01.02.2018
TURE: 3P 01.02.2018

NO	LABOR CODE	DESCRIPTION
	AXCA	

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

.:
le No.: SHA4672J LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4672J

Name of Service Advisor

To be kept by Security Guard

Date