15/5/2010

INS. CASE OWNER: Irene | CC3 / CTI180 02006 / Klhs3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: CALVIN DOI: 31/01/18 Date / Time : 31/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBD 5977T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 31/01/18 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**

SHA 4396G → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: COGE (Cayas)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA 4396G - CC3/TIG/160170133/111hg352 DOA: 03/04/16
	- CC3/ECI/SDU5932/19423 DOA: 25/05/15
	- NA/INC/160178359/IC4 DOA 07/09/16
	- NA/ENC/0801131/H1 DOA: 03/04/08
	GBD 5977T - X

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: 01/02/18 Sent By: 01/02/18

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 + LO ☐ [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

Sal. 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

Date: Person Contacted: Vehicle IN / OUT

Veh No: SHA 4396H Reg: 17 Mar 24

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

Make: Hyundai Sonata CC: 1994

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

Sp Reading: 277184 Radio: Insured / Std / NI / NA

Eng No:

C No.: KMHET41VMBA806171

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: 215/60R16

R:

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

Front		Rear	
R.Bal:	7 mm	R.Bal:	7 mm
L.Bal:	7 mm	L.Bal:	7 mm

D.O.A: 31/1/18 D.O.I: 31/1/18

Survey held at: CDAE (Loyang)

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

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

Date / Time Action / Instruction

CTZ

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: $

Tel: $

Fax: $

Report Format:

Lump Sum: I.B.I.

COMFORT ENGINEERING

COMFORT

Date/Time: 31.01.2018 15:36 Page : 1

eam: SH ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO. 305112395

TOMER

VIS COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

CHINA

COUNT CARD NO.

REGN NO.: SHA4396G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: SONATA	DATE/TIME IN 31.01.2018 13:40
YR OF MANU. 17.03.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA806171	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 31.01.2018
NATURE: 3P 31.01.2018

B/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

e No.: SHA4396G LKE/KALVIN

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4396G

Name of Service Advisor

Date

To be kept by Security Guard