15/5/2010

INS. CASE OWNER: CC3 / LCR1800 2023 / K/WS 3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 5894M

Name of Insured : LCR

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 30/01/13

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

If NO, Driver Name / Age :

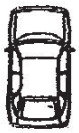
Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHC 3220B → _____ → _____ → _____

INSRS:
WSP: CDGE (Layang)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 3220B - NA/MC10015070/W1 DOA : 29/07/10 - NSA/INC15019033/E1 DOA : 17/10/15 - NS/INC11015858/HHyln DOA : 07/08/11 - NS/INC15017725/HHbn2 DOA : 17/10/15
	SLN 5894M - 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: _____ 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 SHC 3220B Yr Regn 27 Mar 2014

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

Make Hyundai Z40 cc 1BB

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

Sp Reading 461338 Radio **Insured / Std / NI / NA**

Eng No:

Ch No. KMHLB41GMEU402953

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 Westlake

Front		Rear	
R.Bal	7 mm	R.Bal	7 mm
L.Bal.	7 mm	L.Bal	7 mm
D.O.A.	30/1/18	D.O.I	31/1/18

Survey held at COE (Loyang)

Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or o/s Body

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

Date / Time	Action / Instruction
	AIG 4/.

Date Time File Pass to: ☐ : Preli. Report

To: ☐ : Final Report

Date/Time File Return to?

To:

Report Format:

Lump Sum / I.B.I:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp $

☐ Interp $

☐ Tele $

☐ [illegible] $

Survey Fee

Transportation $

Arg Abig

LKC.

COMFORT DELGRO ENGINEERING

member of COMFORTDELGRO

Date/Time: 31.01.2018 14:06 Page : 1

eam: ARC Repair TP(CLSO)i **JOB CARD** Sales Order: JC NO 305112237

OMER	REGN NO: SHC3220B / MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
OMER NO. 7010045	MODEL: I-40 / DATE/TIME IN: 31.01.2018 09:30
IESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU: 27.03.2014 / TARGET DATE
(R) 65508755 (O)	CHASSIS CODE: KMHLB41UMEU052953 / COMPLETION DATE/TIME:
(P)	
OUNT CARD NO.	

JOB DESCRIPTION

ccident Date: 30.01.2018
ATURE: 3P 30.01.18/C

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC3220B LIMTS

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3220B

Name of Service Advisor

Date

To be kept by Security Guard