15/5/2010

INS. CASE OWNER: CL | CC4 / ASM1800 2063, Klea3 | LKK: [illegible] IDAC: 28585

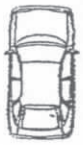
ASSIGNMENT

Surveyor: Calvin DOI: 1/2/18 Date / Time : 2/2/18

* Ucle survey before AKA give assignment.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR231A Claim No. : S8m0080J

Name of Insured : Leong Siew Wah Policy No. : GA179639/1

Insured Tel No. : HP: Make / Model : Lexus RX 450H

Excess Sec II :S$ D.O.A : 29/01/18 Place of Accident : AMK Ave 10 ~ Boundary Rd

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

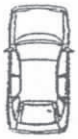
If **NO**, Driver Name / Age : Wong Su-Wan OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 90061306 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC8135G → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC8135G - CC6/111702343J/Una3q2 ; DOA: 10/12/17
	SKR231A - 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: N/A	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: CS/QW18002063/Klvb

ASSIGNMENT

From: Date	Veh No: SHC 8135G Yr Regn 4 Mar 2016
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No	Make: Hyundai I40 cc 1685
at Workshop m/s	Colour: Blue A/C Insured / Std / NI / NA
of	Sp Reading: 340589 T Radio Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	C/No: KMHLB41UMG4083615
Claims No	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh.	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 205/60R16
(Policy Condition)	R: "
Remark: The veh had commenced its repair at the time of inspection. (N/S / O/S)	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook
Sal. or Market Value.	Front / Rear
IDAC Accident Rport: Consistent? Yes or No	R/Bal 7 mm / R.Bal 7 mm
GIA / PR Seen: Consistent? Yes or No	L/Bal. 7 mm / L.Bal 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 29/1/18 D.O.I 1/2/18
Lum Sum: % 3 Val.: Yes or No	Survey held at CNHE (Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear
Date: Person Contacted Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	SHC 8135G - CCG/III 17023433/Uu0092 DOA: 10122017 In Inspect Report Report give Loyang

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Date/Time File Return to? typist

Add Fee: [ ] Site Insp $ [ ] Intern ex $ [ ] Tec $ [ ] $

Report Format:

Lump Sum / I.B.I

COMFORT DELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 29.01.2018 16:37 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO 305111743

STOMER		REGN NO.: SHC8135G	MILEAGE
MS	COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO.	7010045	MODEL I-40	DATE/TIME IN 29.01.2018 12:50
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 04.03.2016	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE KMHLB41UMGU083615	COMPLETION DATE/TIME:
(P)			
COUNT CARD NO.	AXA		

JOB DESCRIPTION

Accident Date: 29.01.2018
NATURE: 3P 29.01.2018

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SHC8135G LKE

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8135G

Name of Service Advisor

Date

To be kept by Security Guard