15/5/2010

INS. CASE OWNER: CL | CC 4 / ASM1800 2139 / 19443 | LKK: JMNRJ IDAC: 28831

ASSIGNMENT

Surveyor: Anh | DOI: 5/2/18 | Date / Time : 2/2/18

Registered in Merimen: ——

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKP 4511B	Claim No. :	S8M00$AW
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 2/2/18	Place of Accident :	
Is driver the owner? (YES / NO)	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**

SHA7997C → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Chng loyang.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	25/4/12
	SHA7997C – CIB/ASM1200 8458 / 1H1b / 0392 / DTA
	SKP 4511B – 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: 2/2/18 Sent By: [signature]

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:	

REF: AXA 2139/UG3-

ASSIGNMENT

From: Date: 5/2/18

Estimated Cost:

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SHA 7997C

at Workshop m/s: Comfort Delgro

of: 59 loyang Drive

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Clients 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 Sean: Consistent? : Yes or No

Est. Repairs: days Res : Yes or No

Lum Sum: % 3 Val : Yes or No

CA / REV / REP. / 24 HRS WPS

Vehicle IN / OUT

Date: Person Contacted:

Veh No: SHA 7997C Reg: 5 Mar 2015

Type: M/Car / M/Cycle / Bus / Van / Lorry / T(X) / Prime Mover / Truck / Trailer or

Make: Hyundai I40 cc: 1685

Colour: Blue A/C: Insu(l)ed / Std / Nil / NA

Sp Reading: 450190 T Radio: Ins(t)aled / Std / Nil / NA

Eng No:

C/No: KMHLB41UMFU064311

Gen. Cond: Good / F(air) / Poor / Burnt

Steering: In(o)rder / Jammed / Leaked / Burnt or

Brake: In(o)der / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / ST(D) 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	2/2/18		D.O.I	5/2/18	

Survey held at: CDGE (loyang)

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

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

Date / Time Action / Instruction

P/P

Date/Time File Passed to: [ ] : Preli. Report Days Of Repair:

[ ] : Final Report Resurvey No. of Trip:

Date/Time File Return to: Survey Fee:

Transportation:

Add Fee: [ ] Stat. / Inspection $

[ ] $

[ ] $

[ ] $

Report Format:

Lump Sum / LB

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 02.02.2018 15:41 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO. 305113069

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHA7997C	MILEAGE
'MS		MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO.	7010045	MODEL: I-40	DATE/TIME IN 02.02.2018 12:55
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 05.03.2015	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE KMHLB41UMFU064811	COMPLETION DATE/TIME:
(P)			
COUNT CARD NO.	AXA		

JOB DESCRIPTION

Accident Date: 02.02.2018
NATURE: 3P 02.02.2018

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SHA7997C LKE

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7997C

Name of Service Advisor

Date

To be kept by Security Guard