15/5/2010

INS. CASE OWNER: | CC 3/AIG18002206 / KLJ53 | LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 02/02/18 Date / Time: 02/02/18
Registered in Merimen: 05/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLL 4887D 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

SHC 1010D → ______ → ______ → ______

INSRS: WSP: EDGE (Luyang) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 1010D Dr- CC2/AIG11004583/HLJ192 DOA: 09/03/11	Non-Reporting ltr (1st):	
	- CS/INC09001243/CCQ DOA: 26/12/09	Non-Reporting ltr (2nd):	
	- NA/III14002390/E1 DOA: 12/02/14	Non-Reporting ltr (Final):	
	- NA/INC08033691/S1 DOA: 26/12/08	Notification ltr (if non-pickup):	
	SLL 4887D - X	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$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$		
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

Vehicle IN / OUT

Date: Person Contacted

Veh No: SHC1010D | Yr Regn: 4 Mar 2010

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

Make: Hyundai Sonata | cc: 1991

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

Sp Reading: 324410 | T Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41VMAA779394

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: 215/60 R16

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. 31/1/18 | D.O.I 2/2/18

Survey held at: CKEC (Toyang)

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
6/2/18	Contact Cf $1400/ 2 Days.

AZG 4/5.

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 S$

☐ Interp... S$

☐ ... S$

☐ ... S$

Report Format:

Lump Sum / I.B.

OMFORT
ENGINEERING

COMFORT

Date/Time: 02.02.2018 09:12 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305112862

OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) OUNT CARD NO.	REGN NO.: SHC1010D MAKE: HYUNDAI MODEL SONATA YR OF MANU 04.03.2010 CHASSIS CODE KMHET41VMAA779394
	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 01.02.2018 16:20 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 31.01.2018
ATURE: 3P 31.01.18

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC1010D JU AIG LKK

f Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1010D

Name of Service Advisor

Date

To be kept by Security Guard