INS. CASE OWNER:	Stacey	CC 4 / ASM1800 2223 , Mja3	LKR: ~~SWC/1P1~~ IDAC: 2424

Surveyor: _Ann_   **ASSIGNMENT**

DOI: _5/7/18_   Date / Time: _1/7/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _GBF 8543S_   Claim No. : _SSM0080D0_

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A. _3/7/18_   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

SHC 2281 T
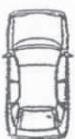
INSRS: COGE	INSRS:	INSRS:	INSRS:
WSP: wrong.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	(SHC 2281 - estim 1700 6078/m/gh302, DOA:28/3/19	Non-Reporting ltr (1st):	
	QBF 8543S - X	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: _2/2/8_   Sent By: _Ann_

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

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.

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: _____

Date / Time	Action / Instruction

Veh No: SHC 2251 T   Date: 25 Jan 2017

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

Make: Hyundai Z40   1185

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

Sp. Reading: 205334   T.Radio: Insured / Std / Nil / NA

Eng. No:

C/No: KMHLB414MH4098563

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Part or

Tyre Size: F: 205/60R16

R: _____

	N/S	O/S

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

Front		Rear	
R.Bal.	7 mm	R.Bal.	7 mm
L.Bal.	7 mm	L.Bal.	7 mm
D.O.A.	3/2/8	D.O.I.	5/2/8

Survey held at   CDhE (67~)

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

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

AxA
PIP

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

Date/Time File Return to:

Add Fee: [ ]

Report Format :
Lump Sum / LSB :

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee _____

Transportation

Site Insp $ _____   S-P3 __ $

Interview $ _____   Photo

Tech ___ $ _____

___ $ _____

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969   24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717   7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286   6 Defu Avenue 1 Singapore 539537

Date/Time: 05.02.2018 09:02   Page : 1

eam: ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: 3801985   JC NO 305113413

OMER		
COMFORT TRANSPORTATION PTE LTD	REGN NO. SHC2251T	MILEAGE
7010045	MAKE : HYUNDAI	FUEL E..........1/2..........F
RESS 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 04.02.2018 10:05
Singapore SINGAPORE 575717		
(R) 65508755 (O)	YR OF MANU 25.01.2017	TARGET DATE
(P)	CHASSIS CODE KMHLB41UMHU098563	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 03.02.2018
ATURE: 3P 03.02.18/B

/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

_____
SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

o.:
le No.: SHC2251T   FZ AXA

_____
e of Service Advisor   Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2251T

_____
Name of Service Advisor   Date

To be kept by Security Guard

Hi Motor Claims,

Please refer attached GIA report, the estimate to be advise upon survey the vehicle.
The taxi was grounded at our workshop on 04.02.18.

SHC2251T.pdf

With Regards

Fauzy Bin Mokhtar
ComfortDelGro Engineering Pte Ltd
Taxi Crash Repair Department
DID : 6214- 8319
FAX:: 6546-8156