INS. CASE OWNER: CC 3 / CTI1800 2240, K1 ja3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: AMC | DOI: 2/2/18 | Date / Time : 2/2/18

Pre-assign / CCU / FTE | Registered in Merimen:

Insured Vehicle No. : GBA 889Z | Claim No. :

Name of Insured : | Policy No. :

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

Excess Sec II :S$ | D.O.A : 01-02-18 | 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 831 H → →

INSRS: WSP: ODWE Tel : Liability : loyans. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC831H - CS3/FC114008630/ Plum3d1 : DOA. 8/5/14
	GBA 889Z - 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$	
Disbursement:	S$	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ (e.g. Tow/ Independent)	2) Report Format:
Total:	**S$**	3) Survey fee:

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 831H Yr Regn: 25 July 2013

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

Make: Mercedes Benz E220, cc

Colour: white A/C: Insured / Std / NI / NA

Sp Reading: 763914 T Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2120022A757683

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

Front			Rear		
R/Bal	7	mm	R.Bal	7	mm
L/Bal	7	mm	L.Bal	7	mm
D.O.A.	1/2/18		D.O.I.	2/2/18	

Survey held at: CDG E (Loyang)

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

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

Date / Time	Action / Instruction
6/2/18	[illegible] c/s $ 2300 / 3 days

CTZ 4?

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 $

☐ Interview $

☐ Tech $

☐ $

Report Format:

Lump Sum / I.B.

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Date/Time: 01.02.2018 16:05 Page : 1

eam: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.305112748

OMER IS CITYCAB PTE LTD OMER NO. 7010070 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) OUNT CARD NO.	REGN NO.: SHC 831H MAKE: MERCEDES BENZ MODEL E220CDI(E5) YR OF MANU 25.07.2013 CHASSIS CODE WDD2120022A757683	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 01.02.2018 12:35 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 01.02.2018
ATURE: 3P 01.02.18

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC 831H JU CHINA LKK

f Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 831H

Name of Service Advisor Date

To be kept by Security Guard