15/5/2010

INS. CASE OWNER: CC 3 /CTI1800 2256 / K1u63

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 2/2/18 Date / Time : 2/2/18

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : GBE 7381D		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 1/2/18	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**

SHA 8277R → ____ → ____ → ____

INSRS: UOI WSP: W' Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 8277R - 18/FCU1600426/H1296 DOA: 3/1/16.
	GBE7381D - 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$		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:

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: SHA 8277R Yr Regn: 25 Aug 2016

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

Make: Hyundai Z40 c.c. 1685

Colour: Yellow A.C: Insured / Std / NI / NA

Sp Reading: 266274 T.Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCD 41 4MM 540 93531

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 / 60 R16

R:

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.	mm
D.O.A.	1/2/18	D.O.I.	2/2/18

Survey held at: CDRE (Changi)

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

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

Date / Time	Action / Instruction

CTI
PIP

Date/Time File Pass to?

1) %

Date/Time File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($

☐ Interview $

☐ Technical $

☐ Assessing $

Survey Fee:

Transportation:

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 01.02.2018 16:43 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO.305112761

REGN NO.: SHA8277R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 01.02.2018 10:25
YR OF MANU 25.08.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093531	COMPLETION DATE/TIME:

JSTOMER

R/MS CITYCAB PTE LTD

JSTOMER NO. 7010070

DDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

EL. (R) 65551188 (O)

(P)

ISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.02.2018
NATURE: 3P 01.02.2018

S/NO	LABOR CODE	DESCRIPTION
	CHINA	taxi Left Front damage
	LKK/Kalwin	—

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

cknowledgement Slip

lame:

C No.:

ehicle No.: SHA8277R LARRY

Larry Ng

Name of Service Advisor

To be returned to Service Reception upon collection

Signature/Date

Exit Pass

Vehicle No.: SHA8277R

Name of Service Advisor

To be kept by Security Guard

Date