15/5/2010

INS. CASE OWNER: CC 4/AXA1800 2760 , FZu63

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 4/2/18 Date / Time : 4/2/18

Registered in Merimen: 4/2/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 54765 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

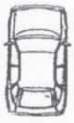
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHB 66974 → → →

INSRS:
WSP: CLOSE MS.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB66974 - X SHC 54765 - 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:	

REF: AXA

ASSIGNMENT

From: Date: 5/2/18

Estimated Cost:

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

To inspect Vehicle No: SHB 6697U

at Workshop this: Comfort Delgro

of: 59 Loyang Drive

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 1wp

Vehicle IN / OUT

Date: Person Contacted:

Veh No: SHB 6697U Reg: 24 Oct 2013

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

Make: Mercedes Benz Viano cc: 2143

Colour: White A/C: Installed / Std / Nil / NA

Sp Reading: 533393 Radio: Installed / Std / Nil / NA

Eng No:

C No: WDF6398132380991S

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or

Brake: Intact / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/60R16C

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	7 mm
D.O.A.	1/2/18	D.O.I.	5/2/18

Survey held at: CDKE (Loyang)

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

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

Date / Time Action / Instruction

4s

Date/Time File Passed to: ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee: ☐ Site Insp. $ ☐ Internet $ ☐ Tel. $ ☐

Report Format:

Lump Sum

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 02.02.2018 15:44 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO 305113070

STOMER		REGN NO.: SHB6697U	MILEAGE
I/MS	COMFORT TRANSPORTATION PTE LTD	MAKE: MERCEDES BENZ	FUEL E..............1/2..............F
STOMER NO.	7010045	MODEL VIANO CDI 2.2L	DATE/TIME IN 02.02.2018 13:20
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	YR OF MANU 24.10.2013	TARGET DATE
... (R) (P)	(O)	CHASSIS CODE WDF63981323809915	COMPLETION DATE/TIME:
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 01.02.2018
NATURE: 3P 01.02.18

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: ______________________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHB6697U LIMTS

e of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB6697U

Name of Service Advisor

Date

To be kept by Security Guard