15/5/2010

INS. CASE OWNER: CC 3 / AIG1800228 / KHS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 05/02/18 Date / Time: 05/02/18

Registered in Merimen: 06/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLP 7585G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 03/04/18 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**

SH 9736J → → →

INSRS: WSP: COGS (Cheong) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SH9736J - CS/FCI1602029S/KHS02 DOA: 24/10/16 - NS/INC1102501S/HKto DOA: 03/12/17 - NS/INC1702324G/KHS02 DOA: 06/12/17	**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:
	SLP 7585G - X	**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 + LO ☐ **[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:	

Kalvin

ASSIGNMENT

From: ______ Date: ______

Veh No: SH 9736J Regn: 23 Jan 2011

Estimated Cost: ______

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

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

To inspect Vehicle No: ______

Make: Hyundai Sonata 1994

at Workshop m/s ______

Colour: Blue A.C. Insured Std NI NA

of ______

Sp Reading: 285634 T.Party Insured Std NI NA

Insured: ______

Eng No: ______

Policy No: ______

C No: KMHET41VMBA811783

Claims No: ______

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: ______ Excess: ______

Steering: Inorder / Jammed / Leaked / Burnt or

Clients Record:

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: ______

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

Tyre Size F: 215/60 R16

R:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

Bal. or Market Value. ______

Front / Rear

IDAC Accident Rport: ______ Consistent? : Yes or No

R/Bal. 7 mm R.Bal. 7 mm

GIA / PR Seen: ______ Consistent? : Yes or No

L.Bal. 7 mm L.Bal. 7 mm

Est. Repairs: ______ days Res.: Yes or No

D.O.A. 3/2/18 D.O.I. 5/2/18

Lum Sum: ______ % 3 Val.: Yes or No

Survey held at: CPLE (tuy)

OA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

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

Date Time Action / Instruction

AZA
c/s

Date/Time File Pass to: ______

☐ : Preli. Report

☐ : Final Report

Days Of Repair: ______

Resurvey No. of Trip: ______

Date/Time File Return to: ______

Survey Fee
Transportation

Add Fee: ☐ Site Insp. $ ______
☐ Interview $ ______
☐ Tech. ... $ ______
☐ ... $ ______

Photos
Other

Report Format: ______
Lump Sum ... $ ______

COMFORT ENGINEERING

COMFORT

Date/Time: 05.02.2018 09:48 Page : 1

eam: WE ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO 305113475

TOMER

MS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

AIG

JOB DESCRIPTION

REGN NO.: SH 9736J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 03.02.2018 09:25
YR OF MANU. 23.06.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA811783	COMPLETION DATE/TIME:

ccident Date: 03.02.2018
ATURE: 3P 03.02.2018

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

vledgement Slip

: No.: SH 9736J LKE/KALVIN

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9736J

Name of Service Advisor

Date

To be kept by Security Guard