15/5/2010

INS. CASE OWNER: CC 3/LCR1800252 2 / MJ:C3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MA CHIN FOOK DOI: 06/02/18 Date / Time: 06/02/18

Registered in Merimen: 07/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 9207B Claim No. :

Name of Insured : LCR Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 05/02/18 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**

SHD 7164Z → → →

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD 7164Z - NA/INC1701553S/r3 POA: 10/08/17
	SLM 9207B - 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 + 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:	

REF:

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To inspect Vehicle No: ____

at Workshop m/s: ORDGE-Y

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: SHD7164Z Yr Regn: 11 2016

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

Make: HYN I40 cc 1685

Colour: PAUR.

A.C: Insured / Std / NI / NA

Sp.Reading: 182710.

T/Radio: Insured / Std / NI / NA

Eng/No: ____

C/No: KMHLB41UMHU096372

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 HANKOOK

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	05/02/2018	D.O.I.	6/2/2018

Survey held at: ____

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

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

Date / Time Action / Instruction

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 $

☐ : Technical $

☐ : Weekend $

Photos

Others

Report Format :

Lump Sum / I.B.I / S

COMFORT ENGINEERING

COMFORT

Date/Time: 05.02.2018 17:37 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.305113988

STOMER	REGN NO.: SHD7164Z / MILEAGE
MS: COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
STOMER NO.: 7010045	MODEL: I-40 / DATE/TIME IN: 05.02.2018 13:10
DRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU.: 17.11.2016 / TARGET DATE
L. (R) 65508755 (O) (P)	CHASSIS CODE: KMHLB41UMHU096372 / COMPLETION DATE/TIME:
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 05.02.2018
NATURE: 3P 05.02.2018

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHD7164Z CHIANG @

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD7164Z

Name of Service Advisor

Date

To be kept by Security Guard