15/5/2010

INS. CASE OWNER: | CC 3/ AIG18002611 / Klys 3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KALVIN | DOI: 07/02/18 | Date / Time : 07/02/18 | Registered in Merimen: 08/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLS 2646G | Claim No. :

Name of Insured : | Policy No. :

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

Excess Sec II :S$ | D.O.A : 06/02/18 | 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**

SHA 784X → → →

INSRS: WSP: COGE (Loyang) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 784X? - CC3/AIG120?5??/HIkHzw2 DOA 06/06/12
	- CC3/CAI1500915S/HIwR3?2 DOA 27/05/15
	- NC/ZN?16010910/Hgh3?2 DOA 11/06/16
	SLS 2646G - 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: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$	
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: ______

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 Report)

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 784X Regn: 17 Sep 2014

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

Make: Hyundai Z40 cc 1685

Colour: Yellow A/C Ins/Gd / Std / Nil / NA

Sp Reading: 418266 T Radio Ins/Gd / Std / Nil / NA

Eng No: ______

C/No: KMHLB41MME40615 72

Gen. Cond. Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / 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.	7	mm	R.Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	6/2/18		D.O.I.	7/2/18	

Survey held at: COMFORT / Bukit...

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

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

Date, Time	Action / Instruction	
8/2/18	Contact c/s $780/ 2 days	AG 4/2

Date/Time File Pass to: ______ : Preli. Report

: Final Report

Date/Time File Return to: ______

Report Format: ______

Lump Sum / I.B % $ ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: : Site Insp $ ______

Interview $ ______

Technical $ ______

Weekend $ ______

Survey Fee ______

Transportation ______

$ ... $ ______

Photos ______

Others ______

Total ______

COMFORT ENGINEERING

COMFORT

Date/Time: 06.02.2018 17:32 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO: 305114430

JSTOMER	
R/MS CITYCAB PTE LTD	
JSTOMER NO. 7010070	
DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	
L. (R) 65551188 (O)	
(P)	
SCOUNT CARD NO.	

REGN NO.: SHA 784X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 06.02.2018 15:15
YR OF MANU 17.09.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU061572	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.02.2018
NATURE: 3P 06.02.2018

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

_____ _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

nowledgement Slip

ıe:
lo.:
cle No.: SHA 784X CHIANG @

_____ _____

ıe of Service Advisor Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 784X

_____ _____

Name of Service Advisor Date

To be kept by Security Guard