15/5/2010

INS. CASE OWNER: CC 3 /AIG1800 [illegible] LKK:

IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 8/7/18 Date / Time : 8/7/18

Registered in Merimen: 9/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLR 177L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 08/07/18 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**

SFP 2705 → SLR 177L → SMD 6919U → [illegible]

INSRS:	INSRS:		INSRS: UDE		INSRS:
WSP:	WSP:		WSP: W		WSP:
Tel :	Tel :		Tel :		Tel :
Liability :	Liability :		Liability : TP		Liability :
RMKS:	RMKS: 01		RMKS:		RMKS:

Date/ Time	
	SMD 6919U-Y SLR177L-Y

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:	

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 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

OA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 69194 Yr Regn: 8 Oct 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover: 6

Truck / Trailer or _____

Make: Hyundai Z40 cc 1685

Colour: Blue A/C: Ins. / Std / NI / NA

Sp.Reading: 318589 T.Radio: Ins / Std / NI / NA: 0

Eng/No: _____

C/No: KMHC8414MH407848

Gen. Cond: Good / Fair / Poor / Burnt: 6

Steering: Indiger / Jammed / Leaked / Burnt or _____

Brake: Indiger / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or: 6

Tyre Size F: 205/60R16

R: "

(SS) Rear DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook - Front

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	8/2/18	D.O.I.	8/2/18

Survey held at: COLES (Granville)

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

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

Date / Time	Action / Instruction
	AZA P/P

Date/Time File Pass to: _____ ☐ : Preli. Report ☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Date/Time File Return to: _____

Add Fee: ☐ Site Insp $ ☐ Interview $ ☐ Tech Info $ ☐ Weekend $

Report Format: _____

Lump Sum / I.B.I: $ _____

Survey Fee	
Transportation	
Photos	
Sheet	
Total	

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 08.02.2018 12:05 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.305115005

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)

(P)

OUNT CARD NO.

REGN NO.: SHD6919U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 08.02.2018 10:10
YR OF MANU 08.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU078440	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 08.02.2018
ATURE: 3P 08.02.18

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHD6919U JU AIG LKK

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6919U

Name of Service Advisor

Date

To be kept by Security Guard