

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1800

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

8/2/18

Date / Time :

8/2/18

Registered in Merimen:

9/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 177L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : \$\$

D.O.A :

08/02/18

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SLR 177L

SLR 177L

SLR 69194

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                | STAGE                                    | DATE / PIC                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------|
| SLR 69194                                                                                                                                 | Non-Reporting ltr (1st):                 |                                                              |
| SLR 177L                                                                                                                                  | 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:                                 | Confirm by:                                                  |
| FINALIZATION Date/Time:                                                                                                                   | Confirm with:                            | Confirm by:                                                  |
| Repair Cost: S\$                                                                                                                          | ( days) Reduction: %                     | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time:                                                                                                               | Confirm with                             | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [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 <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: S\$                                                                                                                              | Name 1:                                  |                                                              |
| Payee 2: (Strike if N.A.) S\$                                                                                                             | Name 2:                                  |                                                              |
| Payee 3: (Strike if N.A.) S\$                                                                                                             | Name 3:                                  |                                                              |

### ASSIGNMENT

|                                                        |               |
|--------------------------------------------------------|---------------|
| From _____                                             | Date _____    |
| Estimated Cost: _____                                  |               |
| <u>OD / TP / WS / TP RES / OD RES / EVA / INV / MV</u> |               |
| To Inspect Vehicle No. _____                           |               |
| at Workshop no. _____                                  |               |
| 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 |
|                                                                                   |     |

|               |            |                   |
|---------------|------------|-------------------|
| Est. Repairs: | _____ days | Res.: Yes or No   |
| Lum Sum:      | _____ %    | 3 Val.: Yes or No |

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Van No: SHD 69199 Vn Page: Oct 2015  
Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover  
☐ Truck / ☐ Trailer or

|        |             |     |                                          |            |
|--------|-------------|-----|------------------------------------------|------------|
| Make:  | Hyundai Z40 |     | cc                                       | 1600       |
| Colour | Blue        | A/C | Ins. <input checked="" type="checkbox"/> | Std. NI/NA |

Sp. Reading 318589 T-Radiat. Ins. ☒ Std. / NI / NA

C/No: 1CMHCB414M 64078480

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

Steering, In G / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Type Size: F: 205/60R16

22

(FS) <sup>Real</sup> DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI //

TOYO / YOKO or *Hankook - Froy*

Front Left

Ref. # 7 mm Ref. # 7 mm

Ubal. 7 1111 Ubal. 7 1111

D.O.A. 8/2/8

Survey held at Colebrook

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop, etc.

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
|-------------|----------------------|

Date/Time: File Name: : Prel. Report

: Final Report

[illegible]

Report Format :

Lump Sum / I.B.I.: \$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insc. / \$

Site Insc. / S

over, the

— 100 —

$$\mathcal{J}(\theta_0, \theta_1) = 0$$

Survey Fee

— 110 —

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

Date/Time: 08.02.2018 12:05

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am: ARC Repair TP(CLS0)1

**JOB CARD Sales Order:**

JC NO.305115005

|                                  |                   |                       |
|----------------------------------|-------------------|-----------------------|
| OMER                             | REGN NO.          | MILEAGE               |
| S COMFORT TRANSPORTATION PTE LTD | SHD6919U          |                       |
| OMER NO 7010045                  | MAKE              | FUEL                  |
| ESS 383 SIN MING DRIVE           | HYUNDAI           | E.....1/2.....F       |
| Singapore SINGAPORE 575717       | MODEL             | DATE/TIME IN          |
| 65508755                         | I-40              | 08.02.2018 10:10      |
| (R) (O)                          | YR OF MANU        | TARGET DATE           |
| (P)                              | 08.10.2015        |                       |
| OUNT CARD NO.                    | CHASSIS CODE      | COMPLETION DATE/TIME: |
|                                  | KMHLB41UMGU078440 |                       |

Accident Date: 08.02.2018  
ATURE: 3P 08.02.18

JOB DESCRIPTION

| /NO | LABOR CODE | DESCRIPTION |
|-----|------------|-------------|
|-----|------------|-------------|

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHD6919U JU AIG LKK

Vehicle No.: SHD6919U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard