		LKK:
	CC 3 /AIG1800 2637, t2u63	IDAC:

INS. CASE OWNER:

Surveyor: _Talin_

ASSIGNMENT

DOI: 08/7/18   Date / Time: 8/7/18

Registered in Merimen: 9/7/18

Pre-assign / CCU / FTE   STW 17B

Insured Vehicle No.	:		Claim No.	:	
Name of Insured	:		Policy No.	:	
Insured Tel No.	:	HP:	Make / Model	:	
Excess Sec II :S$		D.O.A : 07/07/18	Place of Accident :		
Is driver the owner?	(YES / NO)	Nature of Accident :			

If **NO**, Driver Name / Age :

Driver Tel No. :   (V/L: YES / NO)

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

Insured Liability :   %   **Final ? Yes / No**

SMD 3370X →

INSRS: LOSE WO   WSP: Tel :   Liability :   RMKS:

INSRS: WSP: Tel :   Liability :   RMKS:

INSRS: WSP: Tel :   Liability :   RMKS:

INSRS: WSP: Tel :   Liability :   RMKS:

Date/ Time				STAGE	DATE / PIC
	SMD3370X - NM/ECU18000 37/9/18 PDM 12/1/18			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:		

PRELIMINARY ADVICE Date/Time: Sent By:

Post-Repair Photos:

Others:

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

		Veh No. SHD3370X Regn. 28 July 2016
From:	Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover
Estimated Cost:		Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Make: Hyundai I40 :: 1685
To Inspect Vehicle No:		Colour: Blue A/C Insted / Std / NI / NA
at Workshop m/s:		Sp.Reading: 161217 T.Radio: Insted / Std / NI / NA
of:		Eng/No:
Insured:		C/No: KMHLB41UAG409208
Policy No:		Gen. Cond: Good / Fair / Poor / Burnt
Claims No:		Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured:	Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Modi: Nil / S/Rim / STD A/Rim or
Make of Veh:		Tyre Size: F: 205/60R16
		R:

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   Campeon - Front Hankook - Rear

	Front		Rear	
Bal. or Market Value:	R/Bal.	7 mm	R/Bal.	7 mm
IDAC Accident Rport: Consistent? : Yes or No	L/Bal.	7 mm	L/Bal.	7 mm
GIA / PR Seen: Consistent? : Yes or No	D.O.A.	7/2/18	D.O.I.	8/2/18
Est. Repairs: days Res.: Yes or No	Survey held at:		CDHE (bmy)	

Lum Sum: %   3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date: Person Contacted:

Date / Time	Action / Instruction
	A29
	Pll

Date/Time File Pass to: [ ] : Preli. Report   Days Of Repair:
[ ] : Final Report   Resurvey No. of Trip: Survey Fee

Date/Time File Return to: Transportation

Add Fee: [ ] Site Insp $
[ ] Interview $ Photo
[ ] Tech. Tips $ Diem
[ ] Weekend $

Report Format:
Lump Sum / I.B.N. $

COMFORTDELGRO ENGINEERING

member of **COMFORTDELGRO**

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508989   24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717   7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286   6 Defu Avenue 1 Singapore 539537

Date/Time: 08.02.2018 08:52   Page : 1

JOB CARD Sales Order: 3803060   JC NO.305114842

am: ARC Repair TP(CLSO)1

OMER		REGN NO. SHD3370X	MILEAGE
COMFORT TRANSPORTATION PTE LTD		MAKE : HYUNDAI	FUEL E...........1/2..........F
S 7010045		MODEL I-40	DATE/TIME IN 07.02.2018 13:55
OMER NO 383 SIN MING DRIVE Singapore SINGAPORE 575717		YR OF MANU 28.07.2016	TARGET DATE
(R) 65508755 (O) (P)		CHASSIS CODE KMHLB41UMGU093208	COMPLETION DATE/TIME:

UNT CARD NO.

cident Date: 07.02.2018
ATURE: 3P 07.02.18/B

AIG
SKW17B

JOB DESCRIPTION

WHOLE LEFT SIDE DESCRIPTION

TOWING-NORMAL

/NO   LABOR CODE

CKED & PASSED OUT BY: _____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

wledgement Slip   Exit Pass

: SHD3370X   FZ AIG

Vehicle No.: SHD3370X

e No.: FZ

of Service Advisor   Signature/Date   Name of Service Advisor   Date

returned to Service Reception upon collection   To be kept by Security Guard

http://...k2...82/Runtime/Runtime/Form/CDG VARS Form AccidentReportReque... 07/02/2018

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline +65 6383 6280 Facsimile +65 6280 9755
Service Centres
205 Braddell Road Singapore 579701   59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286   383 Sin Ming Drive Singapore 5757
7 Sungei Kadut Way Singapore 728791   320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156

6553 1111
SPARK Assist
Recovery · Towing · Accident

Appointed Partners

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 7/2/13   Time Received: 1415

2. ☐ New   ☐ SPARK Kakis
   Name of Customer : MR Sim

   Contact No. : 8748818J

   Vehicle No. : SHD 3370X

   Make / Model / Colour : Blue /140

   Email :

3. Vehicle Type:
   ☐ Private
   ☑ Taxi (CTPL/CCPL)
   ☐ Fleet
   ☐ STK (Boon Lay)

4. Type of Towing:
   ☑ Normal Tow
   ☐ King Dolly
   ☐ Flat Bed
   ☐ Crane-up

5. Nature of Service:
   ☐ Jumpstart
   ☑ Recovery
   ☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

7. Location: 5 Sardown place

8. Vehicle Tow - In Workshop:
   ☐ Smoky Exhaust   ☐ Wheel Jammed
   ☐ Overheating   ☐ Steering Faulty
   ☐ Brake Faulty   ☐ Alternator Faulty
   ☐ Starting Problem   ☐ Loss Power
   ☑ Accident   ☐ Engine Stalled
   ☐ Return Taxi

9. Preferred Workshop:
   ☐ Braddell   ☑ Loyang   ☐ Pandan
   ☐ Sin Ming   ☐ Sungei Kadut   ☐ Ubi
   ☐ Senoko   ☐ Komoco (UBI / Leng Kee)   ☐ Cycle & Carriage (PD)
   ☐ Others:

10. Odometer Reading :

    Fuel Level : | F | 1/4 | 1/2 | 3/4 | E |

11. Radio / CD Player
    ☐ OK
    ☐ Faulty
    ☐ Not tested

FRONT

LEFTSIDE   RIGHTSIDE

REAR

#: Cracked   X: Dented
/: Scatched   O: Missing

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ STD ☑ TZ ☐ IRS ☐ OTHERS
    Name of Driver : Jim Tay
    Vehicle No. : YN 7337m
    Time Dispatch : 1415
    Time of Arrival : 1445
    Time Completed : 1511

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

7/2/13

1445

| Date | Time | Signature of Customer |

14. WORKSHOP

| Name of Attending Staff/Guard | Date & Time of Arrival | Signature of Attending Staff/Guard |

WORKSHOP COPY