15/5/2010

INS. CASE OWNER:

CC 3 / LCR18002680 / KlwS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 08/02/18 Date / Time: 08/02/18

Registered in Merimen: 09/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 9720G

Name of Insured : LCR

Insured Tel No. : HP:

Excess Sec II :S$ 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

SHC 3465 → ______ → ______ → ______

INSRS:
WSP: CDGE Ca[illegible])
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 3465S - CC3/AIG18002204/KlhS3 DOA: 01/02/18	Non-Reporting ltr (1st):	
	- CS/FCI14013376/Mlqm3u2 DOA: 10/02/14	Non-Reporting ltr (2nd):	
	- CS/FCI18001881/RIFd3 DOA: 24/01/18	Non-Reporting ltr (Final):	
	- CC3/FCI14022868/Ggbd1 DOA: 06/ 2/14	Notification ltr (if non-pickup):	
	- NBA/LIC16013591Y DOA: 20/07/16	Call OI:	
	SLH 9720G - CS3/LCR17008770/Rlh3f2 DOA: 02/05/17	After call ltr to OI:	
	- CC3/LCR17008770/Rlqd3S2-1 DOA: 02/05/17		

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 ______

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

Sal. or Market Value: ______

IDAC Accident Report: ______ Consistent? : Yes or No

G/A / PR Sent: ______ Consistent? : Yes or No

Est. Repairs: ______ days Res.: Yes or No

Lum Sum: ______ % S Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SHC 346 S Reg: 31/04 2018

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

Truck / Trailer or ______

Make: Hyundai [illegible] cc 1685

Colour: Yellow A/C: Installed / Std / Nil / NA

Sp Reading: 547415 Radio: Installed / Std / Nil / NA

Eng No: ______

C/No: KMHLB41UAD4042168

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

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

Tyre Size: F: 205/60 R16

R: ______

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

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.	8/2/18	

Survey held at [illegible]

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

[illegible]

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

: Final Report

Date/Time File Return to: ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Survey Fee ______

Transportation ______

Photos ______

Others ______

Add Fee: Site Insp. $ ______

Interview $ ______

Tech. ...s $ ______

Weekend $ ______

Report Format :

Lump Sum / I.B.N.S ______

AIG

LKK

OMFORT
ENGINEERING

member of COMFORTDELGRO

Workshop 5
59 Loyang Drive Singapore 508930
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
32[illegible] Singapore [illegible]
[illegible] Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539557

Date/Time: 08.02.2018 10:06 Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO. 305114992

OMER	REGN NO.: SHC 346S / MILEAGE
S CITYCAB PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
OMER NO. 7010070	MODEL I-40 / DATE/TIME IN 07.02.2018 14:00
ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 31.10.2013 / TARGET DATE
(R) 65551188 (O)	CHASSIS CODE KMHLB41UMDU042168 / COMPLETION DATE/TIME:
(P)	
UNT CARD NO.	

JOB DESCRIPTION

:cident Date: 06.02.2018
.TURE: 3P 06.02.18/STK

NO	LABOR CODE	DESCRIPTION

ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

.: SHC 346S LIMTS

Service Advisor

Signature/Date

rned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 346S

Name of Service Advisor

Date

To be kept by Security Guard