15/5/2010

INS. CASE OWNER: CC3 / LCR1800276Z / klps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN

DOI: 09/02/18

Date / Time : 09/02/18

Registered in Merimen: 12/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 5570C

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 8635E → _____ → _____ → _____

INSRS:
WSP: COGE Agency
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 8635E - CC3/AIG1200368 9/H1g2y DOA: 25/04/12
	- CC3/AXA120171 24/H1e2z1 DOA: 01/09/12
	- CC4/TTI1600918 0/Dug3g2 DOA: 17/05/16
	- NA/INC1600900 2/Hy DOA: 17/05/16
	- NIA/INC1002439 3/y1 DOA: 12/11/10
	- NS/INC1002302 8/0-1 DOA: 12/11/10
	- NS/INC1701578 8/klgb2 DOA: 30/08/17
	SLM 5570C - 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:
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 + LO ☐ [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

Bel. 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: SHC 8635 E Regn: 29 Dec 2015

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

Truck / Trailer or

Make: Hyundai I40 cc: 1685

Colour: Blue A/C Insured / Std / Nil / NA

Sp.Reading: 379864 T Radio: Insured / Std / Nil / NA

Eng No: ______

C No: KMHLD41UAHU082984

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / 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.	8/2/18		D.O.I.	9/2/18	

Survey held at: CDGE Bray

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

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

Date / Time	Action / Instruction
	ATG
	P/P

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

Date/Time File Return to: ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Survey Fee

Transportation

Add Fee: ☐ : Site insp $ ______ ☐ Interview $ ______ ☐ Tech ... $ ______ ☐ Weekend $ ______

... Photos

Others

Total

Report Format: ______

Lump Sum / I.E.: $ ______

COMFORT ENGINEERING

COMFORT Date/Time: 08.02.2018 16:45 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305115064

JSTOMER	
R/MS	COMFORT TRANSPORTATION PTE LTD
JSTOMER NO.	7010045
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
L. (R)	65508755 (O)
(P)	
SCOUNT CARD NO.	

REGN NO.: SHC8635E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 08.02.2018 15:30
YR OF MANU 29.12.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU082984	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.02.2018
NATURE: 3P 08.02.18

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC8635E JU AIG LKK

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8635E

Name of Service Advisor

Date

To be kept by Security Guard