15/5/2010

INS. CASE OWNER: CC 3/EQI1800 2904, KLWB7

LKK:

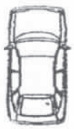
IDAC:

ASSIGNMENT

Surveyor: Edwin DOI: 13/7/18 Date / Time : 13/7/18

Registered in Merimen: 13/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 6034C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 10/7/18 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**

SHA 7188P →

INSRS: WSP: Tel : Liability : RMKS: WMF WJ

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 7188P-X GBG 6034C-X	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 REF:

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**

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date: Person Contacted

Veh No: SHA218P Reg: 15 Dec 2017

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

Make: Hyundai Z40 cc: 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp Reading: 34016 Radio: Insured / Std / NI / NA

Eng No:

C/No: KMHCB41MHG098875

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/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	10/2/18	D.O.I	12/2/18

Survey held at CDGE (Changi)

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

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

Date / Time	Action / Instruction
	EQ
	P/P

Date/Time File Pass to?

Date/Time File Return to?

☐ Preli. Report

☐ Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp $

☐ Interpret $

☐ $

☐ $

Report Format:

Lump Sum / I.B.I:

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 12.02.2018 09:36 Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3803707 JC NO: 305115716

OMER

S CITYCAB PTE LTD

OMER NO. 7010070

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65551188 (O)

(P)

OUNT CARD NO.

REGN NO.: SHA 218P	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 10.02.2018 11:10
YR OF MANU 15.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098835	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 10.02.2018
ATURE: 3P 10.02.18/B

'NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA 218P JU EQ

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 218P

Name of Service Advisor

Date

To be kept by Security Guard