15/5/2010

INS. CASE OWNER: CC 3 / AIG1800 2908 , K1ja3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Ank

DOI: 12/2/18

Date / Time : 12/2/18

Registered in Merimen: 13/2/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKG 7193M			Claim No. :	
Name of Insured :			Policy No. :	
Insured Tel No. :	HP:		Make / Model :	
Excess Sec II :S$	D.O.A : 9-2-18		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**

SH6871R → ______ → ______ → ______

INSRS: WSP: CD Gi Tel : Liability : 100% RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH6871R - CC3 AIGMP023336 / 1K1xx4392 ; DOA: 11/1/14
	SKG7193M - 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 + 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:	

Surveyor: 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 SH 6821R Regn 18 Aug 2016

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

Make Hyundai Z40 cc 1685

Colour Blue A/C Insured / Std / NI / NA

Sp Reading 280012 Radio Insured / Std / NI / NA

Eng No

C/No KMHLD414MG4093285

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	9/2/18		D.O.I	12/2/18	

Survey held at CDKE (Comm)

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

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

Date / Time Action / Instruction

20/2/18 Called P/P $3158.72/2 days

AZG 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 $

Report Format:

Lump Sum / I.B.I:

A16

Front RH

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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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: 10.02.2018 08:48 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: (SAT) JC NO.305115412

STOMER COMFORT TRANSPORTATION PTE LTD V/MS STOMER NO. 7010045 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 – (R) (O) (P) SCOUNT CARD NO.	REGN NO.: SH 6821R	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 09.02.2018 11:40
	YR OF MANU 18.08.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU093285	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.02.2018
NATURE: 3P 09.02.18

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SH 6821R LIMTS

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6821R

Name of Service Advisor

Date

To be kept by Security Guard