15/5/2010

INS. CASE OWNER: Sharon | CC3 / CTI18002942 / Klys3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 12/02/18 Date / Time: 12/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJS 7709A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 09/02/18 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 7340Y → → →

INSRS: WSP: COGE (Cheng) Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 7340Y - CA/AIG1160041 8/c DOA: 07/9/11 - CC3/AIG1302302I/Ysy3w2 DOA: 04/12/13 - CS/INC0503203I/Cyb1 DOA: 04/12/08
	SJS 7709A - CS3/AXA1301540I/Chy3C3-1 DOA: 20/08/13 - CS3/AXA1301540I/Ew2 DOA: 20/08/13 - NA/mSG1301534G/d2 DOA: 20/08/13

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: 13/02/18 Sent By: Chin Ly Hwa

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 + 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 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)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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

SHA 7340Y 29 Jan 2015

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

Make Hyundai I40 1685

Colour Blue Insured / Std / NI / NA

Sp Reading 541695 Radio Insured / Std / NI / NA

Eng No

C No KMHLB41MF40 65642

Gen Cond Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Modi Nil / S/Rim / STD / Rim or

Tyre Size F: 205 / 60 R16

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

DOA 9/2/16 DOI 12/2/16

Survey held at CDLE Chng

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

N/S Front

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

Date Time Action / Instruction

CTI
L/S

Date/Time File Pass to: Preli. Report

Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip.

Add Fee: Site Insp $

$

$

$

Survey Fee

Report Format

Lump Sum / I.B

OMFORT
ENGINEERING

COMFORT

Date/Time: 12.02.2018 10:14 Page : 1

JOB CARD Sales Order:

JC NO.305115719

ɜam: ARC Repair TP(CLSO)1

REGN NO.: SHA7340Y	MILEAGE
MAKE : HYUNDAI	FUEL E..............1/2..............F
MODEL I-40	DATE/TIME IN 09.02.2018 20:15
YR OF MANU 29.01.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU065642	COMPLETION DATE/TIME:

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

CHINA

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 09.02.2018
ATURE: 3P 09.02.2018

/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY: ____________________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA7340Y LKE/KALVIN

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7340Y

Name of Service Advisor

Date

To be kept by Security Guard