15/5/2010

INS. CASE OWNER: CC 3 / AIG180 02966 / kles3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 12/02/18 Date / Time : 12/02/18
Registered in Merimen: 13/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLU 9894A		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 12/02/18	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**

SHC 8755S → ______ → ______ → ______

INSRS: WSP: OD9E (Layang) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 8755S - CC4/III17004707/kpbsg2 DOA: 04/03/17
	} - NS/INC17024532/KIVbn2 DOA: 23/2/17
	SLU 9894A - 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$		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:	

(08/11/13)

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: SHC8755S Yr Regn: 4/Mar/2016

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

Truck / Trailer or _____

Make: Hyundai I40 c.c 1685

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

Sp.Reading 272653 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41AAG085493

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STB 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.	12/2/18	D.O.I.	12/2/18

Survey held at CMAE (Toyota)

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
	A/H
	PIC

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

COMFORTDELGRO Date/Time: 12.02.2018 13:25 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305116147

JSTOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHC8755S	MILEAGE
R/MS		MAKE: HYUNDAI	FUEL E.....1/2.....F
JSTOMER NO.	7010045	MODEL: I-40	DATE/TIME IN 12.02.2018 10:50
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU: 04.03.2016	TARGET DATE
L. (R)	65508755 (O)	CHASSIS CODE: KMHLB41UMGU085433	COMPLETION DATE/TIME:
(P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 12.02.2018
NATURE: 3P 12.02.2018

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.: SHC8755S CHIANG
cle No.:

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8755S

Name of Service Advisor

Date

To be kept by Security Guard