15/5/2010

INS. CASE OWNER: CC 3/EQ118003312/K1pa3

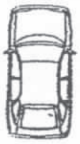
LKK:
IDAC:

ASSIGNMENT

Surveyor: AWK   DOI: 20/2/18   Date / Time : 20/2/18

Registered in Merimen:

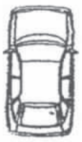
Pre-assign / CCU / FTE



Insured Vehicle No. : PC 5714K		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 15/2/18	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**

SHD 4573X → ______ → ______ → ______

INSRS:
WSP: COLE Wyang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 4573X - CC4/1111602608/S0a3q2 ; DOA: 26/10/16
	PC5714K - CC4/EQ1170212220/K1pb3 ; DOA: 06/11/17
	- NA/EQ118003177/Z4 ; DOA: 15/2/18

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:	

(08/11/13)

Surveyor: Kelvin

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: SHD 4573X Yr Regn: 10 Jan 2013

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

Make: Hyundai Santro c.c 1991

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

Sp.Reading 344229 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KA HET 41VMCA 831703

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: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or MRF/Lkp

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	15/2/18	D.O.I.	20/2/18

Survey held at EDGE Cloud

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

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

Date / Time	Action / Instruction
	EQ 42

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

Survey Fee:	
Transportation:	
___$ + RS, ___SI	
Photos	
Others	

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Date/Time: 19.02.2018 14:41 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305117634

TOMER IS COMFORT TRANSPORTATION PTE LTD TOMER NO. 7010045 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) OUNT CARD NO.	REGN NO.: SHD4573X MAKE: HYUNDAI MODEL: SONATA YR OF MANU: 10.01.2013 CHASSIS CODE: KMHET41VMCA831703
	MILEAGE FUEL E.....1/2.....F DATE/TIME IN: 19.02.2018 08:45 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 15.02.2018
ATURE: 3P 15.02.18/C

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHD4573X JU EQ LKK

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD4573X

Name of Service Advisor

Date

To be kept by Security Guard