15/5/2010

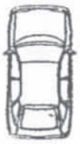
INS. CASE OWNER: 7E | CC 4 / ASM1800 3329 / K1Ka3 | LKK: IDAC: 31503

ASSIGNMENT

Surveyor: Anik DOI: 21/2/2018 Date / Time : 21/2/2018

Registered in Merimen: ______

Pre-assign / CCU / FTE



Insured Vehicle No. : SKD8981P Claim No. : S8M00994

Name of Insured : ______ Policy No. : ______

Insured Tel No. : ______ HP: ______ Make / Model : ______

Excess Sec II :S$ ______ D.O.A : 20/2/2018 Place of Accident : ______

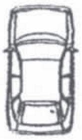
Is driver the owner? (YES / NO) Nature of Accident : ______

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

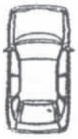
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD3542S ⟶ ______ ⟶ ______ ⟶ ______

INSRS:
WSP: CDL 10yars
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD3542S - CC4/M16000183 / Fwa357; DOA: 22/12/18
	SKD8981P, 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: 22/2 Sent By: [signature]

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 3542 S Yr Regn: 8 Sep 2016

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

Make: Hyundai Z4e c.c 1685

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

Sp.Reading 193707 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41MH40 93x95

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.	20/2/18	D.O.I.	21/2/18

Survey held at CBLE (Ipoh)

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

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

Date / Time	Action / Instruction
	AXA
	PTP.

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. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / Bill : _____

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

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
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: 20.02.2018 17:54 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO: 305118312

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)

(P)

UNT CARD NO.

REGN NO.: SHD3542S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 20.02.2018 14:20
YR OF MANU: 08.09.2016	TARGET DATE
CHASSIS CODE: KMHLB41UMGU093495	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 20.02.2018
ATURE: 3P 20.02.18

/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHD3542S LIMTS

f Service Advisor

Signature/Date

Exit Pass

Vehicle No.: SHD3542S

Name of Service Advisor

Date