15/5/2010

INS. CASE OWNER: | CC 3/AIG1800 3360, E2463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 21/7/18 Date / Time : 21/7/18

Registered in Merimen: 21/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJY 3221J

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 19/7/18

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHA 7827E → →

INSRS: UNWE
WSP: WS
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 7827E - 18/EA1200083768/Arbour DOA: 20/4/18
	SJY 3221J - P

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)(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: SHA 7827K Yr Regn: 18 Jun 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 8

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 261104 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB4H4MF40 69 603

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 Westlake

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	19/2/18	D.O.I.	21/2/18

Survey held at CDAE (Long)

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
	AZA PIC

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 / Item _____

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

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

AG

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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 17:45 Page : 1

am: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO 305118310

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

REGN NO.: SHA7827K	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 20.02.2018 10:30
YR OF MANU 18.06.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069603	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 19.02.2018
ATURE: 3P 19.02.18

'NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA7827K LIMTS

f Service Advisor

Signature/Date

Exit Pass

Vehicle No.: SHA7827K

Name of Service Advisor

Date