15/5/2010

INS. CASE OWNER: CC 4 / LPC180 03380 1K1453

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 22/02/18 Date / Time : 20/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SGT 1605

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 18/02/18

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**

SHC 8594P → → →

INSRS:
WSP: CDGE (Cayang)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 8594P - CA/AIG1001412 3/r DOA: 17/07/10 - CC3/AIG1001426 7/DAH242 DOA: 17/07/10 - CC3/AIG1700405 7/HLY352 DOA: 25/01/18 - CC3/AIG1400336 5/HLW42 DOA: 02/02/18 SGT 1605 - CC6/AIG1001705 1/KC2F2V2 DOA: 24/08/10

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: 22/02/18 Sent By: Shirley Hew

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 + 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:	

LPC

Date 22/02/18

Veh No SHC 8594P — Regd 28 May 2015

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

Estimated Cost

OD (TP) WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No SHC8594P

at Workshop/this Comfort Delgro

Insured

Policy No

Claims No

Sum Insured — Excess

Claims Record

Make of Veh

Truck Trailer

Make Hyundai I40 — cc 1685

Colour Blue — Std 6

Odo Reading 333213 — Std 0

Eng No

Ch No KMHLB41UMFU069300

Gen Cond Good Fair Poor Burnt

Steering Intact Jammed Leaked Burnt or

Brake Intact Jammed Leaked Burnt or

Mod Nil S.Rim STD Rim or

Tyre Size F 205/60R16

R

BS / DUN / EXNOVA GY PS LIZA MIC CHTSU PIR SUM TOYO / YOKO or Westlake

Policy Condition

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

N.S	O.S

Bal or Market Value

DAC Accident Report — Consistent? : Yes or No

G.A — PP Seen — Consistent? : Yes or No

Est Repairs — days — Res: Yes or No

Lum Sum — % — B/val: Yes or No

CA / REV / REP. / 24 HRS/wp

Vehicle IN / OUT

Date — Person Contacted

Front		Rear	
R.Bal	7	R.Bal	7
L.Bal	7	L.Bal	7
D.O.A	18/2/18	D.O.I	22/2/18

Survey held at CMS (Tampines)

Des. of Damages Frt Rear O/S N/S U/C Roof/top or Rear

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

Date Time Action Instruction

Date/Time File Passed to — Preli. Report

Final Report

Date/Time File Returned to

Days Of Repair

Resurvey No. of Trip

Survey Fee

Add Fee

Report Format

Lump Sum B

OMFORTDELGRO
ENGINEERING

COMFORTDELGRO

Date/Time: 19.02.2018 18:22 Page : 1

am: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO. 305117916

OMER		REGN NO.: SHC8594P	MILEAGE
IS	COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO.	7010045	MODEL I-40	DATE/TIME IN 19.02.2018 10:40
IESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 28.05.2015	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE KMHL841UMFU069300	COMPLETION DATE/TIME:
(P)			
OUNT CARD NO.			

JOB DESCRIPTION

ccident Date: 18.02.2018
ATURE: 3P 18.02.18

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC8594P JU LONPAC

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8594P

Name of Service Advisor

Date

To be kept by Security Guard