15/5/2010

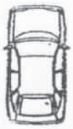
INS. CASE OWNER: Ernest | CC 4/ASM/~~AXA~~1800 3390, k2w63 | LKK: IDAC:

**ASSIGNMENT**

Surveyor: Kalwn DOI: 22/2/18 Date / Time : 22/2/18

Registered in Merimen: _____

**Pre-assign / CCU / FTE**



Insured Vehicle No. : YN 4565R Claim No. : S8M0090B | 3165

Name of Insured : _____ Policy No. : _____

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

**Excess Sec II :S$** _____ D.O.A : 21/2/18 Place of Accident : _____

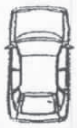
Is driver the owner? ( YES / NO ) Nature of Accident : _____

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**

SHA 9389U → _____ → _____ → _____

INSRS: CANE
WSP: MJ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SHA9389U-X YN 4565R-Y |
| | # smartdawn |

| 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: | |

08/11/18

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: SHA 9389 4 Yr Regn: 31/May/ 2017

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

Truck / Trailer or _____

Make: Toyota Prius c.c _____

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

Sp.Reading 105381 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU 603 [illegible]7170

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: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 2 mm | R/Bal. | 2 mm |
| L/Bal. | 2 mm | L/Bal. | 2 mm |
| D.O.A. | 21/2/18 | D.O.I. | 22/2/18 |

Survey held at COKE (Loyang)

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

o/s Front.

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

| Date / Time | Action / Instruction |
|---|---|
| | A x A |
| | PW |

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 ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation:

___S + RS, ___SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.E.R. : _____

COMFORTDELGRO ENGINEERING

A 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: 21.02.2018 18:02 Page : 1

eam: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order: 3805814 JC NO: 305118714

TOMER

MS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188
(R) (O)
(P)

COUNT CARD NO.

| REGN NO.: SHA9389U | MILEAGE |
|---|---|
| MAKE: TOYOTA | FUEL E.....1/2.....F |
| MODEL PRIUS HYBRID(G4) | DATE/TIME IN 21.02.2018 12:50 |
| YR OF MANU 31.05.2017 | TARGET DATE |
| CHASSIS CODE JTDKB3FU603557170 | COMPLETION DATE/TIME: |

Accident Date: 21.02.2018
NATURE: 3P 21.02.18/B

JOB DESCRIPTION

AXA
YN4565R

LABOR CODE

WHOLE RIGHT SIDE
DESCRIPTION

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
cle No.: SHA9389U FZ AXA

FZ

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA9389U

Name of Service Advisor

Date

To be kept by Security Guard