15/5/2010

INS. CASE OWNER: | CC 3/AIG1800 3846, F2 J03 | LKK: IDAC:

ASSIGNMENT

Surveyor: Falvin DOI: 27/7/18 Date / Time: 27/7/18

Registered in Merimen: 28/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKG 6813P		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 25/7/18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

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

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

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

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

SHD 6657R → ____ → ____ → ____

INSRS: LOUIE, WSP: LW, Tel :, Liability :, RMKS:	INSRS:, WSP:, Tel :, Liability :, RMKS:	INSRS:, WSP:, Tel :, Liability :, RMKS:	INSRS:, WSP:, Tel :, Liability :, RMKS:

Date/ Time	
	SHD6657R → NBM/AIG1803744/4 DOA: 25/7/18
	SKG6813P

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 h 5)

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 6651R Yr Regn: 23 Mar 2016

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

Make: Mercedes Benz E220 c.c _____

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

Sp.Reading 283702 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD212001 2B 31 6628

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: 225/55 R16

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.	25/2/18	D.O.I.	27/2/18

Survey held at CDHE (Loyang)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or 6/S Rem

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

Date / Time	Action / Instruction
	AIA PIP

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 ($ _____)

Survey Fee: _____

Transportation: _____ S + RS, _____ SI

Photos _____

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Date/Time: 27.02.2018 09:14 Page : 1

am: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305120211

OMER S OMER NO. ESS (R) (O) (P) OUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SHD6651R MAKE : MERCEDES BENZ MODEL E220CDI(E6) YR OF MANU 23.03.2016 CHASSIS CODE WDD2120012B316628
		MILEAGE FUEL E.....1/2.....F DATE/TIME IN 26.02.2018 15:25 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

:cident Date: 25.02.2018
ATURE: 3P 25.02.18/C

'NO LABOR CODE DESCRIPTION

:KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHD6651R JU AIG LKK

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6651R

Name of Service Advisor

Date

To be kept by Security Guard