15/5/2010

INS. CASE OWNER: cc3, LCR18003968, KIja3

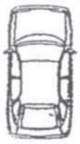
LKK:
IDAC:

ASSIGNMENT

Surveyor: Ank DOI: 28/02/18 Date / Time : 28/02/18

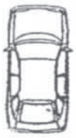
Registered in Merimen: ___

Pre-assign / CCU / FTE

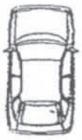


Insured Vehicle No. : SUM8417T
Claim No. :
Name of Insured :
Policy No. :
Insured Tel No. : HP:
Make / Model :
Excess Sec II :S$ D.O.A : 27/02/18
Place of Accident :
Is driver the owner? (YES / NO) Nature of Accident :
If **NO**, Driver Name / Age :
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO)
Insured Liability : % **Final ? Yes / No**

SHC8293H → ____ → ____ → ____

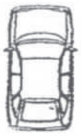


INSRS:
WSP: Wong Luyang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC8293H - NS/MCL60197021/H1gh3m7 ; DOA: 14/10/16
	SUM8417T - 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: 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:	

(08/11/13)
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)

N/S	O/S

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

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: SHC8293H Yr Regn: 6 Aug 2015
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ____
Make: Hyundai I40 C.C 1685
Colour: Blue A/C: Insured / Std / NI / NA
Sp.Reading: 43911 T/Radio: Insured / Std / NI / NA
Eng/No: ____
C/No: KMHLBXIUAG 4075612
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: 205/60 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.	27/2/18		D.O.I.	28/2/18	

Survey held at: CDGE (Loyang)
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear N/S

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

Date / Time	Action / Instruction
	A2G P/P

Date/Time, File Pass to? ☐ : Preli. Report
1) ____ ☐ : Final Report
Date/Time, File Return to?
2) ____

Days Of Repair: ____
Resurvey No. of Trip: ____

Add Fee: ☐ : Site Insp ($ ____) ☐ : Interview ($ ____)

Survey Fee: ____
Transportation: ____
__S + RS__SI ____
Photos ____

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 28.02.2018 09:25 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305120584

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHC8293H	MILEAGE
VMS	7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO.	383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 27.02.2018 15:20
DRESS	Singapore SINGAPORE 575717	YR OF MANU 06.08.2015	TARGET DATE
L. (R)	65508755 (O)	CHASSIS CODE KMHLB41UMGU075612	COMPLETION DATE/TIME:
(P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 27.02.2018
NATURE: 3P 27.2.2018

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC8293H CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8293H

Name of Service Advisor

Date

To be kept by Security Guard