

1992010

INS. CASE OWNER:

CC3/LCR1800471 1 R/w 3

LRK
IDAC

ASSIGNMENT

Surveyor:

KALVIN

DOI:

01/03/18

Date/Time:

01/03/18

Registered in Merimen:

02/03/18

Pre-assgn / CCU / FTE:



Insured Vehicle No. : SLD 1012X

Claim No. : _____

Name of Insured : LCR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A. : 28/02/18

Place of Accident : _____

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

If NO, Driver Name / Age : _____

OLGIA REPORT: YES / NO : _____ TP GIA REPORT: YES / NO : _____

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

Insured Liability : % Final ? Yes / No

SIC 8704P



INSRS: WSP: CDAS (Living)
Tel: _____
Liability: _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/Time	STAGE	DATE / PIC
SIC 8704P - CC3/18209025500/CWJh DOA: 14/11/09	Non-Reporting Itr (1st):	
- CC3/181611012981/H1a2ab-2 DOA: 29/06/11	Non-Reporting Itr (2nd):	
SLD 1012X - X	Non-Reporting Itr (final):	
	Notification Itr (if non-pickup):	
	Call OI:	
	After call Itr to OI:	
	Documentation Check List: Handler Typist	
	Notification Itr (if non-pickup):	
	After call Itr 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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:		
		Others:		

FINALIZATION Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Repair Cost: \$\$	(days) Reduction: %			

FINAL SETTLEMENT Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia.:	
Repair Cost: \$\$			
Loss of Rental (LOR): \$\$	(days)		
Loss of Use (LOU): \$\$	(\$ x days)		
Loss of Income (LOI): \$\$	(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> (Tick only one)		
GIA/LTA Search: \$\$			
Medical: \$\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement: \$\$	(e.g. Tow/Independent)	2) Report Format:	
Legal Cost: \$\$		3) Survey fee:	
Total: \$\$	Global Sum \$\$:		

FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: \$\$	Name 1:		
Payee 2: (Strike if N.A.) \$\$	Name 2:		
Payee 3: (Strike if N.A.) \$\$	Name 3:		

108/11/13

Surveyor: Kevin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected 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 Rpt: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC8704P Yr Regn: 7 Jan, 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / TD / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 240 C.C. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 205308 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM HLDXUM 6408J163
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: NII / S/Rim / STD / Rim or _____
 Tyre Size; F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Har/Conk
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 28/2/08 D.O.I. 1/2/08
 Survey held at CDHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____

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

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : Washband (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____

A24

COMFORT ENGINEERING

Branch of COMFORT ENGINEERING

Date/Time: 28.02.2018 17:30

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305120832

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 L (R) (O) (P)	REGN NO SHC8704P	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 28.02.2018 13:50
	YR OF MANU 07.01.2016	TARGET DATE
	CHASSIS CODE RMLB41UMGU083163	COMPLETION DATE/TIME:

MLK

Accident Date: 28.02.2018
NATURE: 3P 28.02.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
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Acknowledgement Slip

Vehicle No.: **SHC8704P**

Service Advisor: **CHIANG**

Signature/Date: _____

Vehicle returned to Service Reception upon collection

Exit Pass

Vehicle No.: **SHC8704P**

Name of Service Advisor: _____

Date: _____

To be kept by Security Guard