

15/5/2010

INS. CASE OWNER:

CC 3 / LCR18004072 / RWS3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALUEN

DOI:

01/03/13

Date / Time :

01/03/13

Registered in Merimen:

02/03/13

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 5051T

Claim No. : _____

Name of Insured : LCR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 01/03/13

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

SH 8536B

INSRS:
WSP: COGE (Lapang)
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
SH 8536B - CC 3 / ATG 11014232 / H162032 DOA: 15/5/11	Non-Reporting ltr (1st):	
- CF / ATG 08006713 / a DOA: 14/2/07	Non-Reporting ltr (2nd):	
- CS / CF 17013796 / m1652 DOA: 13/03/17	Non-Reporting ltr (Final):	
- NS / ENC 13013509 / H162032 DOA: 06/10/13	Notification ltr (if non-pickup):	
SLP 5051T - X	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:	Send 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 + LO ☐ [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		
Disbursement: S\$	(e.g. Tow/ Independent)	
Legal Cost S\$		
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)

REF:

Name: Kevin

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 Report: _____ 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: SH 8536BYr Regn: 14 Sep 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius

C.C.

Colour: BlueA/C: Insured / Std / NI / NASp. Reading: 214659T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTPKBJF4703529197

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / 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

Front

Rear

R/Bal. 2 mmR/Bal. 2 mmL/Bal. 2 mmL/Bal. 2 mmD.O.A. 1/3/10D.O.I. 1/3/10

Survey held at

CDHE (Loyang)

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

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

Date / Time

Action / Instruction

2/3/10 Check RP \$694.45 / 2 daysAKARP

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

COMFORT ENGINEERING

A member of COMFORTDELGRO

Date/Time: 01.03.2018 10:41 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305121024

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
L (R) (P) (O)

REGN NO: SH 8536B

MILEAGE

MAKE: TOYOTA

FUEL

E.....1/2.....F

MODEL PRIUS HYBRID(G4)01.03.2018 08:15

YR OF MANU 14.09.2016

TARGET DATE

CHASSIS CODE JTDKB3FU703529197

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.03.2018
NATURE: 3P 01.03.2018

S/NO

LABOR CODE

DESCRIPTION

AIG - taxi Rear damage
LICK/Kahmi -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

re:

to:

ple No.:

SH 8536B

LARRY

Vehicle No.:

SH 8536B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard