15/5/2010

INS. CASE OWNER: Elaine | CC 3 / EQI180 04199 / klps3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 02/03/18 Date / Time : 02/03/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJW 3940C		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 02/02/18	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**

SHC 2753L → ________ → ________ → ________

INSRS: WSP: CDGE (Lomg?) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHC 2753LJ - CC6/EII/16009744/RL/b352 DOI: 20/05/16 → NS/INF/1102597 3/Hlen DOA: 15/12/11 SJW 3940C - CC6/EQI15005888/NJ/a3q2 DOI: 9/04/15	

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: 05/03/18 Sent By: Shirley Hum

FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email ☐ Call ☐
Repair Cost:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	If NO or B 28, Ass. Lia :
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		
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$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)		3) Survey fee:
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:	

Kalvin

SHC2753L 31 Dec 2010

Type of Car / Cycle Bus Van Lorry / Taxi Prime Mover

Truck Trailer

Make: Hyundai Sonata 1991

Colour: Blue A/C Installed Std Nil NA

Sp Reading: 971105 T/Radio Installed Std Nil NA

Eng No

Ch No: KMHET41VMAA803258

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mag: Nil S/Rim STD/Rim or

Tyre Size: F: 215/60R16

R:

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

TOYO / YOKO or Maxxis

Front			Rear	
R.Bal	7	mm	R.Bal	7
L.Bal	7		L.Bal	7
D.O.A.	2/3/18		D.O.I.	2/3/18

Surveyed at: CDGE (Loyang)

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

Rear

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

Estimated Cost

Policy Condition

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

N.S	O/S

Consistent? Yes or No

Consistent? Yes or No

Est Repairs ____ days Res: Yes or No

Lum Sum Yes or No

OA REV / REP / 24 HRS

Vehicle: IN / OUT

Date ____ Person Contacted ____

Date Time Action Instruction

EQ 4s.

: Preli. Report

: Final Report

Days Of Repair

Resurvey No of Trip

Survey Fee

Add Fee

OMFORT DELGRO
ENGINEERING

A member of COMFORTDELGRO

Date/Time: 02.03.2018 14:43 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305121453

OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO: 7010045 IESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) OUNT CARD NO.	REGN NO: SHC2753L MAKE: HYUNDAI MODEL SONATA YR OF MANU 31.12.2010 CHASSIS CODE KMHET41VMAA803254	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 02.03.2018 10:50 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 02.03.2018
ATURE: 3P 02.03.18

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/ledgement Slip

No.: SHC2753L JU EQ LKK

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2753L

Name of Service Advisor

Date

To be kept by Security Guard