15/5/2010

INS. CASE OWNER: cc3, LCR 18084288, Klja3

LKK:

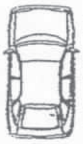
IDAC:

ASSIGNMENT

Surveyor: Ank DOI: 5/3/18 Date / Time: 5/3/18

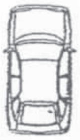
Registered in Merimen: 6/3/18

Pre-assign / CCU / FTE

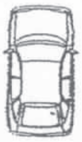


Insured Vehicle No.:	SLL1167R	Claim No.:	
Name of Insured:		Policy No.:	
Insured Tel No.:	HP:	Make / Model:	
Excess Sec II :S$	D.O.A: 3/3/18	Place of Accident:	
Is driver the owner? (YES / NO)	Nature of Accident:		
If **NO**, Driver Name / Age:		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No.:	(V/L: YES / NO)	Insured Liability: %	**Final ? Yes / No**

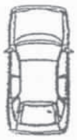
GBB 9496J ⟶ SLL 1167R ⟶ SHA 3232C ⟶



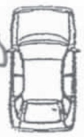
INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS: OI



INSRS:
WSP: cb68 loyang
Tel:
Liability:
RMKS: TP



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	
	SHA3232C-US/AG118000821/K1g d3n2 ; DOA 12/1/18
	SLL1167R - 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:	

Kalvin

REF:

ASSIGNMENT

Prg m: 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: SHA 3232C Yr Regn: 23 Aug 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or: 0

Make: Toyota Prius O.D:

Colour: Blue A/C: Insulated / Std / NI / NA: 6

So.Reading: 80759 T/Radio: Insulated / Std / NI / NA: 0

Eng/No:

C/No: JTDKB3FU4035 63520

Gen. Cond.: Good / Fair / Poor / Burnt: 6

Steering: Inoperative / Jammed / Leaked / Burnt or: 1

Brake: Inoperative / Jammed / Leaked / Burnt or: 2

Modi: Nil / S/Rim / STD A/Rim or: 0

Tyre Size F: 195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or: 8

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	3/3/18	D.O.I.	5/3/18

Survey held at: CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	A/K PIP

Date/Time File Pass to: : Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

Date/Time File Return to: Transportation:

Add Fee: Site Insp $ Photos:

Intern'l A/ $ Other:

Tech. Insp $

Weekend $

Report Format:

Lump Sum / I.B. $

TOTAL:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

AIG ASIA

LKC

ComfortDelGro Engineering Pte Ltd
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 05.03.2018 09:51 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305121817

STOMER

MS

STOMER NO.

DRESS

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

. (R) (O)

(P)

COUNT CARD NO.

REGN NO.: SHA3232C	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL: PRIUS HYBRID(G4)	DATE/TIME IN 03.03.2018 14:45
YR OF MANU: 23.08.2017	TARGET DATE
CHASSIS CODE: JTDKB3FU403563520	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.03.2018
NATURE: 3P 03.03.18

S/NO LABOR CODE DESCRIPTION

✓ TOW

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

:

.:

e No.: SHA3232C LIMTS

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA3232C

Name of Service Advisor

Date

To be kept by Security Guard