15/5/2010

INS. CASE OWNER: Lyon | CC 3 / EQI18004337 / Klms 3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 05/03/13 Date / Time : 05/03/13

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GY 8119A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II ;S$ D.O.A : 02/03/13 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

SHA 9045 →

INSRS:
WSP: COMS (Lapsed)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 9045 - CC4/AXA130060 3/H1f3c3 DOA: 30/12/13
	- CS/ECI11925988/R4k3 DOA: 26/02/11
	- CS/ECI14015439/Gubu2 DOA: 03/10/14
	- NBA/INC1401 8565/e1 DOA: 03/10/14
	GY 8119A - 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: 07/03/13 Sent By: Shirley Hsu

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$		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

SHA 9045 31 July 2011

From | Date

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

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect vehicle No

Make: Hyundai Sonata | 1991

at workshop / is

Colour: Yellow | A/C Insured Std NI NA

Sp Reading: 65883 | Radio Installed Std NI NA

Insured

Eng No

Policy No

C No: KMHET41VMDA8 15014

Claims No

Gen Cond. Good / Fair / Poor / Burnt

Sum Insured: | Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

Clients Record

Brake: Inorder / Jammed / Leaked / Burnt or

Make of veh

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

Tyre Size F: 215/60R16

R:

Policy Condition

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

N/S	O/S

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

Bal or Market Value

Front | Rear

DAC Accident Report: Consistent? : Yes or No

R/Bal 7 mm | R/Bal 7

GIA PR Seen: Consistent? : Yes or No

L/Bal 7 mm | L/Bal 7

Est Repairs: days | Res.: Yes or No

D.O.A. 3/3/08 | D.O.I. 5/3/08

Lum Sum: % | 3 Val: Yes or No

Survey held at: CDGE (Loyang)

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Front o/s

Date | Person Contacted:

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

Date | Time | Action / Instruction

6Q
4s

Date/Time File Pass to: | : Preli. Report | : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Date/Time File Return to:

Add Fee: Standard $ | $ | $ | $

Report Format

Lump Sum

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649
34 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 05.03.2018 10:34 Page : 1

Team: CK ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3808322 JC NO: 305121855

CUSTOMER CITYCAB PTE LTD /MS 7010070 CUSTOMER NO / ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P) ACCOUNT CARD NO.	REGN NO.: SHA 904S	MILEAGE
	MAKE : HYUNDAI	FUEL E.......1/2.......F
	MODEL SONATA	DATE/TIME IN 03.03.2018 19:45
	YR OF MANU 31.07.2011	TARGET DATE
	CHASSIS CODE KMHET41VMBA815014	COMPLETION DATE/TIME:

JOB DESCRIPTION

EQ

Accident Date: 03.03.2018
NATURE: 3P 03.03.18/C

S/NO	LABOR CODE	DESCRIPTION
	Towing	

CHECKED & PASSED OUT BY: ______________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Date:
S/O.:
Vehicle No.: SHA 904S FZ EQ

Name of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 904S

Name of Service Advisor

Date

To be kept by Security Guard