15/5/2010

INS. CASE OWNER: CC 3 / AIG18004345 / klms 3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 05/03/18 Date / Time: 05/03/18

Registered in Merimen: 05/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLA 9985B

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A: 02/03/18

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

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

GBH 313G → SLA 9985B (OI) → SH 6334E (TP) →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: ode (?)	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SH 6334E - CA/AIG09027983/w1 DOA: 09/12/09
	- CC6/III1702175S/Aur3 DOA: 11/1/17
	- NA/CTI1702152/h4 DOA: 11/4/17
	- CC/TTI18001467/Arb DOA: 20/01/18
	- NS/INC10022226/Do DOA: 29/10/10
	SLA 9985B - 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

From: 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: SH 6334E Yr Regn 22 Oct 2015

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

Make: Hyundai Z40 c.c 1685

Colour: Blue A/C: Insured / Std / Nl / NA

Sp.Reading 33991 T/Radio: Insured / Std / Nl / NA

Eng.No:

C/No: KMHCB41 4MG0 79700

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R:

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

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

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

Date / Time Action / Instruction

AZG
1/1

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

: Final Report

Date/Time: File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: Site Insp :$

Interview :$

Tech :$

Weekend :$

Photo

Others

TOTAL

Report Format:

Lump Sum / I.B

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
32 Ubi Road 3 Singapore 408661
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 03.03.2018 11:12 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3808166 JC NO: 305121623

STOMER

/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)

(P)

COUNT CARD NO.

REGN NO.: SH 6334E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 02.03.2018 13:45
YR OF MANU 22.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU079300	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.03.2018
NATURE: 3P 02.03.2018

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SH 6334E LARRY

e of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6334E

Name of Service Advisor

Date

To be kept by Security Guard