LKK:
IDAC:

INS. CASE OWNER: CC 3 / AIG18004400 / klee3

ASSIGNMENT

Surveyor: KALVIN   DOI: 06/03/18   Date / Time: 06/03/8
Registered in Merimen: 07/03/8

Pre-assign / CCU / FTE

Insured Vehicle No. : SFX 9730   Claim No. : _____
Name of Insured : _____   Policy No. : _____
Insured Tel No. : _____ HP: _____   Make / Model : _____
Excess Sec II :S$ _____ D.O.A: 05/05/8   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 5735T →

INSRS: INSRS: INSRS: INSRS:
WSP: 004G (lapan)   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 3735T - NTA / AIC08015210/41 DOA: 14/04/08	Non-Reporting ltr (1st):	
	SFX 9730 - NA/INC18004198/H* DOA: 05/03/18	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 + 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:	

ASSIGNMENT

Veh No: SH A3 735 T   **Yr Regn:** 22 Oct 2015

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

Make: Hyundai 240   **c.c** 1685

Colour Blue   **A/C:** Insured / Std / NI / NA

Sp.Reading 384744   **T/Radio:** Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UAGH079312

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: 205/60 R16
        R:

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	5/3/8		D.O.I.	6/3/8	

Survey held at   CDGE (Loyang)

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

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

From: **Date:**

Estimated Cost:

OD / TP INS / TP RES / OD RES / EVA / INV / MV

To Insp ed 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:

Date / Time	Action / Instruction	
7/3/8	Whot P/P $4311.36 / 2 hr.	AH P/P

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:

Add Fee: ☐ : Site Insp ($ ____) S + RS ____ SI

☐ : Interview $ ____

Team: ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: JC NO: 305122623

JSTOMER	REGN NO. SHA3735T	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E.........1/2.........F
R/MS 7010045		
JSTOMER NO. 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 05.03.2018 17:45
DRESS Singapore SINGAPORE 575717		
65508755 (O)	YR OF MANU 22.10.2015	TARGET DATE
L. (R) (P)	CHASSIS CODE KMHLB41UMGU079312	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 05.03.2018
NATURE: 3P 05.03.2018

S/NO   LABOR CODE   DESCRIPTION

HECKED & PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

nowledgement Slip   Exit Pass

e:
Jo.: **SHA3735T**   CHIANG @   Vehicle No.:   **SHA3735T**
cle No.:

_____   _____   _____   _____
ie of Service Advisor   Signature/Date   Name of Service Advisor   Date

e returned to Service Reception upon collection   To be kept by Security Guard