15/5/2010

INS. CASE OWNER: | CC 3 /~~AIG~~ 1800 ꓳꓳꓷν, FIpb3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 9/7/18 Date / Time : 7/7/18
Registered in Merimen: 8/7/18

Pre-assign / CCU / FTE
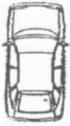
SLG 3590P

Insured Vehicle No. : SLG 3590P	Claim No. :
Name of Insured : UR	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 06/07/18	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 10985 →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: WUE	WSP:	WSP:	WSP:
Tel : UY	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SHC 10985-X	SLG 3590P-X	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:		

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:		
		Others:		

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:			

(06/11/13)

Surve y/c: Kalvin   REF:

ASSIGNMENT

		Veh No:	SHC 1058 S Yr Regn: "Jan, 2017

From: _____   Date: _____

Estima £ed Cost: _____

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

To Insp ed Vehicle No: _____

at Wor kshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Surn In sured: _____   Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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: _____

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

Make: Hyundai Ix0   c.c 1685

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

Sp.Reading: 258368   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MH4098244

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   HanKok

N/S	O/S

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	6/3/18		D.O.I.	7/3/18	

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
	AZh
	P/P

Date/Time, File Pass to?   ☐ : Preli. Report   Days Of Repair: _____

1) _____   ☐ : Final Report   Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____   Add Fee: ☐ : Site Insp ($ _____)

Survey Fee: _____
Transportation: _____
$ ÷ RS. ___ SI

AIG
LICK

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969   24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717   7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286   6 Defu Avenue 1 Singapore 539537

Date/Time: 07.03.2018 11:30   Page : 1

am: ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: JC NO.: 305122919

OMER		REGN NO.: SHC1058S	MILEAGE
S 7010045		MAKE: HYUNDAI	FUEL E...........1/2...........F
OMER NO. 383 SIN MING DRIVE		MODEL: I-40	DATE/TIME IN 06.03.2018 21:00
ESS Singapore SINGAPORE 575717 65508755			
(R) (O) (P)		YR OF MANU 11.01.2017	TARGET DATE
OUNT CARD NO.		CHASSIS CODE KMHLB41UMHU098244	COMPLETION DATE/TIME:

COMFORT TRANSPORTATION PTE LTD

JOB DESCRIPTION

cident Date: 06.03.2018
ATURE: 3P 06.03.18/C

/NO	LABOR CODE	DESCRIPTION

KED & PASSED OUT BY: _____

_____
SERVICE ADVISOR

_____
CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHC1058S   LIMTS

Vehicle No.: SHC1058S

_____   _____
f Service Advisor   Signature/Date

_____   _____
Name of Service Advisor   Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO
ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline +65 6383 6280 Facsimile +65 6280 9755
Service Centres
205 Braddell Road Singapore 579701   59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286   383 Sin Ming Drive Singapore 5757
7 Sungei Kadut Way Singapore 728791   320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156

Appointed Partners

☎ 6553 1111
SPARK Assist
Recovery • Towing • Accident

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 6-3-18   Time Received: 2200

2. ☐ New   ☐ SPARK Kakis

Name of Customer : Teo

Contact No. : 97223349

Vehicle No. : SHC1058S

Make / Model / Colour :

Email :

3. Vehicle Type:
- ☐ Private
- ☑ Taxi (CTPL/CCPL)
- ☐ Fleet
- ☐ STK (Boon Lay)

5. Nature of Service:
- ☐ Jumpstart
- ☐ Recovery
- ☐ Change Tyre / Battery

4. Type of Towing:
- ☑ Normal Tow
- ☐ King Dolly
- ☐ Flat Bed
- ☐ Crane-up

6. Parts Replaced/Remarks:

7. Location: 1 HALIFX RD (OSCP)

9. Preferred Workshop:
- ☐ Braddell   ☑ Loyang   ☐ Pandan
- ☐ Sin Ming   ☐ Sungei Kadut   ☐ Ubi
- ☐ Senoko   ☐ Komoco (UBI / Leng Kee)   ☐ Cycle & Carriage (PD)
- ☐ Others:

8. Vehicle Tow - In Workshop:
- ☐ Smoky Exhaust   ☐ Wheel Jammed
- ☐ Overheating   ☐ Steering Faulty
- ☐ Brake Faulty   ☐ Alternator Faulty
- ☐ Starting Problem   ☐ Loss Power
- ☐ Accident   ☐ Engine Stalled
- ☐ Return Taxi

10. Odometer Reading :

Fuel Level : | F | 1/4 | 1/2 | 3/4 | E |

11. Radio / CD Player
- ☐ OK
- ☐ Faulty
- ☐ Not tested

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☑ QA ☐ GAO ☐ TZ ☐ YISHUN TOWING ☐ OTHERS

Name of Driver : JAY

Vehicle No. : YM6680H

Time Dispatch :

Time of Arrival :

Time Completed :
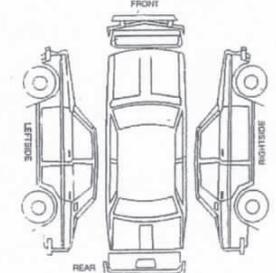
: Cracked   X : Dented
/ : Scatched   O : Missing

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

6/3/18

| Date | Time | Signature of Customer |

14. **WORKSHOP**

| Name of Attending Staff/Guard | Date & Time of Arrival | Signature of Attending Staff/Guard |

CUSTOMER'S COP