15/5/2010

INS. CASE OWNER:　　　CC³, LCR1800 4493, Klwa3

LKK:
IDAC:

Surveyor: __AWK__　　　DOI: __7/2/18__
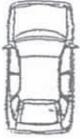
ASSIGNMENT

Date / Time : __7/3/18__
Registered in Merimen: __8/3/18__

Pre-assign / CCU / FTE

Insured Vehicle No. : __SLP 2042P__　　　Claim No. : _____

Name of Insured : _____　　　Policy No. : _____

Insured Tel No. : _____ HP: __6/3/18__　　Make / Model : _____

Excess Sec II :S$ _____ D.O.A : _____　　Place of Accident : _____

Is driver the owner?　(YES / NO)　Nature of Accident : _____
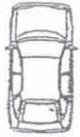
If **NO**, Driver Name / Age : _____
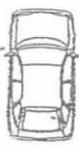
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____　　(V/L: YES / NO)　Insured Liability : ___% Final ? Yes / No

SH9943 C　→

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: CD4E loyang.		WSP:		WSP:		WSP:
	Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time		
	SH9943C X , SLP 2042P, 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: ___ Confirm 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:	

Surveyor: 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.

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: _____

Veh No: **SH 9943C**   Yr Regn: **28 Feb 2013**

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

Make: **Hyundai Santa**   c.c **1991**

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

Sp.Reading **5 25827**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **KMHET41VMDA833587**

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: **215/65R16**

R:

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

Front		Rear	
R/Bal. **7**	mm	R/Bal. **2**	mm
L/Bal. **7**	mm	L/Bal. **7**	mm
D.O.A. **6/3/8**		D.O.I. **7/3/8**	

Survey held at **CDGE (Loyang)**

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S R.4.

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

AZG
4s

Date / Time	Action / Instruction

Date/Time, File Pass to?   ☐ : Preli. 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 ($ _____)

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

eam: CK   ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: 3808919   JC NO: 305122662

CUSTOMER	REGN NO.: SH 9943C	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E..........1/2..........F
CUSTOMER NO. 7010045 383 SIN MING DRIVE	MODEL SONATA	DATE/TIME IN 06.03.2018 02:35
ADDRESS Singapore SINGAPORE 575717 65508755	YR OF MANU 28.02.2013	TARGET DATE
(R) (O) (P)	CHASSIS CODE KMHET41VMDA833587	COMPLETION DATE/TIME:

DISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.03.2018
NATURE: 3P 06.03.18

/NO	LABOR CODE	DESCRIPTION
00010	23-01	TOWING FEE

CHECKED & PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

Acknowledgement Slip   ✂   Exit Pass

No.:   SH 9943C   JU AIG LKK   Vehicle No.:   SH 9943C

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

Returned to Service Reception upon collection   To be kept by Security Guard