15/5/2010

INS. CASE OWNER: CC 3 / LCR1800 4509 / K/WS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 07/03/18 Date / Time : 07/02/18

Registered in Merimen: 08/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 1773L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 06/05/18

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**

SHB 4816G →

INSRS:
WSP: COCE (Lapse)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 4816G - CS/QW09070612/TT CC1 DOA: 24/07/09
	SLH 1773L - 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 + 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:	

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP INS / 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: SHB 4816H Yr Regn: 30 Jun / 2011

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

Make: Hyundai Sonata c.c 1991

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

Sp.Reading 134007 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KAHET41VM0A 81340..

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 215/60 R16

R: _____

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

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

Survey held at COGE (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
	AZA c/s

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Attendance $ _____

Survey Fee:

Transportation:

___S + RS, ___SI

COMFORT ENGINEERING

A member of COMFORTDELGRO

Date/Time: 06.03.2018 18:22 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO: 305122669

USTOMER	REGN NO: SHB4816G / MILEAGE
R/MS CITYCAB PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
USTOMER NO. 7010070	MODEL SONATA / DATE/TIME IN 06.03.2018 12:55
DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 30.06.2011 / TARGET DATE
EL. (R) 65551188 (O) (P)	CHASSIS CODE KMHET41VMBA813400 / COMPLETION DATE/TIME:
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 06.03.2018
NATURE: 3P 06.03.2018

S/NO	LABOR CODE	DESCRIPTION
		A/C - taxi Rear bumper
		LCC/Kahui -

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHB4816G LARRY

Larry Ng

e of Service Advisor Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB4816G

Name of Service Advisor Date

To be kept by Security Guard