

INS. CASE OWNER:

CC 3, ALG 1800 4757, k1ma3

LKK:

IDAC:

Surveyor:

Ank

DOI:

ASSIGNMENT

12/3/18

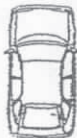
Date / Time:

Registered in Merimen:

12/3/18
13/3/18

Pre-assign / CCU / FTE

SUP 7335L



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A: 10/3/18

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

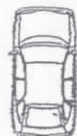
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SAB 6614J



INSRS:

WSP: one way.

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SAB 6614J - N8/Tme 16011229/h4 : 10/3/18
SUP 7335L - 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\$

Disbursement:

S\$

Legal Cost

S\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(06/11/13)

Surve: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

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

To Insp Vehicle No: _____

at Work Shop 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 6614 J Yr Regn: 5 Dec 2013

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

Truck / Trailer or

Make: Hyundai I40 C.C. 1685Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 746940 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UAP4042872

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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 Wst / k

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. X mm L/Bal. 7 mmD.O.A. 10/3/8 D.O.I. 12/3/8Survey held at CDGE (Loyang)

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

o/s

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

Date / Time	Action / Instruction
13/3/8	2nd 1/3 \$750 / 20/4/8. ATA 4/2

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 (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Wash (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Signature of Inspector: _____

member of COMFORTDELGRO

Date/Time: 12.03.2018 09:47

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305123979

OMER COMFORT TRANSPORTATION PTE LTD 7010045 OMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO. SHB6614J MAKE : HYUNDAI MODEL I-40 YR OF MANU 05.12.2013 CHASSIS CODE RMHLB41UMDU042872	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 11.03.2018 08:55 TARGET DATE COMPLETION DATE/TIME:
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UNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.03.2018

ATURE: 3P 10.03.2018

NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHB6614J CHIANG @

Vehicle No.: SHB6614J

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard