15/5/2010

INS. CASE OWNER: Janet | CC 3 / EQI18004863 / Klms3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 12/03/18 Date / Time : 13/03/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBD 7698X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 12/07/18 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 7084B →

INSRS:
WSP: Code Always
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 7084B - CC3/AIG1400795S/Hipb3w2 DOA 25/04/14
	- CS/EC117014365/Ri3bn2 DOA 20/07/17
	- NS/ZNCO-4015567/CL DOA 21/08/09
	GBD 7698X - 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: 14/03/18 Sent By: Shirley How

FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email ☐ Call ☐
Repair Cost:	S$	(days) Reduction: %	
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:	

(05/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspected Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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:

Veh No: SHC 7084B Yr Regn: 7 Apr / 2016

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading: 299573 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMGU086866

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 Triangle

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm

D.O.A. 12/3/18 D.O.I. 13/3/18

Survey held at CDGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or M/s Lh[illegible] Mirror

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

Date / Time	Action / Instruction	
14/3/18	[illegible] P/R $904.40/ [illegible].	EQ P/R

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($) : Interview ($)

Survey Fee:

Transportation:

__S + RS, __SI

Photos

Others

OMFORT
ENGINEERING

COMFORT Date/Time: 13.03.2018 09:46 Page : 1

am: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305124487

OMER IS CITYCAB PTE LTD OMER NO. 7010070 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO.: SHC7084B MILEAGE
	MAKE: HYUNDAI FUEL E.....1/2.....F
	MODEL I-40 DATE/TIME IN 12.03.2018 16:40
	YR OF MANU. 07.04.2016 TARGET DATE
OUNT CARD NO.	CHASSIS CODE KMHLB41UMGU086866 COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 12.03.2018
ATURE: 3P 12.03.18/C

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHC7084B FZ EQ

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7084B

Name of Service Advisor

Date

To be kept by Security Guard