

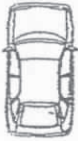
INS. CASE OWNER:

CC 3, LCR1800 4926, 11/13/18

LKK:
IDAC:

Surveyor: AWB DOI: 14/3/18 Date / Time: 14/3/18
Registered in Merimen: 15/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE8345J Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 14/3/18 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

SIA 1313 R



INSRS:
WSP: MBE 104ms
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC | |
|---|---|---|--------------------------|
| SIA 1313 R - CC3 / LCR1800 4926 (Dm 12) 92 : 0079/1/11 SLE8345J - 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) | <input type="checkbox"/> | <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> | <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Bill: | <input type="checkbox"/> | <input type="checkbox"/> | |
| PIR: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mandate/Reject Instruction: | <input type="checkbox"/> | <input type="checkbox"/> | |
| LOD | <input type="checkbox"/> | <input type="checkbox"/> | |
| Payment Breakdown Form: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Others: | <input type="checkbox"/> | <input type="checkbox"/> | |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | | | |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | | | |
| Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/> | | | |
| FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | | |
| GIA/LTA Search S\$ _____ | | | |
| Medical: S\$ _____ | | | |
| Disbursement: S\$ _____ (e.g. Tow/ Independent) | | 1) Claim status: Normal/Reject/Private Settle | |
| Legal Cost S\$ _____ | | 2) Report Format: _____ | |
| Total: S\$ _____ Global Sum S\$: _____ | | 3) Survey fee: _____ | |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | | |
| 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)

REF:

Garve: Kevin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp of 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: SHA 1313 R Yr Regn: 12 May 2016

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: 226659 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLD81U464090092

Gen. Cond: Good / OK / Poor / Burnt

Steering: In order / OK / Jammed / Leaked / Burnt or

Brake: In order / OK / Jammed / Leaked / Burnt or

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

Tyre Size; F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Hook

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 12/3/8 D.O.I. 14/3/8

Survey held at CDGE (Loyang)

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

n/s B.L.

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

| Date / Time | Action / Instruction |
|----------------|-----------------------------------|
| <u>15/3/16</u> | <u>Call PIR & 775 / 207..</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 (\$ _____)

: Interview (\$ _____)

: Tech Insp (\$ _____)

: Dressing (\$ _____)

____ S + RS, ____ SI

Photos

Others

TOTAL

Report Format: _____

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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 383 Sin Ming Drive Singapore 575717 7 Sungei Kadat Way Singapore 7287
 45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537
 321 Upper Cross Street Singapore 050868

LLK

Date/Time: 13.03.2018 16:54 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305124723

| | | |
|--|---------------------------------------|--------------------------------------|
| CUSTOMER COMFORT TRANSPORTATION PTE LTD MR/MS 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 TEL. (R) (O) <i>ALL</i> (P) DISCOUNT CARD NO. | REGN NO. SHA1313R | MILEAGE |
| | MAKE: HYUNDAI | FUEL E.....1/2..... |
| | MODEL I-40 | DATE/TIME IN 13.03.2018 13:10 |
| | YR OF MANU. 12.05.2016 | TARGET DATE |
| | CHASSIS CODE KMHLB41UMGU090095 | COMPLETION DATE/TIME |

JOB DESCRIPTION

Accident Date: 12.03.2018
 NATURE: 3P 12.03.2018

| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|
|------|------------|-------------|

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:
 I/C No.: **SHA1313R** **CHIANG @**
 Vehicle No.:

Vehicle No.: **SHA1313R**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard