15/5/2010

INS. CASE OWNER: CC 3/LPC18005067 / klms3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 16/05/18 Date / Time : 16/05/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKU 2736B	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 15/05/18	Place of Accident :	
Is driver the owner?	(YES / NO) Nature 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**

SHO 35142 → ______ → ______ → ______

INSRS: WSP: COGS (Leyas?) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHO 35142 - CC6/III1600 2542/mly23-2 DOA: 05/02/16
	SKV 2736B - 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: 19/03/18 Sent By: Shirley Aiven

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:

(08/11/13)

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)

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: SHD35142 Yr Regn: 8 Kg / 816

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

Make: Hyundai Z40 c.c 1685

Colour Blue A/C: Insted / Std / NI / NA

Sp.Reading 215333 T/Radio: Insted / Std / NI / NA

Eng/No: _____

C/No: KMHC8412MG493488

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / S/D A/Rim or _____

Tyre Size; F: 205/60R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	15/3/18	D.O.I.	16/3/18

Survey held at CDGE (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
	Loyang PIP

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. In s ($ _____)

Survey Fee:

Transportation:

__S + RS, __SI

Photos

Others

COMFORT
ENGINEERING

COMFORT

Date/Time: 16.03.2018 13:46 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305125687

STOMER

/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

LOMPAC

COUNT CARD NO.

REGN NO.: SHD3514Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 16.03.2018 10:45
YR OF MANU. 08.09.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093488	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 15.03.2018
IATURE: 3P 15.03.2018

/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY: _____

_____ _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHD3514Z LKE

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3514Z

Name of Service Advisor Date

To be kept by Security Guard