15/5/2010

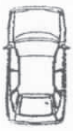
INS. CASE OWNER: CC 3 /CTI1800 5778 / R1403 | LKK: IDAC:

ASSIGNMENT

Surveyor: Ragu DOI: 20/3/18 Date / Time : 20/3/18

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 1457Y. Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ 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**

SHO 36997 → → →

INSRS:
WSP: LOST LO.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHO 36997 - Y SJP 1457Y - Y

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$		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:	

Surveyor: Rosma | REF: | 3821R

ASSIGNMENT

From: Date:
Estimated Cost:
OD / TP / WS / 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: SHD 3699Z Yr Regn: 2016 / DEC
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: HYUNDAI I40 c.c: 1685
Colour: BLUE A/C: Insured / Std / NI / NA
Sp.Reading: 185508 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: KMHBB41UMHU097200
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 WESTLAKE

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm

D.O.A. 19/03/18 D.O.I. 20/03/18
Survey held at: COMFORT DELGRO
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S REAR
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?
1) [ ] : Preli. Report
[ ] : Final Report
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

Add Fee: [ ] Site Insp (S$)
[ ] Interview (S$)
[ ] Tech. Invs (S$)
[ ] Weekend (S$)

Survey Fee
Transportation
) S+RS SI
) Photos
) Others
)
TOTAL

Report Format :
Lump Sum / I.B.I: (S$)

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 19.03.2018 15:42 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305126429

ISTOMER R/MS COMFORT TRANSPORTATION PTE LTD ISTOMER NO. 7010045 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L. (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO.: SHD3699Z MAKE: HYUNDAI MODEL I-40 YR OF MANU 15.12.2016 CHASSIS CODE KMHLB41UMHU097200	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 19.03.2018 11:45 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.03.2018
NATURE: 3P 19.03.2018

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHD3699Z CHIANG @

_____ _____
e of Service Advisor Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3699Z

_____ _____
Name of Service Advisor Date

To be kept by Security Guard