15/5/2010

INS. CASE OWNER: Boon Ser | CC 3 / CTI18005286 / R1cs3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 20/03/18 Date / Time : 20/03/18

Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJQ 6731B	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 17/03/18	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**

SHD 7135H → ____ → ____ → ____

INSRS: WSP: COGE (Clayang) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHD 7135H - CC3/CTI17001254/1eg312 DOA: 17/01/17	**STAGE** / **DATE / PIC**
	SJQ 6731B - CC6/AIG14002177/Upb592 DOA: 30/01/14	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

Item	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: 21/03/18 Sent By: Shirley Hew

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:	

Pabu   Ref: 3821R

Left side

Date

Estimated Cost

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

Inspected Vehicle No

at Workshop of/

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 / PP 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

Right side

Veh No: SHD 7135H   Reg: 2016 Nov

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

Make: Hyundai I40   1685

Colour: BLUE   AD: Insured / Std / NI / NA

Sp.Reading: 264352   TP Vehicle: Insured / Std / NI / NA

Eng/No

C/No: KMHLB41UMH096289

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: 205/65R15

R: —

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

Front			Rear		
R/Bal	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.	17/03/18		D.O.I	20/03/18	

Survey held at: Comfort Delgro

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

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

Date / Time   Action / Instruction

Days Of Repair.

Resurvey No. of Trip

☐ : Preli. Report

☐ : Final Report

Add Fee: ☐ ... S$

☐ ... S$

☐ ... S$

☐ ... S$

Report To and

Lump Sum ...

COMFORT

COMFORT Date/Time: 19.03.2018 11:13 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305126182

TOMER COMFORT TRANSPORTATION PTE LTD
IS 7010045
TOMER NO. 383 SIN MING DRIVE
RESS Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

OUNT CARD NO.

CHINA

REGN NO: SHD7135H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 18.03.2018 09:10
YR OF MANU 10.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU096289	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 17.03.2018
ATURE: 3P 17.03.2018

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

vledgement Slip

: No.: SHD7135H LKE/~~KALVIN~~ MA

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD7135H

Name of Service Advisor

Date

To be kept by Security Guard