

INS. CASE OWNER:

CC 4, AIA 1800 8292, Ripa³

LKK:

IDAC:

Surveyor:

MPB

DOI:

2013/18

Date / Time:

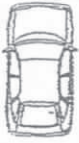
2013/18

Registered in Merimen:

2013/18

Pre-assign / CCU / FTE

SLN 9220 G



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A.:

18/03/2018

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

SAC 963K



INSRS:

WSP:

Tel :

Liability :

RMKS:

come by way



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SAC 963K - 04/04/2018 16:23:53 / AIA 8292 : DOA: 21/11/16
SLN 9220 G - 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:

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

REF:

28399

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:

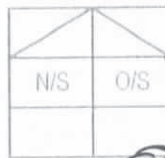
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: 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:

SHC963K

Yr Regn:

2013 / 04

Type: M/Car / M/Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

Truck / Trailer or

Make:

MERCEDES Benz VIANO 2.2 c.c 2143

Colour:

WHITB

A/C Insured / Std / NI / NA

Sp. Reading:

533556

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDF6398132380295

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:

225/60R16

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.

18/03/18

D.O.I.

20/03/18

Survey held at

COMFORT DELERO

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

REAR O/S

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

Date / Time

Action / Instruction

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 (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee

Transportation

) \$ - P.S. \$

1 Photos

1 others

TOTAL

Report Format:

Lump Sum / I.B.I. (\$

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

A1G
LKE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 576701

Mainline + 65 6383 8280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609266

320 Hill Road Singapore 108601

24 Serangoon Loop Singapore 736156

7 Sungei Kadut Way Singapore 728791

6 Defu Avenue 1 Singapore 539537

Date/Time: 20.03.2018 10:34

Page : 1

Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305126766

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHC 963K	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL VIANO CDI 2.2L	DATE/TIME IN 20.03.2018 09:05
	YR OF MANU. 11.10.2013	TARGET DATE
	CHASSIS CODE WDF63981323802956	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 18.03.2018

NATURE: 3P 18.03.18

/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC 963K LIMITS

Vehicle No.: SHC 963K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard