15/5/2010

LKK:

IDAC:

INS. CASE OWNER: Jowyn

CC 3 / CTI18005305 / Rles 3

ASSIGNMENT

Surveyor: RASUL

DOI: 20/03/18

Date / Time: 20/03/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SGB 5750E

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 17/03/18

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHB 3345U →

INSRS:
WSP: CPGE (Loyang)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 3345U – CC3/LCRI17022220/KL/a3 DOA: 17/11/17	Non-Reporting ltr (1st):	
	– NA/CTI18005089/K4	Non-Reporting ltr (2nd):	
	SGB 3750E – NA/CTI18005089/K4	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: 21/03/18 Sent By: Shirley [illegible]

Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

If NO or B 28, Ass. Lia :

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$	
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:

28396

Rasul

Vehicle: SHB 3545 U [illegible] 2014 July

Type: M.Car / M.cycle / P/u / Van / Lorry / Taxi (circled) / Prime Mover / Truck / Trailer or

Make: HYUNDAI I 10 1.? 1888

Colour: YELLOW

A/c: Insured / Std / NI / NA

T.Party: Insured / Std / NI / NA

Sp Reading: 573339

Eng No:

C/No: KMHLB41UMEU058002

Gen. Cond: Good / Fair (circled) / Poor / Burnt

Steering: In order (circled) / Jammed / Leaked / Burnt or

Brake: In order (circled) / Jammed / Leaked / Burnt or

Modi.: Nil (circled) / 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. 18/03/18 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

Estimated Cost

OD / TP / WS / TP RES / OD RES / LVA / INV / MV

To Insured Vehicle No

If Work Repair

Of

Insured

Policy No

Claim 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

If Acc. Accident Report Consistent? Yes or No

[illegible] Consistent? Yes or No

Est. Repair days Res.: Yes or No

Lum Sum % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date Person Contacted:

Date / Time Action / Instruction

[illegible] Preli. Report

Final Report

Days Of Repair:

Resurvey No. of Trip

Survey Fee

Add Fee: [illegible] S$

[illegible] S$

COMFORT ENGINEERING

COMFORT Date/Time: 19.03.2018 16:03 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO. 305126423

STOMER

MS CITYCAB PTE LTD
STOMER NO. 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188
(R) (O)
(P)

CHINA

COUNT CARD NO.

REGN NO. SHB3545U	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 19.03.2018 12:30
YR OF MANU 17.07.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU058002	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 18.03.2018
NATURE: 3P 18.03.2018

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

Exit Pass

o.:
le No.: SHB3545U LKE/MA

Vehicle No.: SHB3545U

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard