15/5/2010

INS. CASE OWNER: CC 3 / AIG180 05732 / MIM 53

LKK:

IDAC:

ASSIGNMENT

Surveyor: MCF DOI: 19/03/13 Date / Time : 19/03/13

Registered in Merimen: 21/03/13

Pre-assign / CCU / FTE

Insured Vehicle No. : SJX 6221K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 16/03/13 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**

SHA 1414H → → →

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 1414H - CC6/III/1600B267/K1y4352 DOA 03/03/16
	-CC4/III/7004373/R1wa3 DOA: 02/03/17
	-CC4/III/7020038/R1ob3q2 DOA 13/10/17
	SJX 6221K - 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$		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 | REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s CDGE 44.

of

Insured:

Policy No.

Claims No.

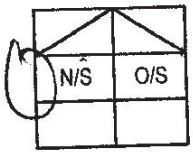
Sum Insured: Excess:

(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 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: SHA1414H. Yr Regn: 11 / 2015

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or

Make: HYN 140 c.c 1685-

Colour Blue A/C: **Insured / Std / NI / NA**

Sp.Reading 269247. T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: KMHCB41UMGU080211.

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Norder / Jammed / Leaked / Burnt** or

Brake: **Norder / Jammed / Leaked / Burnt** or

Modi : **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 205/60 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or HANKOOK.

Front		Rear	
R/Bal. 8	mm	R/Bal. 8	mm
L/Bal. 8	mm	L/Bal. 8	mm
D.O.A. 16/03/2018.		D.O.I. 19/03/2018.	

Survey held at

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

N/S Body.

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation.

Add Fee: ☐ : Site Insp ($) S + RS. SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Workshops
69 Loyang Drive Singapore 508963
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758136
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 16.03.2018 17:57 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305125755

JSTOMER	REGN NO: SHA1414H / MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: HYUNDAI / FUEL E.....1/2.....F
JSTOMER NO. 383 SIN MING DRIVE	MODEL: I-40 / DATE/TIME IN: 16.03.2018 13:30
DDRESS Singapore SINGAPORE 575717 65508755	YR OF MANU: 03.11.2015 / TARGET DATE
L. (R) (O) (P)	CHASSIS CODE: KMHL841UMGU080211 / COMPLETION DATE/TIME:
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 16.03.2018
NATURE: 3P 16.03.2018

S/NO	LABOR CODE	DESCRIPTION
		A1G - taxi Whole left Side damage
		L&E/

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHA1414H LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA1414H

Name of Service Advisor

Date

To be kept by Security Guard

COMFORT ENGINEERING

COMFORT — Date/Time: 16.03.2018 17:57 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305125755

STOMER: COMFORT TRANSPORTATION PTE LTD (VARS)	REGN NO.: SHA1414H / MILEAGE
R/MS: 7010045	MAKE: HYUNDAI / FUEL E.....1/2.....F
STOMER NO.: 383 SIN MING DRIVE	MODEL: I-40 / DATE/TIME IN: 16.03.2018 13:30
DRESS: Singapore SINGAPORE 575717	YR OF MANU.: 05.11.2015 / TARGET DATE
L. (R) 65508755 (O) (P) (B)	CHASSIS CODE: KMHLB41UMGU080211 / COMPLETION DATE/TIME:
SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 16.03.2018
NATURE: 3P 16.03.2018

S/NO	LABOR CODE	DESCRIPTION
		A1G - taxi Whole left Side damage
		L&L/Ma - 3 days
		20.03 -

W9D

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.: SHA1414H LARRY
cle No.:

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA1414H

Name of Service Advisor

Date

To be kept by Security Guard

[redacted]