15/5/2010

INS. CASE OWNER: CC3 / AIG1800 5341 / R1/83

LKK:

IDAC:

ASSIGNMENT

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

Registered in Merimen: 22/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SGA 44K

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 15/03/18

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

SHD 4036E → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 4036E - X ; SGA 44K - 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 ☐ Cal ☐
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 + LO ☐ [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 ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Rasul

3821R

Vehicle No: SHD 4036E Reg: 2012 Feb

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

Make: HYUNDAI SONATA 2.0 1991

Colour: BLUE A/C: Insured / Std / NI / NA

Sp.Reading: 966112 Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41UMCA820802

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: 215/60R16

R: " "

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.	15/03/18		D.O.I.	20/03/18	

Survey held at: COMFORT DELGRO

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

N/S FRT

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

Estimated Cost

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

To Inspect Vehicle No

At Workshop

Insured

Policy No

Claims No

Sum Insured Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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.

Date / Time Action / Instruction

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ ☐ ☐ ☐

COMFORT
ENGINEERING

COMFORT Date/Time: 19.03.2018 13:54 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305126327

CUSTOMER
MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755 (O)
(P)

DISCOUNT CARD NO.

REGN NO.: SHD4036E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: SONATA	DATE/TIME IN: 19.03.2018 10:00
YR OF MANU: 02.02.2012	TARGET DATE
CHASSIS CODE: KMHET41VMBA820802	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.03.2018
NATURE: 3P 15.03.2018

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

cknowledgement Slip

ame:
No.:
hicle No.: SHD4036E CHIANG @

ame of Service Advisor

Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD4036E

Name of Service Advisor

Date

To be kept by Security Guard