15/5/2010

INS. CASE OWNER: CC3 / AIG18005342 / Rlhs3

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. : SKV 5215 Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S$ D.O.A : 15/03/18 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**

SHD 3060R → → →

INSRS: WSP: COLE (Leong) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD 3060R - CC3/AIG12018599/Hlg2g2w2 DOA: 22/09/12
	- CC3/FCI1601957/Kghsc2 DOA: 10/04/14
	- CC3/TMI17015295/KHhs2 DOA: 05/07/17
	- CS/INC09007605/Hyh DOA: 04/04/05
	- CS/INC09016426/Ch DOA: 21/07/05
	SKV 5215 - 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 + 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 ☐ 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: Rasul | Ref: | 3821R

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.

N/S	O/S

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: SHD 3060R d Regn: 2016 Jun
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi (circled) / Prime Mover / Truck / Trailer or
Make: HYUNDAI I 40 1.7 cc 1685
Colour: BLUE A/c: Insured / Std / NI / NA
Sp Reading: 21801 Radio: Insured / Std / NI / NA
Eng/No
C/No: KMHLB41UMG4091347
Gen Cond: Good / Fair (circled) / Poor / Burnt
Steering: Inorder (circled) / Jammed / Leaked / Burnt or
Brake: Inorder (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. 15/03/18 D.O.I. 20/03/18
Survey held at COMFORT DELGRO
Des. of Damages : Frt / Rear (circled) / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time | Action / Instruction

Date/time File Pass to: [ ] : Preli. Report
[ ] : Final Report
Date/time File Return to:

Days Of Repair:
Resurvey No. of Trip

Add Fee: [ ] S$
[ ] S$
[ ] S$
[ ] S$

Report Format
Lump Sum

COMFORT ENGINEERING

A member of COMFORTDELGRO

Date/Time: 17.03.2018 08:47 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305125757

VARS

JSTOMER	COMFORT TRANSPORTATION PTE LTD
R/MS	7010045
JSTOMER NO.	383 SIN MING DRIVE
DDRESS	Singapore SINGAPORE 575717
	65508755
L. (R)	(O)
(P)	
SCOUNT CARD NO.	

B

REGN NO: SHD3060R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 16.03.2018 16:30
YR OF MANU 09.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091347	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.03.2018
NATURE: 3P 15.03.2018

S/NO	LABOR CODE	DESCRIPTION
	AIG - tari Rear damage	
	LKK/	

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHD3060R LARRY

Larry Ng

ie of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3060R

Name of Service Advisor

Date

To be kept by Security Guard