15/5/2010

INS. CASE OWNER: CC3 / LCR1800 5342 / RJS3

LKK:

IDAC:

ASSIGNMENT

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

Registered in Merimen: 22/07/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLE 3316T

Name of Insured : LCR

Insured Tel No. : HP:

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

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**

SHC 1861 →

INSRS:
WSP: CODE (Closing)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1861 - NS/INC0902590 4/CA DOA: 15/11/09
	- NS/INC 1400403 2/Eqm 321 DOA: 27/02/14
	SLE 3316T - 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:	

Forward: Rosue | Ref: | 28394 2019 / Jan

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 (O/S circled)
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: SHC186L — Reg: 2011 Jan

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

Make: HYUNDAI SONATA 2.0 — cc 1991

Colour: yellow — A/C: Insured / Std / NI / NA

Sp Reading: 740644 — T/Radio: Insured / Std / NI / NA

Eng/No:

C/No.: KMHET41UMBA804003

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: 205/60R16

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.	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

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

Date / Time	Action / Instruction
	Pending for book value.

Date/time File Pass to:

To

Date/time File Return to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. $ ☐ Interview $ ☐ [illegible] $ ☐ [illegible] $

Survey Fee

Transportation

Report Format:

Lump Sum / LR [illegible]

COMFORT ENGINEERING

A member of COMFORT Group

Date/Time: 20.03.2018 09:03 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO. 305126731

VARS

JSTOMER	
R/MS	CITYCAB PTE LTD
JSTOMER NO.	7010070
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
L. (R)	65551188 (O)
(P)	
SCOUNT CARD NO.	

REGN NO. SHC 186L	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 18.03.2018 20:30
YR OF MANU 29.01.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA804003	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 18.03.2018
NATURE: 3P 18.03.2018

S/NO	LABOR CODE	DESCRIPTION
	ALG -	Whole Right Side

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
cle No.: SHC 186L LARRY

Larry Ng

e of Service Advisor Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 186L

Name of Service Advisor Date

To be kept by Security Guard