| 15/5/2010                             |  | CC 3/AIG1800            | 5431                 | RIMB LKK:                                      |   |  |  |
|---------------------------------------|--|-------------------------|----------------------|--|---|--|--|
| INS. CASE OWNER                       |  |                         |                      | 1  | 1 4                                     |  |  |
| Surveyor:                             | Rushl                                    | DOI: ASSIGN             | 7 18                 | Date / Time :                                  | 7/2/10                                  |  |  |
|                                       | 4 272227                                 |                         |                      | Registered in Merimen:                         | 11/2/18                                 |  |  |
| Pre-assign / CCU                      |  | 37×X                    |                      |  | ,                                       |  |  |
| Insured Vehicle No                    | ). : \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 4700                    | Claim No.            | :  |   |  |  |
| Name of Insured                       |  |                         | Policy No.           | :  |   |  |  |
| Insured Tel No.                       |  | HP: [ ]                 | Make / Model         |  |   |  |  |
|                                       | ·  | -4 2 0                  |                      |  |   |  |  |
| Excess Sec II :S\$                    |  |                         |                      | Place of Accident :                            |   |  |  |
| Is driver the owner                   | ? ( YES / NO )                           | Nature of Accident : '  |                      |  |   |  |  |
| If NO, Driver Nan                     |  |                         |                      |  | ORT: YES / NO ; TP GIA REPORT: YES / NO |  |  |
| Driver Tel 1                          | No.: (V/L: YES / NO ) Insured Lia        |                         |                      | ility: % Final? Yes/No                         |   |  |  |
| SHR 796                               | 181                                      | <b>→</b>                |                      |  |   |  |  |
| INSRS: WSP:                           | INSRS WSP:                               |                         | INSRS:<br>WSP:       | INSR<br>WSP                                    |   |  |  |
| Tel:                                  | M Tel:                                   | A-A                     | Tel:                 | H Tel:   |   |  |  |
| Liability :<br>RMKS:                  | Liabilit<br>RMKS                         | 1/1-1/1                 | Liability :<br>RMKS: | Liabi  |   |  |  |
|                                       | RIVINS                                   |                         | RIVINS:              | RIVIE  |   |  |  |
| Date/ Time                            | M1006/00                                 | (VE/                    | 2) - //              |  | 5 / WW / WAG                            |  |  |
|                                       | 441334681-X                              | SFC.                    | 1117X-4              | STAGE Non-Reporting ltr (1st):                 | DATE / PIC                              |  |  |
|                                       |  |                         |                      | Non-Reporting ltr (2nd):                       |   |  |  |
|                                       |  |                         |                      | Non-Reporting ltr (Final):                     |   |  |  |
|                                       |  |                         |                      | Notification ltr (if non-pickup):<br>Call OI:  |   |  |  |
|                                       |  |                         |                      | After call ltr to OI:                          |   |  |  |
|                                       |  |                         |                      | Documentation Check List: Ha                   | andler Typist                           |  |  |
|                                       |  |                         |                      | Notification ltr (if non-pickup)               |   |  |  |
|                                       |  |                         |                      | After call ltr to OI:                          |   |  |  |
|                                       |  |                         |                      | Authorisation To Act:                          |   |  |  |
|                                       |  |                         |                      | Release Voucher:                               |   |  |  |
|                                       |  |                         |                      | Final Repair Bill:<br>Car Rental Invoice:      |   |  |  |
|                                       |  |                         |                      | Towing Invoice                                 |   |  |  |
|                                       |  |                         |                      | LTA / GIA :                                    |   |  |  |
|                                       |  |                         |                      | Medical Bill:                                  |   |  |  |
|                                       |  |                         |                      | PIR:   |   |  |  |
|                                       |  |                         |                      | Mandate/Reject Instruction:                    |   |  |  |
|                                       |  |                         |                      | LOD  |   |  |  |
| PRELIMINARY ADVICE                    | Date/Time:                               | Sent By:                |                      | Payment Breakdown Form:<br>Post-Repair Photos: |   |  |  |
| 100                                   | Duto Time.                               | oen by.                 |                      | Others:  |   |  |  |
| FINALIZATION                          | Date/Time:                               | Confirm with:           |                      | Confirm by:                                    |   |  |  |
| Repair Cost:                          | S\$ (                                    | days) Reduction:        | %                    | Email  | Call                                    |  |  |
| FINAL SETTLEMENT                      | Date/Time:                               | Confirm with            |                      | Email Call                                     |   |  |  |
| Final Liability:                      |  | Assessed) BOLA S/N No.: |                      | If NO or B 28, Ass. Lia:                       |   |  |  |
| Repair Cost:<br>Loss of Rental (LOR): | S\$                                      | 1                       |                      |  |   |  |  |
| Loss of Use (LOU):                    | S\$ (\$ x                                | days)                   |                      |  |   |  |  |
| Loss of Income (LOI):                 | S\$ (\$ x                                | days)                   |                      |  |   |  |  |
| LOR only LOU only                     |  | OR + LOI [Tick only one | e]                   |  |   |  |  |
| GIA/LTA Search                        | S\$                                      |                         |                      |  |   |  |  |
| Medical:                              | S\$                                      |                         |                      | 1) Claim status: Normal/Reject                 | /Private Settle                         |  |  |
| Disbursement:                         | S\$ (e.g. Tow/ Independent )             |                         |                      | 2) Report Format:                              |   |  |  |
| Legal Cost<br>Total:                  | S\$<br>S\$                               | Global Sum S\$:         |                      | 3) Survey fee:                                 |   |  |  |
| FINAL PAYMENT                         | Date/Time:                               | Confirm with:           |                      | Email Call                                     |   |  |  |
| Payee 1:                              | S\$                                      | Name 1:                 |                      | Z.imii Cunt                                    |   |  |  |
| Payee 2: (Strike if N.A.)             | S\$                                      | Name 2:                 |                      |  |   |  |  |
|                                       |  |                         |                      |  |   |  |  |

| Surveyor: Com                                   | ASSIGNMENT                                   |                                     |  |  |  |
|---|--|-------------------------------------|--|--|--|
| rom: Date:                                      | Veh No: SHA 1968L                            | Yr Regn: 2615/ APIC                 |  |  |  |
| rom: Date: L                                    | Type: M.Car / M.Cycle / Bus / Van / Lor      |                                     |  |  |  |
| D / TP // WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or                           |                                     |  |  |  |
| o Inspect Vehicle No:                           | Make: Hynng 740                              | c.c 1685                            |  |  |  |
| t Workshop m/s                                  | Colour Bung                                  | A/C: Insured / Std / NI / NA        |  |  |  |
| f   | Sp.Reading 33 1281                           | T/Radio: Insured / Std / NI / NA    |  |  |  |
| nsured:   | Eng/No:                                      |                                     |  |  |  |
| olicy No.                                       |  | MF 406 7870                         |  |  |  |
| Claims No.                                      | Gen. Cond: Good / Fais / Poor / Burnt        |                                     |  |  |  |
| Sum Insured: Excess:                            | Steering: horder / Jammed / Leaked /         | Burnt or                            |  |  |  |
| (Client's Record)                               | Brake: norder / Jammed / Leaked /            |                                     |  |  |  |
| Make of Veh:                                    | Modi: NiP / S/Rim / STD A/Rim or             |                                     |  |  |  |
|   |  | 160R16                              |  |  |  |
| (Policy Condition)                              | R:   | !                                   |  |  |  |
|   | //S O/S BS / DUN / EXNOVA / GY / FS / LIZA / | MIC / OHTSU / PIR / SUMI /          |  |  |  |
| repair at the time of inspection.               |  |                                     |  |  |  |
| Bal. or Market Value:                           | Front  | Rear                                |  |  |  |
| DAC Accident Rport: Consistent? : Yes or No     |  | R/Bal. 5 mm                         |  |  |  |
| GIA / PR Seen: Consistent?: Yes or No           | L/Bal. 5 mm                                  | L/Bal. 5 mm                         |  |  |  |
| Est. Repairs: days Res.: Yes or N               | D.O.A. 21 03 LY                              | D.O.I. 22/03/18                     |  |  |  |
| Lum Sum: % 3 Val.: Yes or N                     |  | T BELGIO                            |  |  |  |
| CA / REV / REP. / 24 HRS                        | Des. of Damages : Frt / Rear / O/S /         |                                     |  |  |  |
|   | cle: IN/OUT                                  | 15                                  |  |  |  |
| Date:Person Contacted:                          | The U/C / Chassis frame / Body               | Structure affected due to collision |  |  |  |
| Date / Time Action / Instruction                |  |                                     |  |  |  |
|   |  |                                     |  |  |  |
|   |  |                                     |  |  |  |
|   |  |                                     |  |  |  |
|   |  |                                     |  |  |  |
|   |  |                                     |  |  |  |
|   |  |                                     |  |  |  |
|   |  |                                     |  |  |  |
| Date/Time, File Pass to? : Preli. Report        | Days Of Repair:                              |                                     |  |  |  |
| : Final Report                                  | Resurvey No. of Trip:                        | Survey Fee:                         |  |  |  |
| Date/Time, File Return to?                      |  | Transportation:                     |  |  |  |
| 2)  | Add Fee: : Site Insp (\$                     | )S+RS,SI                            |  |  |  |
|   | : Interview (\$                              | ) Photos                            |  |  |  |
|   |  |                                     |  |  |  |
| Report Format :                                 | : Tech. Invs (\$                             | ) Others                            |  |  |  |



A member of COMFORTDELGRO

Date/Time: 21.03.2018 17:46

Page : 1

| JOB CARD Sales Order: |                                   | JC NO305127410   |  |
|-----------------------|-----------------------------------|--|--|
|                       | REGN NO. SHA7968L                 | MILEAGE  |  |
| ON PTE LTD            | MAKE: HYUNDAI                     | FUEL EF  |  |
| 575717                | MODEL<br>I-40 21                  | DATE/TIME IN 13:20   |  |
| 0)                    | YR OF MANU.<br>02.04.2015         | TARGET DATE  |  |
|                       | CHASSIS CODE<br>KMHLB41UMFU067870 | COMPLETION DATE/TIME:  |  |
|                       | ON PTE LTD<br>575717              | REGN NO. SHA7968L  MAKE HYUNDAI  575717  1-40  YR OF MANU 02.04.2015 |  |

JOB DESCRIPTION

Accident Date: 21.03.2018

NATURE: 3P 21.03.2018

S/NO

LABOR CODE

DESCRIPTION

| ECKED & PASSED OUT BY:                          |                              |                        |          |                      |
|---|------------------------------|------------------------|----------|----------------------|
|   |                              |                        |          |                      |
| SERVICE ADVISOR                                 |                              |                        |          | CUSTOMER'S SIGNATURE |
| owledgement Slip                                |                              | Exit Pass              |          |                      |
| e:<br>lo.:<br>cle No.: SHA7968L CHIANG          | <b>3</b>                     | Vehicle No.:           | SHA7968L |                      |
| ie of Service Advisor                           | Signature/Date               | Name of Service Adviso | or .     | Date                 |
| e returned to Service Reception upon collection | To be kept by Security Guard |                        |          |                      |