

CC 3/CTI1800 6261, f2wb3

Surveyor: Edwin

DOI: ASSIGNMENT  
7/4/18

Date / Time : 7/4/18

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GT 14314  
Name of Insured : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II : \$S \_\_\_\_\_ D.O.A : 7/4/18  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : \_\_\_\_\_  
Policy No. : \_\_\_\_\_  
Make / Model : \_\_\_\_\_  
Place of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

510 89880



INSRS: wbe  
WSP: w  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP:  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP:  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP:  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	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:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$S _____ ( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$S _____		
Medical: \$S _____		
Disbursement: \$S _____ (e.g. Tow/ Independent)		
Legal Cost \$S _____		
<b>Total:</b> \$S _____ <b>Global Sum \$S:</b> _____		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$S _____ Name 1: _____		
Payee 2: (Strike if N.A.) \$S _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$S _____ Name 3: _____		



# COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

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 383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
 45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537  
 322 4th Road Singapore 508600

Date/Time: 03.04.2018 14:17 Page : 1

am: ARC Repair TP(CFSO)1

### JOB CARD Sales Order:

JC NO305138091

OMER	REGN NO.: SHD8588C	MILEAGE
IS CITYCAB PTE LTD OMER NO. 54788	MAKE: HYUNDAI	FUEL E.....1/2.....F
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 03.04.2018 10:20
(R) 67880845 (O)	YR OF MANU. 15.09.2016	TARGET DATE
(P)	CHASSIS CODE KMHLB41UMGU093788	COMPLETION DATE/TIME:
JOINT CARD NO.		

#### JOB DESCRIPTION

Accident Date: 02.04.2018  
 NATURE: 3P 02.04.18

NO	LABOR CODE	DESCRIPTION
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WORKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHD8588C      LIMITS

Vehicle No.: SHD8588C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date