15/5/2010

INS. CASE OWNER: CC 3, EQI 1800 6592, K1pa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Ank | DOI: 9-4-18 | Date / Time : 9-4-18

Registered in Merimen:

Pre-assign / CCU / FTE GBD 553B

Insured Vehicle No. :		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 6-4-18	Place of Accident :	
Is driver the owner? (YES / NO)		Nature 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**

SHC 6734 → ____ → ____ → ____

INSRS: WSP: CDG/8 10yeus Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC6734 - X.
	GBD 553B - CW / AXA / 60 161324 / 71 hc347 ; DOA: 15/08/16

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:	

(05/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Insp'd 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: SHC 6737 Yr Regn: "Feb 2014

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

Make: Hyundai I40 c.c 1685

Colour Yellow A/C: Installed / Std / NI / NA

Sp.Reading 654065 T/Radio: Installed / Std / NI / NA

Eng/No:

C/No: KMHLB41GMEU047626

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 Westlake

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	6/4/18	D.O.I.	9/4/18

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
11/4/18	Call 45 $2450 / 3 days. EQ 41

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

Survey Fee:

Transportation: S + RS, SI

Photos

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 09.04.2018 11:17 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO 305139763

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

REGN NO.: SHC 673Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.04.2018 14:30
YR OF MANU. 11.02.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU047626	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.04.2018
NATURE: 3P 06.04.2018

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC 673Y CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 673Y

Name of Service Advisor

Date

To be kept by Security Guard