15/5/2010	CC 3 /AIG1800 6	965,4	LKK: IDAC:		
INS. CASE OWNER	ASSIGNN	IENT	12/14/	./	
Commence	Ealvin Doi: In	4/18	Date / Time :	08	
Surveyor:	401(11	-(-	Registered in Merimen: 164	18	
Pre-assign / CCU	FTE				
	SLB 6983X				
Insured Vehicle No		Claim No.	-		
Name of Insured	: UP	Policy No.	:	_	
Insured Tel No.	: HP:/	Make / Model	:		
Excess Sec II :S\$	D.O.A: 17 14 18	Place of Accid	lent :		
Is driver the owner	? (YES / NO) Nature of Accident :				
If NO, Driver Nan		OI GIA REPO	RT: YES / NO ; TP GIA REPORT: YES	S/NO	
Driver Tel N		Insured Liabili			
	- Mariana - Mari				
544381	<u> </u>				
INSRS: AND	INSRS:	INSRS:	INSRS:		
INSRS: WYNE	WSP:	WSP: Tel :	WSP: Tel:		
Tel: U	Tel: Liability:	Liability:	Liability:		
RMKS:	RMKS:	RMKS:	RMKS:		
Date/ Time					
	949781ax+ 94847x	- P	STAGE DA'	TE / 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:	1 -	
			Final Repair Bill:		
			Car Rental Invoice:		
			Towing Invoice		
			LTA/GIA:		
-			Medical Bill:		
			PIR:		
			Mandate/Reject Instruction:		
			LOD		
PRELIMINARY ADVICE	Date/Time: Sent By:		Payment Breakdown Form:	_ H	
RELIMINARI ADVICE	Sent by:		Post-Repair Photos: 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:	% (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): LOR only LOU only	S\$ (\$ x days) LOR + LOU LOR + LOI [Tick only one]				
GIA/LTA Search	S\$				
Medical:			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		
Pavee 1:	S\$ Name 1:				

Name 2: Name 3:

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)

S\$ S\$

(08/11H3) REF:	
Pure W: Kalvin	
ASSI	GNMENT
From: Date:	Veh No: SHA 3819 1 Yr Regn: 1811
Estima£ ©lCost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tar / Prime Mover /
OD ITP INS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insp ed Vehicle No:	Make: Make: Make: C.c 1991 Colour Blue A/C: Inspect / Std / NI / NA
at Worl≪ shop m/s	Colour A/C: Insighed / Std / NI / NA
of	Sp.Reading Z 160 27 T/Radio: Ins Gred / Std / NI / NA
Insured:	Eng/No:
Policy Na	C/No: KM HET 4/VMBA 820523
Claims No.	Gen. Cond: Good / Far / Poor / Burnt
Suminsuled: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorger Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STØ A/Rim or
	Tyre Size; F: 215/65R16
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or . Weyl (Ma
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 1 mm R/Bal. 1 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est.Repairs: days Res.: Yes or No	D.O.A. 13/4/-8
LumSum: % 3 Val.: Yes or No	Survey held at CD4E (Loyeag)
CA / REV / REP. / 24 HRS	Des, of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	us.
	AZq
- I	45.
,	
**	
	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	
	: Interview (\$) Photos
to w	



member of COMFORTDELGRO

Date/Time: 13.04.2018 14:44

Page: 1

JOB CARD Sales Order: 3817604 JC NO305141561 am: ARC Repair TP(CLSO)1 REGN NO.: SHA3819K MILEAGE OMER COMFORT TRANSPORTATION PTE LTD MAKE : HYUNDAI FUEL S 7010045 OMERNO. 383 SIN MING DRIVE E.....1/2..... MODEL SONATA 13.04.2018 02:25 Singapore SINGAPORE 575717 65508755 TARGET DATE YR OF MANU. 30.12.2011 (R) (O) COMPLETION DATE/TIME: CHASSIS CODE KMHET41VMBA820523 DUNT CARD NO.

JOB DESCRIPTION

ccident Date: 13.04.2018 ATURE: 3P 13.04.18/C

NO

LABOR CODE

23-01

DESCRIPTION
TOWING FEE- KING DOLLY

CKED & PASSED OUT BY:				
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	CUSTOMER'S SIGNATURE	
ledgement Slip		Exit Pass		
No.: SHA3819K	JU AIG LKK	Vehicle No.: SHA3819K		
of Service Advisor	Signature/Date	Name of Service Advisor Date To be kept by Security Guard		



A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd





JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: 13/0 4/2019 Time Received: 05 19	3. Vehicle Type:	[4.]	Type of Towing:
2. New SPARK Kakis Name of Customer : NR KOH Contact No. : 96266357	Private Taxi (CTI Fleet STK (Box	PL/CCPL) on Lay)	Normal Tow King Dolly Flat Bed Crane-up
Vehicle No. : SHA 36 19K. Make/Model/Colour: 740 Email :	5. Nature of Ser Jumpsta Recover Change	rt	Parts Replaced/Remarks:
7. Location: AMPINES AVE 7 9. Preferred Workshop: Braddell Loyang Sin Ming Sungei Kadut Senoko Komoco (UBI / Leng Kee) Others:	Pandan Ubi Cycle & Carriage	8. Vehicle Tow - Smoky Example Overheati Brake Fat Starting F Accident Return Ta	khaust
10. Odometer Reading :	11. Ra	adio / CD Player OK Faulty Not tested	PROUED BORNESS
12. Tow Truck / Recovery Van : VRS QA Name of Driver : WANG YUAV Vehicle No. : YP\$480 Time Dispatch : D515 Time of Arrival : D5146	~ TO	SHUN OTHERS DWING	#: Cracked X: Dented /: Scatched O: Missing
Time Completed : 66.18			Signature of Customer
Cash Invoice Details (if applicable)			
13. Cash Invoice No. :			
- Land Comment of the	SPARK Car Care™ will not	be held liable for such losses vith the repairs in SPARK Car	3.
Name of Attending Staff/Guard Date & T	ime of Arrival	Signature of	Attending Staff/Guard