15/5/2010

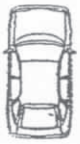
INS. CASE OWNER: CC 3 / LCR 1800 7103 / Klwa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: AWK | DOI: 16.04.18 | Date / Time : 16.04.18

Registered in Merimen: 17.04.18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 1023Y | Claim No. :

Name of Insured : | Policy No. :

Insured Tel No. : | HP: | Make / Model :

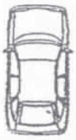
Excess Sec II :S$ | D.O.A : 14.04-18 | Place of Accident :

Is driver the owner? (YES / NO) | Nature of Accident :

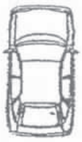
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : | (V/L: YES / NO) | Insured Liability : % | **Final ? Yes / No**

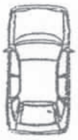
SHB 3682G → ______ → ______ → ______



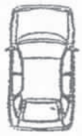
INSRS:
WSP: Cng Hoyang.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB3682G X;
	SLL1023Y, CC1/LCR170184427 / kwb357; DOA. 14/09/17

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:	

(08/4 1n3)
Surveyor: Kalvin

REF:

ASSIGNMENT

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

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: SHB3682G Yr Regn: 30 Oct, 2014
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Hyundai Z40 c.c 1685
Colour Yellow A/C: Insured / Std / NI / NA
Sp.Reading 525224 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: KMHLB414AF00 61822
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: 205/60 R16
R:
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Wl

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	14/4/18		D.O.I.	16/4/18	

Survey held at CDGE (Loyang)
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or M's Bro
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	AZh
	4/5.

Date/Time, File Pass to? : Prell. Report
1) : Final Report
Date/Time, File Return to?
2)

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: 16.04.2018 08:57 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO 305141797

STOMER	REGN NO.: SHB3682G / MILEAGE
R/MS CITYCAB PTE LTD	MAKE: HYUNDAI / FUEL E.....1/2.....F
STOMER NO. 7010070	MODEL: I-40 / DATE/TIME IN 14.04.2018 15:15
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU.: 30.10.2014 / TARGET DATE
L. (R) 65551188 (O)	CHASSIS CODE: KMHLB41UMFU061822 / COMPLETION DATE/TIME:
(P)	
SCOUNT CARD NO.	

JOB DESCRIPTION

LHS

Accident Date: 14.04.2018
NATURE: 3P 14.04.2018

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHB3682G CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB3682G

Name of Service Advisor

Date

To be kept by Security Guard