15/5/2010

INS. CASE OWNER: CC 4/LPC1800 7231, K1ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: AWK DOI: 18/4/18 Date / Time : 18/4/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJF 7041K		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 16/4/18	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**

1pd

SHA 2545 G ⟶ ⟶ ⟶

INSRS: WSP: CDLE Lyons Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 2545 G - CC3/1111 6015843/K1y6357, DOA 17/4/18
	SJF 7041K. X

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$ (S$ x days)		
Loss of Income (LOI):	S$ (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:	

(06/11M3)

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: SHA 2545H Yr Regn: 29 Dec 2016

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

Make: Hyundai Z40 c.c 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 199812 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41GMHU09 7692

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 Hankook

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

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	Loapac PIP

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

ComfortDelGro Engineering Pte Ltd
Workshops
69 Loyang Drive Singapore 508965
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758135
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 18.04.2018 09:03 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO 305143180

STOMER	VARS
R/MS	COMFORT TRANSPORTATION PTE LTD
STOMER NO.	7010045
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
L. (R)	65508755 (O)
(P)	
SCOUNT CARD NO.	

REGN NO.: SHA2545G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 16.04.2018 21:00
YR OF MANU.: 29.12.2016	TARGET DATE
CHASSIS CODE: KMHLB41UMHU097692	COMPLETION DATE/TIME:

B

JOB DESCRIPTION

Accident Date: 16.04.2018
NATURE: 3P 16.04.2018

S/NO	LABOR CODE	DESCRIPTION
	LONPAC / taxi	Rear damage

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHA2545G LARRY

Larry Ng

e of Service Advisor Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA2545G

Name of Service Advisor Date

To be kept by Security Guard