15/5/2010

INS. CASE OWNER: Stacy | CC 4 / ASM1800 7286 / K1ea3 | LKK: IDAC: 40671

ASSIGNMENT

Surveyor: KALVIN DOI: 18/04/18 Date / Time : 18/04/18

Registered in Merimen: ——

Pre-assign / CCU / FTE

Insured Vehicle No. :	GX190A	Claim No. :	S8M00EGS
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 17/04/18	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**

SHA 4255E → ______ → ______ → ______

INSRS: WSP: Diverloyans. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA4288E. CO3/TM1150 16781/ 1119bn7 ; DOA: 5/10/15
	GX190A. CS/CA11 400 7964/ U16bdt ; DOA: 26/04/14

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:	

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 4255E Yr Regn: 22 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 202863 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41CMH409730O

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 _____

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	17/4/18	D.O.I.	18/4/18

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	AxA
	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

Date/Time: 17.04.2018 16:20 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO: 305143024

STOMER	REGN NO.: SHA4255E	MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010045	MODEL I-40	DATE/TIME IN 17.04.2018 11:40
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 22.12.2016	TARGET DATE
L. (R) 65508755 (O) (P)	CHASSIS CODE KMHLB41UMHU097300	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 17.04.2018
NATURE: 3P 17.04.2018

S/NO	LABOR CODE	DESCRIPTION
	AXA-	taxi Right Rear damage

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHA4255E LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4255E

Name of Service Advisor

Date

To be kept by Security Guard