| INS. CASE OWNER: | CC3 / LCR 1800 1860 / Klp9's | LKK: |
| | | IDAC: |

ASSIGNMENT

Surveyor: _AWK_ DOI: _22/4/8_ Date / Time: _23/4/18_

Registered in Merimen: _24/4/18_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SLM 7079 S_ Claim No. : _____

Name of Insured : _____ Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : _22/4/18_ 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**
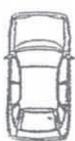
SHA 3091 S → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CDLE loyau	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 3091S, CC3/IN1700376U/71wb3q? iDOA: 21/7/1?	Non-Reporting ltr (1st):	
	SLM 7079 S, CC3/LCR17011UP61/HE(pg3q? ·DOA 2/6/17·	Non-Reporting ltr (2nd):	
	~CC4/LCR17076U06/(Cpg3q?, DOA: 17/1010	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:	

| **PRELIMINARY ADVICE** Date/Time: | 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):	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

Surver Mr: Kelvin   REF:

ASSIGNMENT

From:	Date:	
Estimated Cost		

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

To Inspect Vehicle No: _____

at Workshop n/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.

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHA 309 S**   Yr Regn: 13 Dec, 2012

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

Make: Hyundai Santa   c.c 1991

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

Sp.Reading: 670490   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **KMHET41VMCA831656**

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: 215 / 6 R16

R: _____

	N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or   Hankok

Front		Rear	
R/Bal. 7	mm	R/Bal. 7	mm
L/Bal. 7	mm	L/Bal. 7	mm
D.O.A. 22/4/8		D.O.I. 23/4/18	

Survey held at   CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	AZG
	42

Date/Time, File Pass to?   [ ] : Prell. Report   Days Of Repair: _____

1) _____   [ ] : Final Report   Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____   Add Fee: [ ] : Site Insp ($_____)

[ ] : Interview ($_____)

Survey Fee:
Transportation:
S + RS, SI
Photos
Others

COMFORTDELGRO ENGINEERING

member of **COMFORTDELGRO**

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Workshops
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383 Sin Ming Drive Singapore 575717   7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286   6 Defu Avenue 1 Singapore 539537

Date/Time: 23.04.2018 12:03   Page : 1

am: AE   ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: JC NO 305144756

CUSTOMER		REGN NO. SHA3091S	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD		MAKE : HYUNDAI	FUEL E..............1/2..............F
OMER NO. 7010045 383 SIN MING DRIVE		MODEL SONATA	DATE/TIME IN 22.04.2018 12:20
RESS Singapore SINGAPORE 575717 65550875		YR OF MANU 13.12.2012	TARGET DATE
(R) (O) (P)		CHASSIS CODE KMHET41VMCA831656	COMPLETION DATE/TIME:
OUNT CARD NO.			

Accident Date: 22.04.2018
ATURE: 3P 22.04.18

JOB DESCRIPTION

AIG

/NO	LABOR CODE	DESCRIPTION

— REAR —

CKED & PASSED OUT BY: _____

_____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

ledgement Slip   ✂ Exit Pass

No.: SHA3091S   FZ AIG   Vehicle No.: SHA3091S

of Service Advisor   Signature/Date   Name of Service Advisor   Date

turned to Service Reception upon collection   To be kept by Security Guard