

INS. CASE OWNER:

CC3 /EQ1800 7983, F2 m63

LKK:

IDAC:

Surveyor:

Edwin

DOI:

ASSIGNMENT

7014/18

Date / Time :

7014/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

STF 8976B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SKA 73497



INSRS:

WSP:

Tel :

Liability :

RMKS:

WBE
y

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SKA 73497 - 05/11/2016 17:58 / 17:00 17:58 / 8/11	Non-Reporting ltr (1st):	
STF 8976B - 04/11/2016 09:45 / 16:4 00:16 / 6/11	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: _____

Estimate Cost

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Work Shop No: _____

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 Rpt: _____ 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 73492Yr Regn: 31 Dec 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / T₀ / Prime Mover /

Truck / Trailer or

Make: HyundaiC.C. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 565238

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLD841UMF4062637

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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 Waltham

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 27/4/8D.O.I. 30/4/8Survey held at CDGE (Layang)

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

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

Date / Time	Action / Instruction
2/5/18	Labour 4/5 \$250 / 2 hrs. EQ 4s

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Other:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. (\$

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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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
323 Hill Road Singapore 100869

Date/Time: 30.04.2018 08:11

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305154298

OMER	REGN NO. SHA7349Z	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE HYUNDAI	FUEL
OMER NO. 7010045	MODEL I-40	E.....1/2.....F
RESS 383 SIN MING DRIVE	YR OF MANU. 31.12.2014	DATE/TIME IN 27.04.2018 15:35
Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMFU062637	TARGET DATE
65508755 (R) (O) (P)		COMPLETION DATE/TIME:
UNT CARD NO.		

cident Date: 27.04.2018
ATURE: 3P 27.04.18

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION

ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHA7349Z LIMITS

Vehicle No.: SHA7349Z

ervice Advisor

Signature/Date

Name of Service Advisor

Date

ned to Service Reception upon collection

To be kept by Security Guard