15/5/2010

INS. CASE OWNER: CC3 / CTI 1800 7990 / K1mn3

LKK:

IDAC:

ASSIGNMENT

Surveyor: AWK

DOI: 30/4/18

Date / Time : 30/4/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GZ9758T

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 28/4/18

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

SH8264K → ______ → ______ → ______

INSRS: WSP: Tel : OGLF loyers. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH8264K, NS/MC1 70329961/ K1vbn2 ; DOA: 03/1/17
	GZ9758T - CS/MS G1 6013965/Agh3n2 ; DOA: 25/2/2016

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:	

08/11/18

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp ed 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH 8264K Yr Regn: 10 Mar 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 364036 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41AAGU085510

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD Rim or _____

Tyre Size; F: 205/60 R16

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.	28/4/18	D.O.I.	30/4/18

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction	
8/5/18	Extend P/P $3916.16 / 2 days.	CTZ
		P/P

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 ($ _____)

☐ : Tech ... ($ _____)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 30.04.2018 09:37 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO: 305154630

STOMER

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

COUNT CARD NO.

REGN NO.: SH 8264K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 28.04.2018 11:45
YR OF MANU. 10.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU085510	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.04.2018
NATURE: 3P 28.04.18

T/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SH 8264K JU CHINA

Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8264K

Name of Service Advisor

Date

To be kept by Security Guard