15/5/2010

INS. CASE OWNER: | CC 3 / AIG1800 8387 / K1ma3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Awk   DOI: 7/5/18   Date / Time : 7/5/18

Registered in Merimen: 8/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJL 484 E		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 5/5/18	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**

PB1

SH8064X → ______ → ______ → ______

INSRS: WSP: CDGF loyang. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SH8064X - CC3 / 111 / 7003980 / 1416792; DOA: 23/2/17	**STAGE** **DATE / PIC**
	SJL 484 E - X	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: _____

Estimate dtd: _____

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

To Insp @ 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: SH 8064X Yr Regn: 5 Apr 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 45620 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMCA822042

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: 215/60R16

R: "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	5/5/18	D.O.I.	7/5/18

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
11/5/18	Informed 4/S $800/ 2 Day. AZH 4/S

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

OMFORTDELGRO
ENGINEERING
member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
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: 07.05.2018 10:31 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3822418

JC NO: 305157229

OMER

IS COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO.
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

OUNT CARD NO.

REGN NO.: SH 8064X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: SONATA	DATE/TIME IN: 05.05.2018 19:45
YR OF MANU: 05.04.2012	TARGET DATE
CHASSIS CODE: KMHET41VMCA822042	COMPLETION DATE/TIME:

ccident Date: 05.05.2018
ATURE: 3P 05.05.18/B

JOB DESCRIPTION
REAR

AIG

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

e No.: SH 8064X FZ AIG LKK

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8064X

Name of Service Advisor

Date

To be kept by Security Guard