15/5/2010

INS. CASE OWNER: | CC 3 / AIG1800 8388 , Klea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Awk | DOI: 7/8/18 | Date / Time : 7/8/18 | Registered in Merimen: 8/8/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKH 3752X

Name of Insured :

Insured Tel No. : | HP:

Excess Sec II :S$ | D.O.A : 5/8/18

Is driver the owner? (YES / NO) | Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : | (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

DBJ

SH 9545 T → ____ → ____ → ____

INSRS: WSP: CD LG Tel : Liability : loyang. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH9545T - C / TP 17024807 / Pqm3XX ; DOA 19/12/17
	SKH3752X - X

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: _____

Estimate/Cost _____

OD / TP / MS / 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 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 9545T Yr Regn: 5 Jly 2017

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

Make: Toyota Prius c.c 1798

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

Sp.Reading 126791 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKBJFU4035 61638

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: 195/65R15

R: "

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

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 Ms.

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

Date / Time	Action / Instruction
9/5/18	Contract's P/P $3091.55 / 3 Days. AZH PIR

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

LRK

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

R9

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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: 05.05.2018 10:22 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: (Sat)

JC NO 305156889

OMER

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

OUNT CARD NO.

REGN NO.: SH 9545T	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)05.05.2018 08:35	DATE/TIME IN
YR OF MANU.: 05.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU403561038	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 05.05.2018
ATURE: 3P 05.05.18

/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SH 9545T LIMTS

Service Advisor Signature/Date

Exit Pass

Vehicle No.: SH 9545T

Name of Service Advisor Date