15/5/2010

INS. CASE OWNER:

CC 4/AXA1800 8580, F2463

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kalvin

DOI: 9/5/18

Date / Time : 9/5/18

Registered in Merimen: 11/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 5139R	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 6/5/18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

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

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

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

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

SHC 569R → ______ → ______ → ______

INSRS: CAKE WSP: vy. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC569R-4 SHC5139R-4

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:	

06/11/13 [illegible]
Survey Mr: Kelvin

REF: CS/QW18008580/Klvb

ASSIGNMENT

From: Date:
Estimated Cost
OD / TP IWS /TP RES / OD RES / EVA / INV / MV
To Insp Vehicle No:
at Workshop m/s
of
Insured:
Policy No.
Claims No.
Sum Ins Ured: 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: SHC569R Yr Regn: 26 Nov, 2015
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Hyundai Ixo c.c 1685
Colour Yellow A/C: Insured / Std / NI / NA
Sp.Reading 328913 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: KMHLB414AG4080712
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: 205/60R16
R: "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Campeon

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	6/5/18	D.O.I.	9/5/18

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
	SHC569R - CS/FCL16021815/Tlgh3m2 AXA P/P

Date/Time, File Pass to? : Preli. Report
1) : Final Report
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:
Add Fee: : Site Insp ($) : Interview ($) : Tech [illegible] ($)

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: 07.05.2018 10:21 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO: 305157227

STOMER	REGN NO.: SHC 569R	MILEAGE
/MS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010070	MODEL: I-40	DATE/TIME IN 06.05.2018 08:45
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU.: 26.11.2015	TARGET DATE
.. (R) 65551188 (O) (P)	CHASSIS CODE: KMHLB41UMGU080712	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 06.05.2018
NATURE: 3P 06.05.2018

S/NO	LABOR CODE	DESCRIPTION

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC 569R CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 569R

Name of Service Advisor

Date

To be kept by Security Guard