

INS. CASE OWNER:

CC3 / 161800 8866 , Plwa3

LKK:

IDAC:

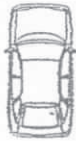
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 115-18

Make / Model :

Excess Sec II : S\$ D.O.A: 115-18

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

INSRS:
WSP: what body
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
Date/ Time: 15/5/18 Insured Vehicle No.: SJX 5877 J Claim No.: Policy No.: Make / Model : 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 INSRS: WSP: what body Tel : Liability : RMKS:	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: Confirm 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\$		
Disbursement: S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost: S\$		2) Report Format:
Total: S\$	Global Sum S\$:	3) Survey fee:
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: Mr. Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate ☒ Cost

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

To Insp ☒ Vehicle No: _____at Work ☒ Shop mts

of _____

Insured: _____

Policy No. _____

Claims ☒ No.Sum Ins ☒ d: _____

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: SHC 3082HYr Regn: 27 Mar 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Ix0c.c. 1685Colour: BlueA/C: ☒ Insured / Std / NI / NASp. Reading: 474302T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB44ME4 052940

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 / Rim or

Tyre Size: F: 205 / 60 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or WesPac

Front

Rear

R/Bal. 7

mm

R/Bal. 7

mm

L/Bal. 7

mm

L/Bal. 7

mm

D.O.A. 11/5/18D.O.I. 14/5/18Survey held at CDGE (Loyang)

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech insp (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609288 6 Defu Avenue Singapore 539567
328 Ubi Road Singapore 408645

Date/Time: 12.05.2018 12:19 Page: 1

member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3823944

JC NO.: 305159435

TOMER
COMFORT TRANSPORTATION PTE LTD
MS 7010045
TOMER NO 383 SIN MING DRIVE
RESS Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

COUNT CARD NO.

REGN SHC3082H

MILEAGE

MAKE HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

12.05.2018 09:50

YR OF 07/03.2014

TARGET DATE

CHASSIS SHC3082H UMEU052940

COMPLETION DATE/TIME:

Accident Date: 11.05.2018
NATURE: 3P 11.05.18/B-

JOB DESCRIPTION

AIG

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

o.: SHC3082H JU AIG

Vehicle No.: SHC3082H

File No.:

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard