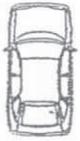


Surveyor: NAZ DOI: 15/5/18 Date / Time: 15/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 45760 Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 13/5/18 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

SAC 3104D



INSRS:
WSP: CDLB 10yars.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SAC 3104D - CS/les 1700 (637) H19 b2 ; D.O.A: 23/1/17
SLK 45760 - 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)	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>
PIR:	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>
LOD	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>
Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 17/5 Sent By: [Signature]

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)

Legal Cost S\$ _____

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: _____

NA2

REF:

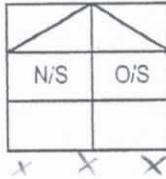
COMPAC

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m.s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHC 3104D / Page: FEB 2014
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI 140 DO 1582
 Colour: BLUE A.O. Insured / Std / Nil / NA
 Sp. Reading: 768,397 Radio: Insured / Std / Nil / NA
 Eng' No: _____
 Cr No: KMALB41UMEU047560
 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: 11

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WESTLAKE
 Front 6 mm R/Bal. 6 mm
 L/Bal. 6 mm R/Bal. 6 mm
 D.O.A. 13/5/18 D.O.I. 15/5/18
 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.

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

Date / Time	Action / Instruction
21/5/18	FINALIZED LUMP SUM \$1,250.00 / 2 DAYS

Date/Time File Pass to: : Preli. Report
 : Final Report
 Date/Time File Return to: _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: Site Insp \$
 Inter. \$
 Tech. \$
 Vehicle \$
 Report Format: _____
 Lump Sum / I.B.: \$ _____

LOWPAC L/S

A member of COMFORTDELGRO

Date/Time: 14.05.2018 17:21 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305160200

CUSTOMER VMS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L. (R) 65508755 (O) (P) ACCOUNT CARD NO.	REGN NO.: SHC3104D	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 14.05.2018 13:30
	YR OF MANU. 11.02.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU047560	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.05.2018
NATURE: 3P 13.05.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip Vehicle No.: SHC3104D CHIANG Signature/Date	Exit Pass Vehicle No.: SHC3104D Name of Service Advisor Date	To be kept by Security Guard	

Returned to Service Reception upon collection