

INS. CASE OWNER:

CC 3 / LOR 1800 9535 / Kija3

LKK:

IDAC:

Surveyor:

hmk

DOI:

ASSIGNMENT

24/5/18

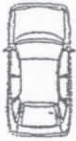
Date / Time:

24/5/18

Registered in Merimen:

25/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG79565

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS D.O.A : 23/05/2018

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

SH7849E



INSRS:

WSP:

Tel:

Liability:

RMKS:

CWO Lyons



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SH7849E - 25/05/2018 23:47:49 / Kija3 2009: 18/12/18
SLG79565 - 24/05/2018 20:57:56 / Kija3 2009: 21/3/17

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

108/1113

Q Invt: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

OC / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop 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 Report: _____ 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: SH 7849E Yr Regn: 14 May 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / T₀ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 cc: 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 421274 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MF406895XGen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / 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 Weld

Front

Rear

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 23/5/18 D.O.I. 24/5/18Survey held at (DGE (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

AZA

45.

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408648

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

member of COMFORTDELGRO

Date/Time: 24.05.2018 10:08

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305163869

OMER

REGN NO:

SH 7849E

MILEAGE

IS COMFORT TRANSPORTATION PTE LTD

OMER NO 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

23.05.2018 16:45

DATE/TIME IN

YR OF MANU

14.05.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU068954

COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.05.2018

ATURE: 3P 23.05.18

NO

LABOR CODE

DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SH 7849E

FZ AIG

Vehicle No.:

SH 7849E

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard