INS. CASE OWNER:

CC 3/AIG1801 0177 , KIub3

LKK:

IDAC:

Surveyor: Kalvin

ASSIGNMENT

DOI: 4/6/18

Date / Time : 4/6/18

Registered in Merimen: 5/6/18

Pre-assign / CCU / FTE

SFB 3442Y

Insured Vehicle No. :

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 1/6/18

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**

Unknown . → SEB 3442Y → SHB 4767R →

	INSRS:		INSRS:		INSRS: LDhE		INSRS:
	WSP:		WSP:		WSP: Ly		WSP:
	Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS: 01		RMKS: TP		RMKS:

Date/ Time			STAGE	DATE / PIC
	SHB 4767R - 4		Non-Reporting ltr (1st):	
	SEB 3442Y - nm	ru18009A76/nm DON.1/6/18	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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:		
		Others:		

FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S$	(days) Reduction: %	Email	Call

FINAL SETTLEMENT	Date/Time:	Confirm with	Email	Cal
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 + LO [ ] [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	Cal
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		

(08_/1ll3)

Surveyor: Kalvin   REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To   Insp ed Vehicle No: _____

at Workshop m/s _____

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.

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: _____

Veh No: SHB 4267R Yr Regn: 2 Apr, 2015

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

Make: Hyundai I40 c.c 1685...

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

Sp.Reading: 511327 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MF4067877

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   Westlke

Front		Rear	
R/Bal. 7	mm	R/Bal. 7	mm
L/Bal. 7	mm	L/Bal. 7	mm
D.O.A. 24 1/6/8		D.O.I. 4/6/8	

Survey held at (PGE (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.

N/S	O/S

Vehicle: IN / OUT

Date / Time	Action / Instruction
	AZG
	C/S

Date/Time, File Pass to? [ ] : Prell. Report

1) _____ [ ] : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [ ] : Site Insp ($ _____)
         [ ] : Interview ($ _____)
         [ ] : Tech. Invs ($ _____)
         [ ] : Weekend ($ _____)

Survey Fee:	
Transportation:	
_S + RS___ SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO
ENGINEERING

. member of **COMFORTDELGRO**

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 609286   6 Defu Avenue 1 Singapore 539537
32 Toi Road 3 Singapore 508649

Date/Time: 04.06.2018 09:57   Page : 1

eam: ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: JC NO 305168940

TOMER		REGN NO.: SHB4267R	MILEAGE
MS · COMFORT TRANSPORTATION PTE LTD		MAKE : HYUNDAI	FUEL E...............1/2...............F
TOMER NO. 7010045			
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL I-40	DATE/TIME IN 02.06.2018 09:25
(R) 65508755 (O) (P)		YR OF MANU. 02.04.2015	TARGET DATE
OUNT CARD NO.		CHASSIS CODE KMHLB41UMFU067877	COMPLETION DATE/TIME:

AIG

JOB DESCRIPTION

ccident Date: 01.06.2018
ATURE: 3P 01.06.2018

/NO   LABOR CODE   DESCRIPTION

CKED & PASSED OUT BY:

_____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

vledgement Slip   Exit Pass

No.: SHB4267R   LKE   Vehicle No.: SHB4267R

of Service Advisor   Signature/Date   Name of Service Advisor   Date

eturned to Service Reception upon collection   To be kept by Security Guard