INS. CASE OWNER:		CC 3 UR /AIG1801 0277, F2wbb		LKK:
				IDAC:

ASSIGNMENT

Surveyor: __Kalvin__   DOI: __5|6|18__   Date / Time : __5|6|18__

Registered in Merimen: __6|6|18__

Pre-assign / CCU / FTE

Insured Vehicle No. : __SJW 1444G__   Claim No. : _____

__UR__   Policy No. : _____

Name of Insured : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ D.O.A : __3|6|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**

__SHA 4047P__ →

INSRS: __LOGE__	INSRS:	INSRS:	INSRS:
WSP: __W__	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SHA4047P +	SJW1444G -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)	
			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:		

Surveyor: Kalvin   REF:

ASSIGNMENT

From: Date:

Estimate Cost:

OD / TP INS / TP RES / OD RES / EVA / INV / MV

To   Insp 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

                            Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 4047P   Yr Regn: 31 May, 2011

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

Make: Hyundai Sonata   c.c 1991

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

Sp.Reading 392907   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41VMBA811413

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: 215/60 R16
            R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or   West Lake

Front		Rear	
R/Bal. 7	mm	R/Bal. 7	mm
L/Bal. 7	mm	L/Bal. 7	mm
D.O.A. 3/6/18		D.O.I. 5/6/18	

Survey held at   (PGE (Loyang)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
                  O/S Body

The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

Date / Time	Action / Instruction
	AZh
	4s

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

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

LumpSum / 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

ENGINEERING

ber 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
320 Ubi Road 3 Singapore 408619

Date/Time : 04.06.2018 15:57   Page : 1

IN   ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: JC NO 305169394

COMFORT TRANSPORTATION PTE LTD	**REGN NO.:** SHA4047P
NO 7010045	**MAKE:** HYUNDAI
383 SIN MING DRIVE	**MODEL** SONATA
Singapore SINGAPORE 575717	**YR OF MANU.** 31.05.2011
55508755 (O)	**CHASSIS CODE** KMHET41VMBA811413

MILEAGE
FUEL E...............1/2...............F
DATE/TIME IN 04.06.2018 12:25
TARGET DATE
COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 03.06.2018
E: 3P 03.06.18

LABOR CODE   DESCRIPTION

PASSED OUT BY: _____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

---

ent Slip   Exit Pass

SHA4047P   JU AIG   Vehicle No.: SHA4047P

e Advisor   Signature/Date   Name of Service Advisor   Date

o Service Reception upon collection   To be kept by Security Guard