15/5/2010

INS. CASE OWNER: | CC3 , AIG 180 10482, K1aa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN   DOI: 6/6/18   Date / Time : 6/6/18

Registered in Merimen: 7/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJS 5730A   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 5/6/18   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 7834 G → ______ → ______ → ______

INSRS: WSP: OI GIA lawyers. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA7834G - CC6/111/2006122/71wa397; DOA 28/3/17
	SJS5730A - 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:		☐
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$	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 ☐ 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 /11/1 3)

[redacted] Surveyor: Kalvin

REF:

ASSIGNMENT

Fr[redacted]om: ______ Date: ______

Es[redacted]timated Cost: ______

OD[redacted] /TP NIS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: ______

at [redacted] Workshop m/s ______

of ______

Ins[redacted]ured: ______

Pol[redacted]icy No. ______

Cla[redacted]ims No. ______

Sur[redacted] Insured: ______ Excess: ______

([redacted]lient's Record)

Mak[redacted]e of Veh: ______

(P[redacted]olicy Condition)

Rem[redacted]ark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. [redacted]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 7854G Yr Regn: 30 Jun, 2015

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

Make: Hyundai Z40 C.C: 1685

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

Sp.Reading: 276707 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHHBLB41UAG4075107

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 Westlake

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

Survey 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
8/6/18	Informed p/p $1125.48 / 2days. AZH

Date/Time, File Pass to?

1) ______

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech. Invs ($ ______)

☐ : Weekend ($ ______)

Report Format: ______

LumpSum / I.B.I: ($ ______)

Survey Fee:	
Transportation:	
__S + RS, __SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 06.06.2018 13:15 Page : 1

'eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3829890

JC NO 305170320

STOMER

/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
.. (R) 65508755 (O)
(P)

COUNT CARD NO.

REGN NO.: SHA7854G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 06.06.2018 09:15
YR OF MANU. 30.06.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU075107	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.06.2018
NATURE: 3P 06.06.18/B

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHA7854G FZ AIG LKK

e of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7854G

Name of Service Advisor

Date

To be kept by Security Guard