

15/5/2010

INS. CASE OWNER:

Ernest

CC 4/AXA1801 0404, F1463

LKK:

IDAC:

Surveyor:

Falvin

DOI:

ASSIGNMENT

7/6/18

Date / Time :

7/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJR 1170Y

Claim No. :

S8MOUJXH 150420

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

6/6/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHA 749E



INSRS:

WSP:

Tel :

Liability :

RMKS:

CBE
WY

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 749E-4

SJR 1170Y-4

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

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

(S x days)

Loss of Income (LOI):

\$S

(S x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[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

Cal

Payee 1:

\$S

Name 1:

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3:

Curry/Kalin

REF:

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: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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: **SHA 7419 E** Yr Regn: **5 Feb 2015**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai Z40** C.C. **1685**
 Colour: **Blue** A/C: **Insured** / Std / NI / NA
 Sp.Reading: **514811** T/Radio: **Insured** / Std / NI / NA
 Eng/No: _____
 C/No: **KMHLB414MP4064491**
 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 / A/Rim or
 Tyre Size: F: **205 / 60 R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Hyundai**
 Front _____ Rear _____
 R/Bal. **7** mm R/Bal. **7** mm
 L/Bal. **7** mm L/Bal. **7** mm
 D.O.A. **6/6/8** D.O.I. **7/6/8**
 Survey held at **CDHE (Loyang)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
s/s Ram
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

AXA
 U/s

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

) S + RS. SI
) Photos
) Others

Report Format :

COMFORTDELGRO ENGINEERING

A 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

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

328 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

6 Defu Avenue 1 Singapore 539537

Date/Time: 07.06.2018 10:06

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3830082

JC NO 305170732

STOMER

/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)
(P)

ICOUNT CARD NO.

REGN NO:

SHA7419E

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN 06.06.2018 14:05

YR OF MANU

05.02.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU064491

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.06.2018

NATURE: 3P 06.06.18/B

RIGHT REAR

AXA
SJR1170Y

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

By:

Date:

Vehicle No.: SHA7419E

FZ AXA

Name of Service Advisor

Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.:

SHA7419E

Name of Service Advisor

Date

To be kept by Security Guard