15/5/2010

INS. CASE OWNER: Cynthia | CC 4/ASM /~~AXA~~1801 0582, F1463 | LKK: IDAC:

ASSIGNMENT/

Surveyor: Falvin   DOI: 11/6/18   Date / Time : 11/6/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU5932L   Claim No. : S8M00K97 | 51057

Name of Insured : TEO CHIN SIANG   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 9/6/18   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**

SH0442K → ______ → ______ → ______

INSRS: UOI&GE WSP: CY Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH0442K – X SKU5932L – X
	#Smartclaim.
	– OINR, SENT OUT 1ST LETTER.

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 + 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 ☐ Call ☐
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:

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 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: SH0427K Yr Regn: 28/Sep/2012

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 363637 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41VMCA829563

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: 215/60 R16

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.	9/6/12	D.O.I.	11/6/12

Survey held at CDAE (Loyang)

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

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

Date / Time	Action / Instruction
	AxA U/s.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation ___S + RS. ___SI

Add Fee: ☐ : Site Insp ($) Photos

☐ : Interview ($)

☐ : Tech. Invs ($) Others

FORTDELGRO
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
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

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305173605

COMFORT TRANSPORTATION PTE LTD
NO. 7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

ARD NO.

REGN NO.: SHD4427K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: SONATA	DATE/TIME IN: 09.06.2018 15:50
YR OF MANU.: 28.09.2012	TARGET DATE
CHASSIS CODE: KMHET41VMCA829563	COMPLETION DATE/TIME:

JOB DESCRIPTION

ent Date: 09.06.2018
E: 3P 09.06.18

LABOR CODE DESCRIPTION

PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

SHD4427K JU AXA

e Advisor

Signature/Date

o Service Reception upon collection

Exit Pass

Vehicle No.: SHD4427K

Name of Service Advisor

Date

To be kept by Security Guard