

15/5/2010

INS. CASE OWNER:

CC 3 / AIG1801 0686, K2ybn

LKK:
IDAC:

Surveyor:

Falin

DOI:

ASSIGNMENT

11/6/18

Date / Time:

11/6/18

Registered in Merimen:

12/6/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLQ 2581U

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

8/6/18

Make / Model :

Excess Sec II : \$\$

D.O.A :

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

SKH 612U



INSRS:

WSP:

Tel :

Liability :

RMKS:

COBE
m

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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: \$\$	(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: \$\$		
Loss of Rental (LOR): \$\$	(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: \$\$		
Medical: \$\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost: \$\$		3) Survey fee:
Total: \$\$	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: \$\$	Name 1:	
Payee 2: (Strike if N.A.) \$:	Name 2:	
Payee 3: (Strike if N.A.) \$:	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.

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 61214

Yr Regn:

914, 214

Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /

Truck / Trailer or

Make:

Hundai 24-

C.C

1682

Colour

Bhe

A/C:

Insured / Std / NI / NA

Sp.Reading

721770

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KM H60414ME4056077

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:

205/60 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

8/6/8

D.O.I.

11/6/8

Survey held at

CDHE (Loyang)

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

MS Frnt.

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

) S + RS. SI

) Photos

) Others

Report Format :

ASH
41

ber of COMFORTDELGRO

Date/Time: 11.06.2018 12:05

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ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305173630

COMFORT TRANSPORTATION PTE LTD
VO. 7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

ARD NO.

REGN NO: SHA6121U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 11.06.2018 09:55
YR OF MANU. 09.07.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU056077	COMPLETION DATE/TIME:

JOB DESCRIPTION

ent Date: 08.06.2018
E: 3P 08.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHA6121U

JU AIG

Vehicle No.:

SHA6121U

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard