

15/5/2010

INS. CASE OWNER:

CC 3/CTI1801

LKK:

IDAC:

Surveyor:

kalvin

DOI:

ASSIGNMENT

Date / Time :

11/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YP 1570J

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

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

SH 7191T



INSRS:

WSP:

Tel :

Liability :

RMKS:

CUBE
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SH 7191T - X	Non-Reporting ltr (1st):	
YP 1570J - Y	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:	

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 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: **SH 7191 T** Yr Regn: **26 / 12 / 2017**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Toyota Prius** C.C. **1718**
 Colour: **Blue** A/C: **Insured** / Std / NI / NA
 Sp. Reading: **105506** T/Radio: **Insured** / Std / NI / NA
 Eng/No: _____
 C/No: **JTDK03F4703560661**
 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: **195/65R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Wet / 16**
 Front **7** mm R/Bal. **7** mm
 L/Bal. **7** mm L/Bal. **7** mm
 D.O.A. **9/6/18** D.O.I. **11/6/18**
 Survey held at **CDHE (Loyang)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear M/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) Date/Time, File Return to?
 2) _____

Report Format :

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

☐ S + RS ☐ SI
☐ Photos
☐ Others

CTZ
 P/P

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537
329 Lorong 3 Singapore 508686

Date/Time: 11.06.2018 09:42

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC N0305173517

CUSTOMER

VMS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

L (R) 65508755 (O)
(P)

SCOUT CARD NO.

VARS

REGN NO:

SH 7191T

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)09.06.2018 11:15

DATE/TIME IN

YR OF MANU.

26.07.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU703560661

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.06.2018

NATURE: 3P 09.06.2018

C / NO

LABOR CODE

DESCRIPTION

CHINA - taxi Rear damage
LICK/Kalvin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

By:

Signature:

Vehicle No.:

SH 7191T

LARRY

Larry Ng

Exit Pass

Vehicle No.:

SH 7191T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard