

15/5/2010

INS. CASE OWNER:

CC 3/CTI1801 0898, F7eb3

LKK:

IDAC:

Surveyor:

Ealvin

DOI:

ASSIGNMENT

17/6/14

Date / Time :

17/6/14

Registered in Merimen:

Pre-assign / CCU / FTE

YN 9590J.



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

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



INSRS:

WSP:

Tel :

Liability :

RMKS:

0066

WJ



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SH 8215C	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): \$\$	(\$ x days)	
Loss of Income (LOI): \$\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search: \$\$		
Medical: \$\$		
Disbursement: \$\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost: \$\$		2) Report Format:
		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:	

Amey

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: **SH 8215C** Yr Regn: **14 May 2015**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai I40** C.C. **1685**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **510618** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMHLB414MF4068968**
 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: **205/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Westlake**
 Front _____ Rear _____
 R/Bal. **2** mm R/Bal. **2** mm
 L/Bal. **2** mm L/Bal. **2** mm
 D.O.A. **12/6/8** D.O.I. **13/6/8**
 Survey held at **CDHE (Loyang)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction _____

CTI
4

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

A member of COMFORTDELGRO

Date/Time: 12.06.2018 16:55

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305174602

ISTOMER

COMFORT TRANSPORTATION PTE LTD
7010045

ISTOMER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717

DRESS 65508755 (O)
(P)

SCOUNT CARD NO.

REGN NO.: SH 8215C

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 12.06.2018 11:20

YR OF MANU. 14.05.2015

TARGET DATE

CHASSIS CODE KMHLB41UMFU068968

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.06.2018

NATURE: 3P 12.06.2018

S/NO

LABOR CODE

DESCRIPTION

CHINA - taxi Rear Left damage
LKK/Kahni -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 8215C LARRY

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard