

15/5/2010

INS. CASE OWNER:

Richard | CC 4 <sup>HSM</sup> / AXA1801 1102, ELFB3

LKK:  
IDAC:

Surveyor: Kalwin DOI: ASSIGNMENT 18/6/18 Date / Time: 19/6/18  
Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SKB 97296 Claim No. : S8m00f20/52088  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: 14/6/18 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 : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : % Final ? Yes / No



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

WGS  
W



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SKB 97296 - 15/6/18 09:06 / Add on - 1/6/18</u>	Non-Reporting ltr (1st):	
<u>SEP 97296 - X</u>	Non-Reporting ltr (2nd):	
<u>* Grant claim.</u>	Non-Reporting ltr (Final):	
<u>- OVRK.</u>	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm 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\$ \_\_\_\_\_ (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  Call   
Payee 1: S\$ \_\_\_\_\_ Name 1: \_\_\_\_\_  
Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_

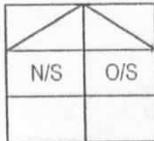
*Kalin*

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: \_\_\_\_\_

Veh No: *SHB 39997* Yr Regn: *31 Aug 2012*  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: *Mercedes Benz* C.C. \_\_\_\_\_  
 Colour: *white* A/C: Insured / Std / NI / NA  
 Sp. Reading: *554941* T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: *WDD2120022A671117*  
 Gen. Cond: *Good* / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / *SD* A/Rim or \_\_\_\_\_  
 Tyre Size: F: *205/60R16*  
 R: \_\_\_\_\_



(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or *Wettk*

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  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. *7* mm R/Bal. *7* mm  
 L/Bal. *7* mm L/Bal. *7* mm  
 D.O.A. *14/6/08* D.O.I. *12/6/08*  
 Survey held at *CDHE (Loyang)*  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
*O/S Rear*  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<i>AXA</i>
	<i>4s</i>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format : \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  : S + RS (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  : Photos  
 : Tech. Invs (\$ \_\_\_\_\_)  : Others

# COMFORTDELGRO ENGINEERING

## ComfortDelGro Engineering Pte Ltd

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**Workshops**  
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383 Sin Ming Drive Singapore 575717      7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609286      6 Delu Avenue 1 Singapore 539537  
320 Ubi Road Singapore 508619

A member of COMFORTDELGRO

Date/Time: 16.06.2018 12:01 Page : 1

Team: CK ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO: 305175942

CUSTOMER  CITYCAB PTE LTD 7010070 CUSTOMER NO 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 L. (R) (O) (P)	REGN NO. SHB3999T	MILEAGE
	MAKE MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E5)      16.06.2018 08:30	DATE/TIME IN
	YR OF MANU. 31.08.2012	TARGET DATE
	CHASSIS CODE WDD2120022A671117	COMPLETION DATE/TIME:
	SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 14.06.2018  
NATURE: 3P 14.06.2018

S/NO	LABOR CODE	DESCRIPTION
	AXA -	

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB3999T      LKE

Vehicle No.: SHB3999T

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard