INS. CASE OWNER: cc 3, cTI 180 (127, KIha3

LKK:

IDAC:

Surveyor: _____AwK_____ DOI: __2 o 6 18__   **ASSIGNMENT**

Date / Time : __2o/6/18__

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : __SJS 9506 E__

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S$ _____ D.O.A : __19-6-18__

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**

SHC 8664 X ⟶ _____ ⟶ _____ ⟶ _____

INSRS: INSRS: INSRS: INSRS:
WSP: CDye loyers.   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC8664 X - CC3/111/6006895/TIh03q2 ; DOA: 14.4.16	Non-Reporting ltr (1st):	
	- c14/M1/6017664/Uwb3q2 ; DOA 8/9/16	Non-Reporting ltr (2nd):	
	SJS 9506E - X	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 + LOI ☐   [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:

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 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:

Date / Time	Action / Instruction

Veh No: SHC 8664X   Yr Regn: 7 Jan, 2016

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: 29 0923   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB414AH4 083092

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: 205/60R16

R: 7

	N/S	O/S

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.	19/6/18	D.O.I.	20/6/18

Survey held at   CDAE (Loyang)

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

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

CTI
P/P

Date/Time, File **Pass** to?   ☐ : **Preli. Report**   **Days Of Repair:**

1)   ☐ : **Final Report**   **Resurvey No. of Trip:** _____   Survey Fee:

Date/Time, File **Return** to?   Transportation:

2)   **Add Fee:** ☐ : Site Insp ($ _____) ___ S + RS.___ SI

                         ☐ : Interview ($ _____) Photos

Report Format :   ☐ : Tech. Invs ($ _____) Others

COMFORTDELGRO ENGINEERING

, member of COMFORTDELGRO

Date/Time: 19.06.2018 16:50   Page : 1

:eam: ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: JC NO 305177402

TOMER	REGN NO.: SHC8664X	MILEAGE
/IS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E...........1/2...........F
TOMER NO. 7010045		
RESS 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 19.06.2018 13:20
Singapore SINGAPORE 575717		
(R) 65508755 (O)	YR OF MANU. 07.01.2016	TARGET DATE
(P) CHINA		
OUNT CARD NO.	CHASSIS CODE KMHLB41UMGU083092	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 19.06.2018
ATURE: 3P 19.06.2018

/NO   LABOR CODE   DESCRIPTION

CKED & PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

vledgement Slip   Exit Pass

No.: SHC8664X   LKE   Vehicle No.:   SHC8664X

_____   _____   _____   _____
of Service Advisor   Signature/Date   Name of Service Advisor   Date

:turned to Service Reception upon collection   To be kept by Security Guard