15/5/2010

INS. CASE OWNER: | CC4 /~~AX~~ Asm A1801 1307, EZp63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Edlvin DOI: 20/6/18 Date / Time : 21/6/18

Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No. : SDJ 12R. Claim No. : S8MOOLEP | 52726

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**

SHA 4893M → ____ → ____ → ____

INSRS: CDGE	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA 4893M — x
	SDJ 12R — CS/EG11607090X/ 1Z9h39 DOA=18/10/1
	# smartclaim.
	— OINR

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:	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:	

Surveyor: 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 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:

Veh No: SHA 4893M Yr Regn: 3 Oct / 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Prius c.c 1798

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 68920 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKBJFU503565096

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / 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 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 Ms Front

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

Date / Time	Action / Instruction
	AxA P/P

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

Report Format :

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 20.06.2018 11:18 Page : 1

am: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305177598

OMER S COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) OUNT CARD NO.	REGN NO.: SHA4893M MAKE : TOYOTA MODEL PRIUS HYBRID(G4) YR OF MANU.: 03.10.2017 CHASSIS CODE JTDKB3FU503565096	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 20.06.2018 11:00 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

:cident Date: 19.06.2018
\TURE: 3P 19.06.18/C

'NO LABOR CODE DESCRIPTION

:KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA4893M LIMTS

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4893M

Name of Service Advisor

Date

To be kept by Security Guard