15/5/2010

INS. CASE OWNER: CC4 / ASM 180 11494, K1wa3

LKK: 53372
IDAC:

ASSIGNMENT

Surveyor: Awk DOI: 25/6/18 Date / Time: 25/6/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No.:	SKF 9846D	Claim No.:	S8MOV2SOV GX
Name of Insured:	Lio Yink Yong	Policy No.:	
Insured Tel No.:	HP: 96689826	Make / Model:	
Excess Sec II :S$	D.O.A.: 21/6/18	Place of Accident:	Marina Station Rd
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**

SHA7078E → ______ → ______ → ______

INSRS: WSP: Cheng Wyang. Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SHA7078E - CC3/CA11500 8484 / 1141wa3n2 ; DOA: 18/6/15
	-CC3/CU1500/501/K9bK3 ; DOA: 24/1/15
	SKF9846D - X

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: 26/6 Sent By: Yvn

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:	

(08/11/13)
Surveyor: Kalish | REF: ASM(AXA)

ASSIGNMENT

From: | Date: 25062018
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SHA 7078E
at Workshop m/s ComfortDelgro
of 59 Loyang Drive
Insured:
Policy No.
Claims No.
Sum Insured: | Excess:
(Client's Record)
Make of Veh:

(Policy Condition)

N/S	O/S

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:

Veh No: SHA 7078E | Yr Regn: 31 May, 2011
Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or
Make: Hyundai Sonata | c.c 1999
Colour: Blue | A/C: **Insured / Std / NI / NA**
Sp.Reading: 535686 | T/Radio: **Insured / Std / NI / NA**
Eng/No:
C/No: KMHET41VABA811x78
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: 215/60R16
R: "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Maxxis

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	21/6/18	D.O.I.	25/6/18

Survey held at CDGE (Loyang)
Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or
N/S Front

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

Date / Time	Action / Instruction
	AXA L/S

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

☐ **: Preli. Report**
☐ **: Final Report**

Days Of Repair:
Resurvey No. of Trip:

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

Survey Fee:
Transportation:
__S + RS.__SI
Photos
Others
TOTAL

Report Format :
Lump Sum / I.B.I: ($)

COMFORTDELGRO ENGINEERING

A 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: 22.06.2018 16:07 Page : 1

Team: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO: 305178645

USTOMER

R/MS COMFORT TRANSPORTATION PTE LTD VARS

USTOMER NO. 7010045

DDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

L. (R) 65508755 (O)

(P)

SCOUNT CARD NO.

REGN NO.: SHA7078E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: SONATA	DATE/TIME IN: 21.06.2018 19:50
YR OF MANU.: 31.05.2011	TARGET DATE
CHASSIS CODE: KMHET41VMBA811578	COMPLETION DATE/TIME:

B

JOB DESCRIPTION

Accident Date: 21.06.2018
NATURE: 3P 21.06.2018

S/NO	LABOR CODE	DESCRIPTION
	AXIA	taxi left front damage

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
No.:
cle No.: SHA7078E LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7078E

Name of Service Advisor

Date

To be kept by Security Guard