15/5/2010

INS. CASE OWNER: CC3 / EQI 180 12169, Nua3

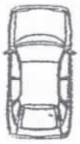
LKK:
IDAC:

ASSIGNMENT

Surveyor: NAZ   DOI: 3/7/18   Date / Time : 3/7/18

Registered in Merimen: –

Pre-assign / CCU / FTE



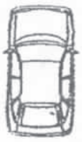
Insured Vehicle No. :	GU 4888K	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 28/6/18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

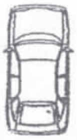
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SHC 1170 A → ______ → ______ → ______

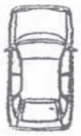
INSRS:
WSP: Lowe loyong.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1170 A. NC/MC1800667?/4?8?2; DOA: 5/4/18
	GU 4888K – 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:	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:	

NA2 REF: EQ

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)

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. SHC 1170A Regn. 06/10/2017

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

Make. TOYOTA PRIUS HYBRID c.c 1798

Colour BLUE A/C Insured / Std / NI / NA

Sp.Reading 69,217 Radio Insured / Std / NI / NA

Eng No:

C/No: JTDKB3FU203568974

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: 195/65R15

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	28/6/18	D.O.I.	3/7/18

Survey held at CDGE LOYANG

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or RIGHT SIDE MIRROR

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

Date / Time Action / Instruction

EQ P/P

Date/Time File Pass to:

☐ : Preli. Report

☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp $

☐ Interpreter $

☐ Technical $

☐ Weekend $

Survey Fee

Transportation

Photos

Others

Total

Report Format:

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Upper Bukit Road Singapore 588449
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 02.07.2018 11:02 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305182185

USTOMER: COMFORT TRANSPORTATION PTE LTD VARS

R/MS

USTOMER NO. 7010045

DDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

L. (R) 65508755 (O)

(P)

SCOUNT CARD NO.

REGN NO.: SHC1170A	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 02.07.2018 09:50
YR OF MANU. 06.10.2017	TARGET DATE
CHASSIS CODE JTDKB3FU203568974	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.06.2018
NATURE: 3P 28.06.2018

S/NO	LABOR CODE	DESCRIPTION
	EQ -	Right Side Mirr
	LKK	

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:

lo.:

cle No.: SHC1170A LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1170A

Name of Service Advisor

Date

To be kept by Security Guard

LKK/