15/5/2010

INS. CASE OWNER: Jas | CC4 / ~~AXA~~ ASM 1801 2968, E7u63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kelvin. DOI: 17/7/18 Date / Time : 17/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLX 889Em.

Claim No. : S8M00OLM / 58012

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A : 14/7/18.

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 711X → ______ → ______ → ______

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

Date/ Time	
	SHC711X – 4 SLX889EM – 4
	# amountclaim – virtual
	– 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:	

(08/11/13)

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insped 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: SHC 711X Yr Regn: 30 July 2011

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

Make: Hyundai Santa c.c 1991

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

Sp.Reading 230512 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VABA 815178

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 Westlake

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	14/7/12	D.O.I.	17/7/12

Survey held at CDRE (Loyang)

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

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

Date / Time	Action / Instruction
	AXA
	4/s

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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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: 16.07.2018 11:13 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305188147

USTOMER	VARS
R/MS	CITYCAB PTE LTD
USTOMER NO	7010070
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
L. (R)	65551188 (O)
(P)	
SCOUNT CARD NO.	

REGN NO.: SHC 711X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 14.07.2018 15:10
YR OF MANU. 30.07.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA815174	COMPLETION DATE/TIME:

(B)

JOB DESCRIPTION

Accident Date: 14.07.2018
NATURE: 3P 14.07.2018

S/NO	LABOR CODE	DESCRIPTION
		AXA - taxi Left Rear door damage

ZSUB

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC 711X LARRY

Larry Ng
e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 711X

Name of Service Advisor

Date

To be kept by Security Guard