15/5/2010

INS. CASE OWNER: Cynthia | CC 4 AGM ~~/AXA~~1801 38777, F2u63

LKK:
IDAC:

ASSIGNMENT

Surveyor: Ank   DOI: 20/7/18   Date / Time : 20/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJE 6191R	Claim No. :	S8M00QAF 61502
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 28/7/18	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**

SH 8097B → ______ → ______ → ______

INSRS: UNIE WSP: my Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SH8097B – UN/UR180127324/F2u63 OW 15/7/18	Non-Reporting ltr (1st):	
	SJE 6191R – X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	* Gmunt claim.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	– OIWR		

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 ☐ Cal ☐
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$	(S$ x days)	
Loss of Income (LOI):	S$	(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 ☐ Cal ☐
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: AXA (AXA)

ASSIGNMENT

From: | Date: 30/7/2018

Estimated Cost:

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

To Inspect Vehicle No: SH 8097B

at Workshop m/s: Comfort Delgro

of: 59 Loyang Drive

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: SH 8097B Yr Regn: "Th" 2013

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

Make: Hyundai Santa c.c 1991

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

Sp.Reading: 576568 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHETK1VMDA835339

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.	27/7/18	D.O.I.	30/7/18

Survey held at: CDRE (Loyang)

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

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

Date / Time	Action / Instruction
	AXA 41

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

☐ : Weekend ($)

TOTAL

Report Format :

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

OMFORTDELGRO ENGINEERING
member of COMFORTDELGRO

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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
501 Yishun Industrial Park A Singapore 768732

Date/Time: 30.07.2018 08:10 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

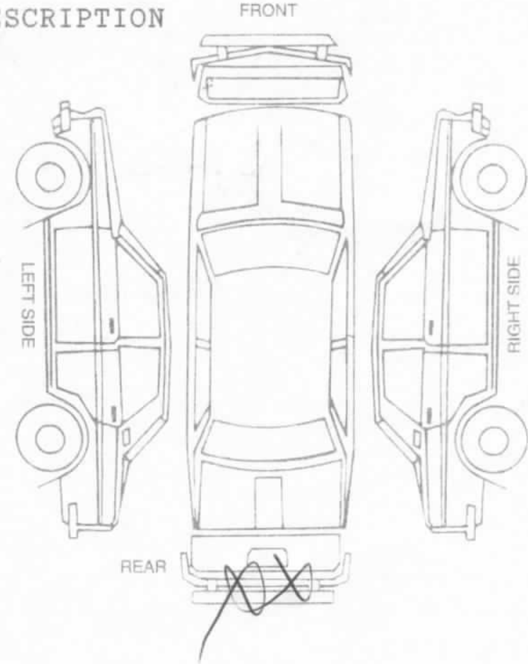
JC NO.: 305193498

OMER		REGN NO.: SH 8097B	MILEAGE
IS	COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E................1/2.................F
OMER NO.	7010045	MODEL SONATA	DATE/TIME IN 28.07.2018 10:40
ESS	383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	YR OF MANU 11.07.2013	TARGET DATE
(R) (O) (P)		CHASSIS CODE KMHET41VMDA835339	COMPLETION DATE/TIME:
OUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 27.07.2018
NATURE: 3P 27.07.18

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SH 8097B FZ AXA

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8097B

Name of Service Advisor

Date

To be kept by Security Guard