15/5/2010

INS. CASE OWNER:

CC 3/AIG1801 _b89b, F1 86)_

LKK:
IDAC:

Surveyor: Kalvin

ASSIGNMENT

DOI: 7I0/9/18

Date / Time: h10/9/18

Registered in Merimen: 71/9/18

Pre-assign / CCU / FTE   SG7 7502

Insured Vehicle No. :		Claim No. :
Name of Insured :		Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : 78/9/18	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**

SHA9A9OH →

INSRS: WSP: CDUE Tel : W. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			STAGE	DATE / PIC
	SHA9A9OH-9	8G7750Z-9		
			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:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	
			Others:	

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$ ($ 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 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:

ASSIGNMENT

From: _____ Date: _____	Veh No: **SHA 9990H** Yr Regn: **³24, 2011**
Estimated Cost _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insped Vehicle No: _____	Make: **Hyundai Santa** c.c **1991**
at Workshop m/s _____	Colour **Yellow** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **319878** T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No:
Policy No. _____	C/No: **KMHET41VMBA814834**
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or _____
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or _____
Make of Veh: _____	Modi: Nil / S/Rim / STD A/Rim or

Tyre Size; F: **215/60R16**

R: ____

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

	N/S	O/S

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	

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

D.O.A. **28/7/18**   D.O.I. **30/7/18**

Survey held at   **CDhE (Loyang)**

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
	ALL
	4.

Date/Time, File Pass to? ☐ : Prell. Report   Days Of Repair: _____

1) _____ ☐ : Final Report   Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Report Format : _____

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

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

Survey Fee:
Transportation:
___S + RS.___SI
Photos
Others

TOTAL

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969   24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717   7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286   501 Yishun Industrial Park A Singapore 768732
420 Ubi Road 3 Singapore 408680

Date/Time: 30.07.2018 09:55   Page : 1

COMFORTDELGRO ENGINEERING

member of **COMFORTDELGRO**

Team: ARC Repair TP(CFSO)1   **JOB CARD**   Sales Order: JC NO.: 305193579

OMER	REGN NO.: SHA9990H	MILEAGE
IS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL E.........1/2.........F
OMER NO. 7010070	MODEL SONATA	DATE/TIME IN 28.07.2018 23:50
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 31.07.2011	TARGET DATE
(R) 65551188 (O) (P) .	CHASSIS CODE KMHET41VMBA814834	COMPLETION DATE/TIME:
OUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 28.07.2018
NATURE: 3P 28.07.18

S/NO   LABOR CODE   DESCRIPTION
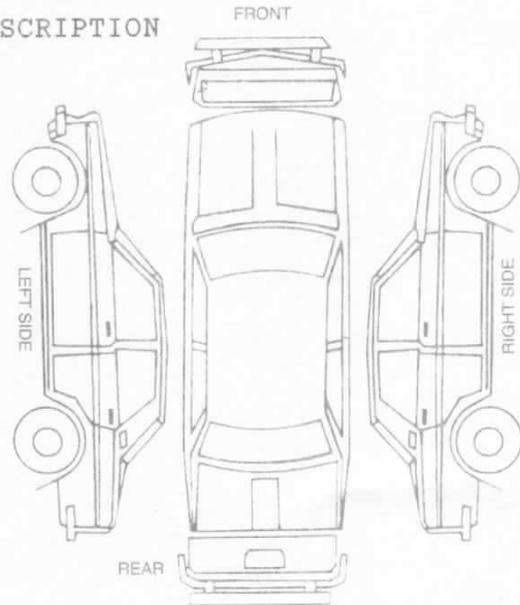
CKED & PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

wledgement Slip   Exit Pass

No.: SHA9990H   JU AIG LKK   Vehicle No.:   SHA9990H

_____   _____   _____
of Service Advisor   Signature/Date   Name of Service Advisor   Date

returned to Service Reception upon collection   To be kept by Security Guard