15/5/2010

INS. CASE OWNER: CC 4 /AXA1801 4245, 4466 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kelvin. DOI: 1/8/18 Date / Time : 06/8/18

Registered in Merimen: 6/8/18.

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 9770R. Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 30/7/18 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 9179S. → → →

INSRS: WSP: CODE 49. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH 9179S-Y SHB 9770R-Y

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 ☐ 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:		

(08/11/13)

Surveyor: Kalvin

REF: CS/QW18011U000/KLVb

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH 9179S Yr Regn: 7 Sep 2002

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

Make: Toyota Prius c.c 1794

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

Sp.Reading 74189 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB 20U 80356827

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD / Rim or _____

Tyre Size; F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	30/7/13	D.O.I.	1/8/13

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	SH 9179S - X
6/8/13	Claimed P/P $1255/2 Hrs. (Rec 1790.10, 58%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) G/R - typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / I.B.I: ($ 1255/2)

Survey Fee:	
Transportation:	
___$ + RS, ___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

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
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791

Date/Time: 30.07.2018 14:13 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

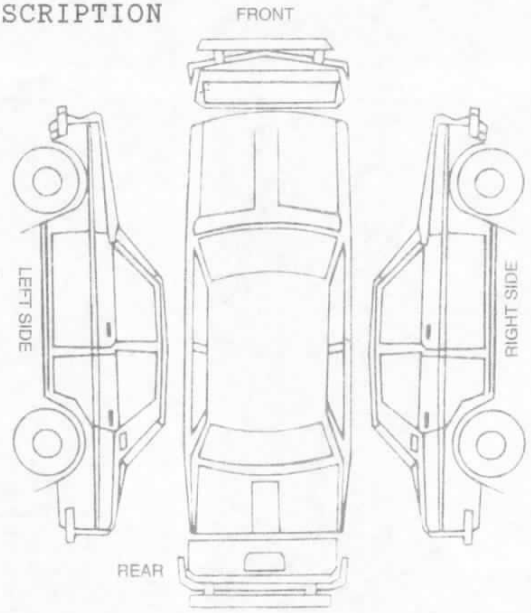
JC NO.: 305193911

OMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SH 9179S	MILEAGE
IS	7010045	MAKE : TOYOTA	FUEL E 1/2 F
OMER NO.	383 SIN MING DRIVE	MODEL PRIUS HYBRID(G4)	APPT DATE/TIME 30.07.2018 11:00
IESS	Singapore SINGAPORE 575717	YR OF MAN 07.09.2017	TARGET DATE
	65508755	CHASSIS NO. JTDKB3FU803563827	COMPLETION DATE/TIME:
	(R) (O) (P)		
OUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 30.07.2018
NATURE: 3P 30.07.18

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SH 9179S JU AXA

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9179S

Name of Service Advisor

Date

To be kept by Security Guard