15/5/2010

INS. CASE OWNER: CC 4/111180 14937, D ja3

LKK:

IDAC:

ASSIGNMENT

Surveyor: bryan DOI: 16/8/2018 Date / Time: 15/8/18

Registered in Merimen: 16/8/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 8755 S	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 15/8/18	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**

SHC 8755 S → SHA 3100A → SHA 4398B → ______

INSRS: WSP: Tel : Liability : OI RMKS:	INSRS: WSP: Chung Tel : Liability : TP RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 3100A - C03/A1G/18005486/KJ5a3q2 ; DOA 20/3/18
	SHC 8755 S - C03/A1G/18002466/KEa3q2 ; DOA 17/1/18
	- C04/M1/17004708/Kpb3q2 ; DOA 4/3/17
	- N51/MC1/70245324/KVbn2 . DOA 23/11/17

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:	

(09/11/13)

REF:

ASSIGNMENT

COE Dec 2025

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.

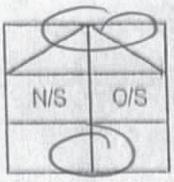
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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: 12 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 3100A Yr Regn: 2017, Dec

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c 1685

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

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

Eng/No: D4FDHU730235

C/No: KMHLB41UMHU099949

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: 205/60 R16

R: —"—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	5/ mm	R/Bal.	5/ mm
L/Bal.	5/ mm	L/Bal.	5/ mm
D.O.A.	15/08/2018	D.O.I.	16/08/2018

Survey held at Changi ANK

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

Front & Rear

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

Date / Time	Action / Instruction
	TH SHC 8755S

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: $ + R$ SI

Photos

Others

Report Format :

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

15-08-18;15:12 ;Chunni Motor Works Pte Ltd Soon Hock ;- # 1/ 1

COMFORTDELGRO ENGINEERING
A member of COMFORTDELGRO

Accident !
Gear engage D.
No key !

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline +65 6383 6280 Facsimile +65 6280 9755
Service Centres
205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286 383 Sin Ming Drive Singapore 5757
7 Sungei Kadut Way Singapore 728791 320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
6553 1111
SPARK Assist Recovery + Towing + Accident
Appointed Partners

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 14/8/18 Time Received: 0900

2. ☐ New ☐ SPARK Kakis
Name of Customer : LOKE
Contact No. : 65531111
Vehicle No. : SH 6133T
Make / Model / Colour : I-40
Email :

3. Vehicle Type:
☐ Private
☑ Taxi (CTPL/CCPL)
☐ Fleet
☐ STK (Boon Lay)

4. Type of Towing:
☐ Normal Tow
☑ King Dolly
☐ Flat Bed
☐ Crane-up

5. Nature of Service:
☐ Jumpstart
☐ Recovery
☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

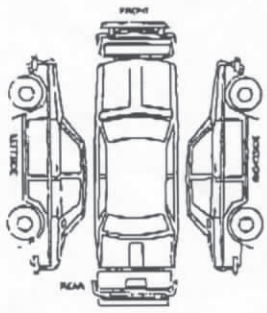
7. Location: 517 Airport Road TP pound

8. Vehicle Tow - In Workshop:
☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☑ Accident ☐ Engine Stalled
☐ Return Taxi

9. Preferred Workshop:
☐ Braddell ☑ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)
☐ Others:

10. Odometer Reading :
Fuel Level : F | 1/4 | 1/2 | 3/4 | E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested



#: Cracked X: Dented
/: Scratched O: Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☑ QA ☐ GAO ☐ TZ ☐ YISHUN TOWING ☐ OTHERS
Name of Driver : SAM
Vehicle No. : YN3976U
Time Dispatch : 0900
Time of Arrival : 0915
Time Completed : 0950

Cash Invoice Details (If applicable)

13. Cash Invoice No. :

Customer Acknowledgement

1. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
2. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
3. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

14/8/18 Date
0915 Time
Signature of Customer

WORKSHOP

e of Attending Staff/Guard
Date & Time of Arrival
Signature of Attending Staff/Guard

CUSTOMER'S COPY