15/5/2010

INS. CASE OWNER: CL | CC4, ASM 180 15312, KHha3 | LKK: IDAC: 64610

ASSIGNMENT

Surveyor: Ame DOI: 21/8/2018 Date / Time : 21/08/2018

Registered in Merimen: -

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLC 8183U	Claim No. :	S8M005TH
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 18/8/2018	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**

FX

SHO3160K → ______ → ______ → ______

INSRS: WSP: Chua Co Lang. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHO3160K - CC3/LOR 1700/2911/KHha3q2 ; DOA: 27/3/17
	- CC7/CAA180/1844a/KMha3v2 ; DOA: 12/7/15
	SLC8183U - x

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: 21/8 Sent By: Ame

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:	

(08/11/13)

Surveyor: Kalvin

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: SHD 3160K Yr Regn: 23 Jun 2016

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

Make: Hyundai Zero c.c 1685

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

Sp.Reading 381699 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMH409527

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size; F: 205/60R16

R: -c-

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	18/2/16	D.O.I.	20/2/16

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
	A x A PR

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:	
___$ + 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
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408869
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 20.08.2018 16:06

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305202191

TOMER

MS COMFORT TRANSPORTATION PTE LTD VARS
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

B

OUNT CARD NO.

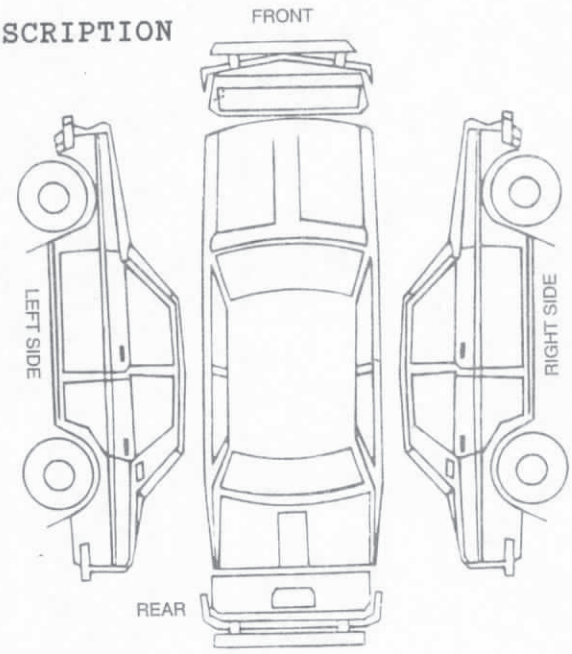
REGN NO.: SHD3160K	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 18.08.2018 22:00
YR OF MANU 23.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091527	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 18.08.2018
NATURE: 3P 18.08.2018

S/NO LABOR CODE DESCRIPTION

AXA- taxi Rear damage



HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

ne:
No.:
icle No.: SHD3160K LARRY

Larry Ng

ne of Service Advisor

Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3160K

Name of Service Advisor

Date

To be kept by Security Guard