15/5/2010	Staces-	CC HAXA1801	6575	LKK: IDAC:	
INS. CASE OWNER	₹:		0710/	IDAC.	
endo .	talvin.	ASSIGN	MENT	wall	Κ.
Surveyor:	EULIN	DOI:	n lu	Date / Time :	
			. 1	Registered in Merimen:	
Pre-assign / CCU		162120		58moury 168	192
Insured Vehicle N	o. :	4757R	Claim No.	3810001, 0100	1 12
Name of Insured	2		Policy No.	:	
R_U					
Insured Tel No.		DOA: MAIS	Make / Model		
Excess Sec II :S\$		D.O.A: 100 18	Place of Accid	lent :	
Is driver the owner	r? (YES / NO)	Nature of Accident :			
If NO, Driver Na	me / Age :		OI GIA REPO	RT: YES / NO ; TP GIA REPORT: YI	
Driver Tel	No. :	(V/L: YES / NO)	Insured Liabil	ity: % Final? Yes/No	
SHAN	0CAD				
WSP: WSP:	he INSRS WSP:		INSRS: WSP:	INSRS: WSP:	
Tel:	Tel:		Tel:	Tel:	
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Date/ Time					
	SUR 76500 -	F \$8942	18-7	STAGE DA	TE/PIC
				Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	
	Or Gunvedair	n'		Notification ltr (if non-pickup):	
	A amuse day			Call OI:	
	DINE			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: FINAL SETTLEMENT	S\$ (Date/Time:	days) Reduction:	%	EmailCall	
Final Liability:		Confirm with		Email Cal	
Repair Cost:	S\$ (Agreed /	Assessed) BOLA S/N No. ;		If NO or B 28, Ass. Lia:	
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ (\$ x				
Loss of Income (LOI):	S\$ (S x				
LOR only LOU only		LOR + LO [Tick only o	ne]		
GIA/LTA Search	S\$				
Medical:	SS			1) Claim status: Normal/Reject/Privat	e Settle
Disbursement:	S\$	(e.g. Tow/ Independe	nt)	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)		
Bureya:	Kalvin	

REF:

Type: M.Carl M.Cycle Bus Van I Lorry 1	<u>A</u>	SSIGNMENT		18	
Type: M.Carf M.Cycle / Bus / Van / Lorry / Tight Prime Mover / Truck / Trailer or Make: Truck / Trailer or Make: Waterways mis of Insued: Policy Na. Claims Na. Sp.Reading		Veh No:	SHA 7659	D Yr Regn:	6, 2014
To Inspeat/Phick Not: at Work-step m/s of at Work-step m/s of at Work-step m/s of Insued: Sp. Reading	EstimatedCost	Type: M.Car / N			ver /
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Eng/No: Claims Na. Excess: Clent's Record Surm Insured: Excess: Clent's Record Steering: Inor Curl Jammed / Leaked / Burnt or		Sp.Reading	4 87 671	T/Radio: Insped I	Std / NI / NA
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OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 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/Time29 Ubi FOd.309 ap 200189 14:58

JC NO.: 305210582 JOB CARD Sales Order: 3855185 ARC Repair TP(CLSO)1 Team: REGN NO.: SHA7659D MILEAGE OMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE: HYUNDAI 7010045 E.....F OMERNO. 383 SIN MING DRIVE 09.09.2018 17:30 MODEL ESS I - 40Singapore SINGAPORE 575717 65508755 YR OF MANU. 18.02.2014 TARGET DATE (R) (P) CHASSIS CODE KMHLB41UMEU047661 COMPLETION DATE/TIME: OUNT CARD NO. JOB DESCRIPTION Accident Date: 09.09.2018 NATURE: 3P 09.09.2018 FRONT DESCRIPTION S/NO LABOR CODE TOWING FEE 000010 23-01 LEFT SIDE REAR KED & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR Exit Pass ledgement Slip Vehicle No.: SHA7659D LKE SHA7659D Date

Name of Service Advisor

To be kept by Security Guard

Signature/Date

f Service Advisor

turned to Service Reception upon collection



A member of COMFORTDELGRO

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Malnilne +65 6383 6380 Fassmilne +05 0250 9700
Service Contres
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508989
58 Sin Ming Drive Singapore 508989
58 Sin Ming Drive Singapore 575717
7 Sungel Radut Way Singapore 728791
24 Senoko Loop Singapore 758156





JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition				
1. Date: 09/09/18 Time Rece	ived: 1830 3. Vehicle Type:	4 T	ype of Towing:	
2. New SPARK Ka Name of Customer : by kept	kis Private Taxi (CTPL Fleet STK (Boon	/CCPL)	Normal Tow King Dolly Flat Bed Crane-up 6. Parts Replaced/Remarks:	
Vehicle No. : 5HA 76 Make/Model/Colour: 14D Email :	Jumpstart Recovery	ce: 6. F		
7. Location: Waddelgh 9. Preferred Workshop: Braddell Loyang Sin Ming Sungei Kadut Senoko Komoco (UBI) Others:	Pandan Ubi	8. Vehicle Tow - Ir Smoky Exl Overheatin Brake Faul Starting Pr Accident Return Tax	naust Wheel Jammed g Steering Faulty ty Alternator Faulty oblem Loss Power Engine Stalled	
10. Odometer Reading : Fuel Level : F	11. Rad	io / CD Player OK Faulty Not tested	PENDER PROPERTY OF THE PENDER PENDER PROPERTY OF THE PENDER PROPERTY OF THE PENDER PENDER PROPERTY OF THE PENDER PENDER PENDER PENDER PENDER PENDER PENDER PENDE	
12. Tow Truck / Recovery Van : VF Name of Driver :		HUN	#: Cracked X: Dented /: Scatched O: Missing Signature of Customer	
Cash Invoice Details (if applicable)				
13. Cash Invoice No. :				
Customer Acknowledgement				
I have been advised to remove all valuable it cash cards, spectacles, pen, etc. b. I understand that any items left behind are a	rems in my vehicle, including Global Positioning at my own risk and SPARK Car Care™ will not bustomer decides neither to tow nor proceed with	e held liable for such losses.		
Date	Time	Signatur	re of Customer	
14. WORKSHOP				
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of A	attending Staff/Guard	