15/5/2010

INS. CASE OWNER: Cynthia | CC 4/~~AXA~~ 1801 HGM 6901, K1e63 | LKK:
IDAC:

ASSIGNMENT

Surveyor: Kalvin   DOI: 14/9/18   Date / Time : 17/9/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SFQ 6173U.	Claim No. :	S8M00VMY | 69820
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 14/9/18.	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 8479M ⟶ ______ ⟶ ______ ⟶ ______

INSRS: WSP: LOGE Tel : LW Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH 8479M – CU [illegible] 17019070 | Sean DVR · 18/9/18
	SFQ 6173U →
	☆ Smartclaim.
– OWR	

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$ (S x days)		
Loss of Income (LOI):	S$ (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 ☐ 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: Kelvin

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

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

Veh No: SH 8425 M Yr Regn: 3 July 2018

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

Make: Hyundai Zoom c.c 1560

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

Sp.Reading 12958 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVJU103338

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 Nexa

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A. 14/9/18 D.O.I. 17/9/18

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	AXA
	PIP

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	

COMFORTDELGRO ENGINEERING

a 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
329 Ubi Road 3 Singapore 408699
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 14.09.2018 15:46 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3856791 JC NO.: 305212930

TOMER

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

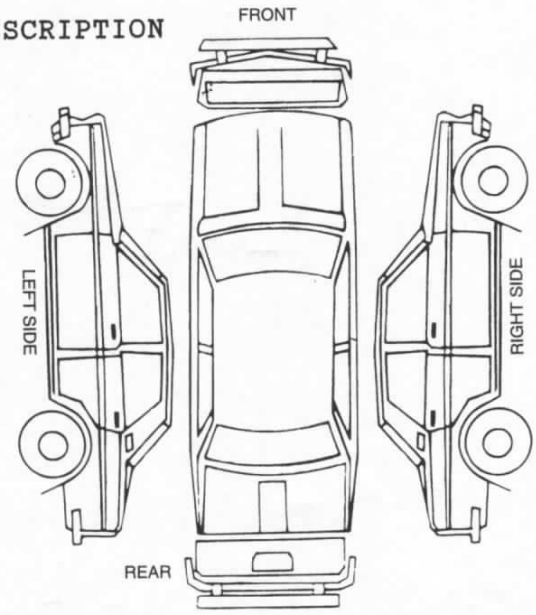
COUNT CARD NO.

REGN NO.: SH 8425M	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 14.09.2018 11:45
YR OF MANU 03.07.2018	TARGET DATE
CHASSIS CODE KMHC851CVJU103338	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.09.2018
NATURE: 3P 14.09.18/B

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SH 8425M FZ AXA

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8425M

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

① Front Left 4yd. Right Tyre Damage ② Front Drive Side Tyre No more ready carrige Touch Craig 4yd under

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline +65 6383 6280 Facsimile +65 6280 9755

Service Centres
205 Braddell Road Singapore 579701
45 Pandan Road Singapore 609286
7 Sungei Kadut Way Singapore 728791
24 Senoko Loop Singapore 758156
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 57571
320 Ubi Road 3 Singapore 408649

6553 1111
SPARK Assist
Recovery • Towing • Accident

Appointed Partners

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 14/9/18 Time Received: ~~[illegible]~~

2. ☐ New ☐ SPARK Kakis

Name of Customer : Hong

Contact No. : 97236982

Vehicle No. : SH 8425 M

Make / Model / Colour :

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: MBS SHEARES 4WK

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

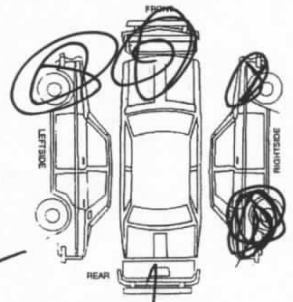
9. Preferred Workshop:
- ☐ Braddell
- ☑ Loyang
- ☐ Pandan
- ☐ Sin Ming
- ☐ Sungei Kadut
- ☐ Ubi
- ☐ Senoko
- ☐ Komoco (UBI / Leng Kee)
- ☐ Cycle & Carriage (PD)
- ☐ Others:

craig 4yd P KD

10. Odometer Reading :

Fuel Level : F | 1/4 | 1/2 | 3/4 | E

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



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

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☑ QA ☐ GAO ☐ TZ ☐ YISHUN TOWING ☐ OTHERS

Name of Driver : Asif

Vehicle No. : SJU6059M

Time Dispatch : 11:50 am

Time of Arrival : 12:00 pm

Time Completed :

Back Tyre Damage KD

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

a. 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.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

14/9/18

Date | Time | Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard | Date & Time of Arrival | Signature of Attending Staff/Guard

CUSTOMER'S COPY