INS. CASE OWNER:	CC⁷/CTI1801 *7067, ÐŽu67*	LKK:	
		IDAC:	

ASSIGNMENT

Surveyor: _Falvin_   DOI: _18/9/18_   Date / Time: _18/9/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _SVQ 3918B._   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : _15/9/18._   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**

SHC7777 →

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: _UMGE_		WSP:		WSP:		WSP:
	Tel : _us._		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time			STAGE	DATE / PIC
	SHC7777 - us/eaity0098h/tq43rx our 10/1/19		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:	☐	☐

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
		Others:	☐	☐

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$	(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 ☐ 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:

ASSIGNMENT

From: _____ Date: _____	Veh No: SHC 2777 T Yr Regn: 18 Oct, 2015
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insped Vehicle No: _____	Make: Mercedes Benz E220 c.c 2148
at Workshop m/s _____	Colour: White A/C: Insured / Std / NI / NA
of _____	Sp.Reading: 8 2963 6 T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: WDD 212006 2LA 75 9176
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: _____	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 205/60R16
(Policy Condition)	R:

Remark: The veh had commenced its repair at the time of Inspection.

N/S	O/S

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

Front		Rear	
R/Bal. 7	mm	R/Bal. 7	mm
L/Bal. 7	mm	L/Bal. 7	mm
D.O.A. 15/9/18		D.O.I. 13/9/18	

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	Survey held at CDhE (Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
	Front o/s
Vehicle: IN / OUT	
Date: _____ Person Contacted: _____	The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction		
			CTI
			41

Date/Time, File Pass to? [ ] : Prell. Report   Days Of Repair: _____

1) _____   [ ] : Final Report   Resurvey No. of Trip: _____
Date/Time, File Return to?

2) _____

Add Fee: [ ] : Site Insp ($ _____)
          [ ] : Interview ($ _____)
Report Format : _____
          [ ] : Tech. Invs ($ _____)
Lump Sum / I.B.I: ($ _____)
          [ ] : Weekend ($ _____)

Survey Fee: _____
Transportation: _____
  S + RS ___ SI
  Photos _____
  Others _____

TOTAL _____

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969 | 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 | 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 | 501 Yishun Industrial Park A Singapore 768732
220 Ubi Road 3 Singapore 408689

IFORTDELGRO
ENGINEERING
ber of **COMFORTDELGRO**

Date/Time: 18.09.2018 10:38   Page : 1

ı: ARC Repair TP(CLSO)1   **JOB CARD**   Sales Order: JC NO.: 305214451

COMFORT TRANSPORTATION PTE LTD
     7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755   (O)

ARD NO.

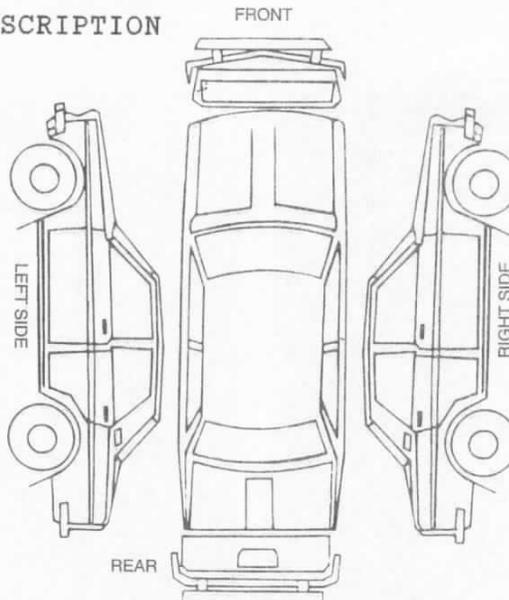|	
REGN NO.: SHC2777T	MILEAGE
MAKE : MERCEDES BENZ	FUEL E...............1/2.................F
MODEL E220CDI(E5)	DATE/TIME IN 18.09.2018 10:00
YR OF MANU 18.10.2013	TARGET DATE
CHASSIS CODE WDD2120022A759176	COMPLETION DATE/TIME:

ident Date: 15.09.2018
URE: 3P 15.09.18

O   LABOR CODE

JOB DESCRIPTION

DESCRIPTION   FRONT

LEFT SIDE   RIGHT SIDE

REAR

PASSED OUT BY: _____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

ent Slip   Exit Pass

SHC2777T   JU CHINA   Vehicle No.:   SHC2777T

Advisor   Signature/Date   Name of Service Advisor   Date

o Service Reception upon collection   To be kept by Security Guard