

15/5/2010

INS. CASE OWNER:

Richard CC 4/18m 0199, 12063

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

2/11/18

Date / Time :

8/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBF 6476R

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

2/11/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

S8mo1201/2996

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHO 202E



INSRS:

WSP:

Tel :

Liability :

RMKS:

COP 65



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHO 202E - K	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:	\$\$	(days) Reduction: % Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐		
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	\$\$	
Loss of Rental (LOR):	\$\$	(days)
Loss of Use (LOU):	\$\$	(S x days)
Loss of Income (LOI):	\$\$	(S x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$	(e.g. Tow/ Independent)
Legal Cost	\$\$	
Total:	\$\$	Global Sum \$\$:
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	\$\$	Name 1:
Payee 2: (Strike if N.A.)	\$\$	Name 2:
Payee 3: (Strike if N.A.)	\$\$	Name 3:

Surveyor: Kalvin

REF:

ASSIGNMENT

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD350JE Yr Regn: 14 Sep, 2016

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798

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

Sp. Reading: 265960 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKBJF4903529637

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Wentz

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 5/11/18

D.O.I. 7/1/18

Survey held at CDGE (Loyang)

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

Front d/s

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

Date / Time	Action / Instruction
	<u>AXA</u>
	<u>PIP</u>

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / I.B.I. (\$ _____)

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
229 Ubi Road 3 Singapore 401609

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 05.11.2018 17:23 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305235081

OMER	REGN NO.: SHD3503E	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE : TOYOTA	FUEL
OMER NO. 7010045	MODEL PRIUS HYBRID(G4)	E.....1/2.....F
IESS 383 SIN MING DRIVE	DATE/TIME IN 05.11.2018 15:15	
Singapore SINGAPORE 575717	YR OF MANU 14.09.2016	TARGET DATE
65508755 (R) (P)	CHASSIS CODE JTIDKB3FU903529637	COMPLETION DATE/TIME:
DUNT CARD NO.		

JOB DESCRIPTION

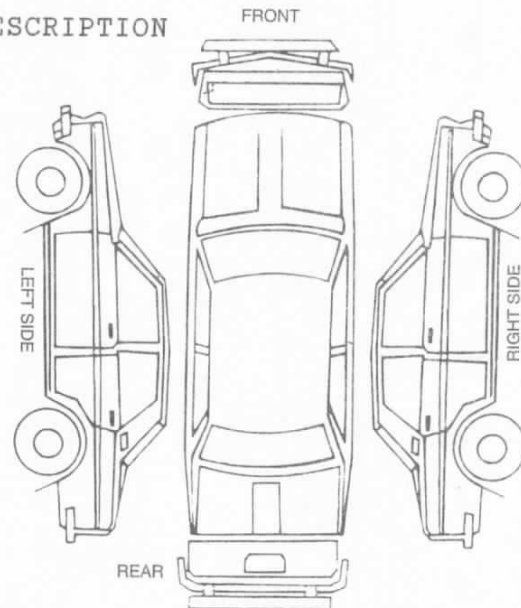
Accident Date: 05.11.2018

NATURE: 3P 05.11.18

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHD3503E

LIMITS

Vehicle No.:

SHD3503E

Service Advisor

Signature/Date

Name of Service Advisor

Date