INS. CASE OWNER:	CC 3/EQI1802 0504,F2663	LKK:
		IDAC:

ASSIGNMENT

Surveyor: _FAWAM_   DOI: _17/11/18_   Date / Time : _17/11/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.	:	FBH 5031L	Claim No.	: _____
Name of Insured	: _____		Policy No.	: _____
Insured Tel No.	: _____	HP: _____	Make / Model	: _____
Excess Sec II :S$		D.O.A : _9/11/18_	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**

SM 78777

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SM78777-4 PERSONALLY		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$	($ x days)				
Loss of Income (LOI):	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:				

08/11/21

Surveyor: Kelvin   REF:

ASSIGNMENT

From: _____ Date: _____	Veh No: **SH 7877Z** Yr Regn: 20 Dec, 2017
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: Hyundai Zko c.c 1685
at Workshop m/s _____	Colour Blue A/C: Insured / Std / NI / NA
of _____	Sp.Reading 113450 T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No:
Policy No. _____	C/No: KMHLB41AMHU4099367
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 Rim or
	Tyre Size; F: 205/65R16
(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 Hankook.

	Front			Rear	
Bal. or Market Value: _____					
IDAC Accident Rport: _____ Consistent? : Yes or No	R/Bal. 7 mm			R/Bal. 7 mm	
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal. 7 mm			L/Bal. 7 mm	
Est. Repairs: _____ days Res.: Yes or No	D.O.A. 9/11/18			D.O.I. 12/11/18	
Lum Sum: _____ % 3 Val.: Yes or No	Survey held at CDGE (Loyang)				

CA / REV / REP. / 24 HRS

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

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

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

Date / Time	Action / Instruction
	EQ
	P/P

Date/Time, File Pass to? ☐ : Preli. Report
1) _____ ☐ : Final Report
Date/Time, File Return to?
2) _____

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:	
_S + 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   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
829 Ubi Road 3 Singapore 408689

Date/Time: 09.11.2018 17:44   Page : 1

Team: ARC Repair TP(CLSO)1   **JOB CARD**   Sales Order: JC NO.: 305236888

OMER	REGN NO.: SH 7877Z	MILEAGE

COMFORT TRANSPORTATION PTE LTD
IS   7010045
OMER NO.
ESS   383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R)   65508755   (O)
(P)

OUNT CARD NO.

REGN NO.: SH 7877Z		MILEAGE
MAKE :	HYUNDAI	FUEL E.........1/2.........F
MODEL I-40		DATE/TIME IN 09.11.2018 12:15
YR OF MANU 20.12.2017		TARGET DATE
CHASSIS CODE KMHLB41UMHU099367		COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.11.2018
NATURE: 3P 09.11.18

S/NO   LABOR CODE   DESCRIPTION   FRONT

LEFT SIDE   RIGHT SIDE

REAR
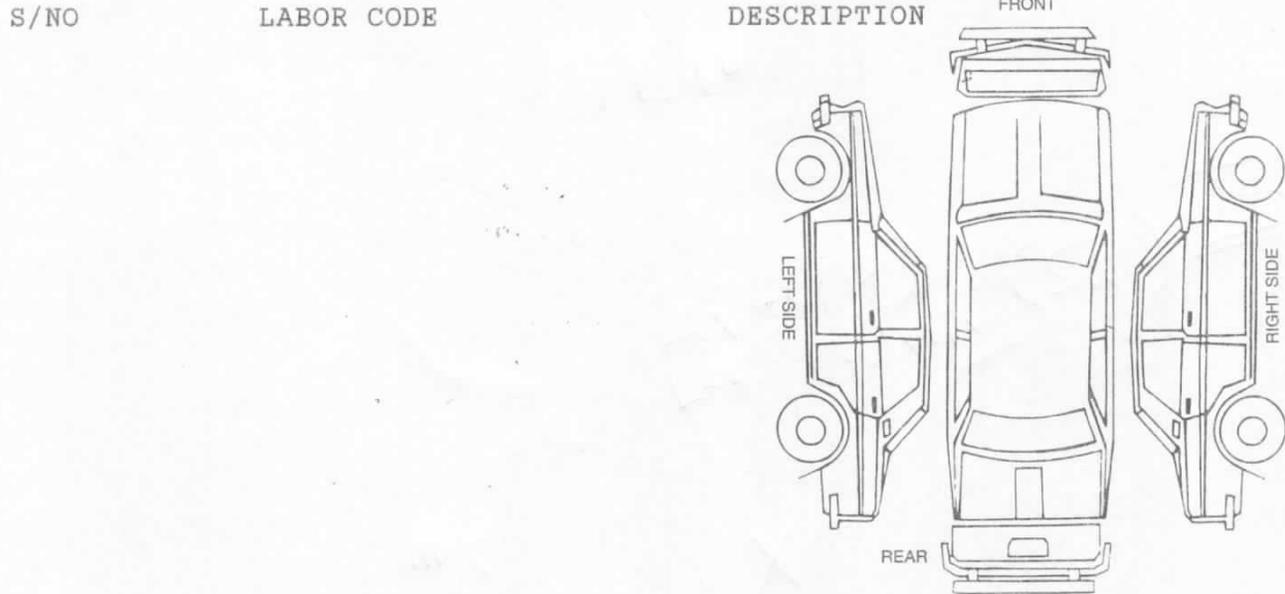
CKED & PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

wledgement Slip   ✂ Exit Pass

No.:   SH 7877Z   LIMTS   Vehicle No.:   SH 7877Z

_____ _____   _____ _____
of Service Advisor   Signature/Date   Name of Service Advisor   Date

aturned to Service Reception upon collection   To be kept by Security Guard