15/5/2010

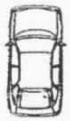
INS. CASE OWNER: CC 3/CTI1802 VS89 ; KE2463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Edwin DOI: 14/11/18 Date / Time : 14/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GX 2270 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

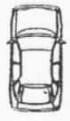
Excess Sec II :S$ D.O.A : 13/11/18 Place of Accident :

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**

SHL 7377M → → →



INSRS: UDLTE WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHL 7377M-X GFX1770 -X

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 ☐ 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:		

Surveyor: Kelvin | REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insp 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 C 79274 Yr Regn: 27 Jan 2015

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

Make: Hyundai Z40 c.c 1685

Colour Yellow A/C: Insured / Std / Nil / NA

Sp.Reading 43467 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLB41GMFU06787

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or _____

Brake: Inoper / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/60 R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	13/12/15	D.O.I.	14/12/15

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	CTZ 4s

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:	
__S + RS__SI	
Photos	
Others	
TOTAL	

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
320 Ubi Road 3 Singapore 408848
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3882231 JC NO.: 305250946

TOMER

MS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

CHINA

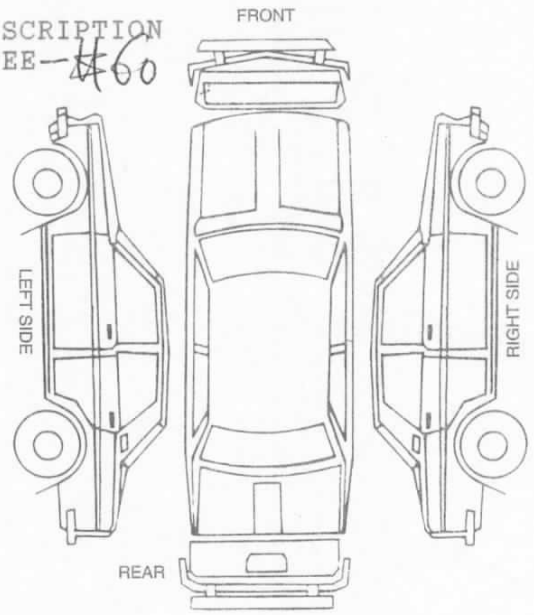
OUNT CARD NO.

REGN NO.: SHC7927U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 13.12.2018 19:40
YR OF MANU. 27.01.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU064787	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.12.2018
NATURE: 3P 13.12.2018

S/NO	LABOR CODE	DESCRIPTION
000010	23-01	TOWING FEE-$60



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

Exit Pass

No.: SHC7927U LKE

Vehicle No.: SHC7927U

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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205 Braddell Road Singapore 579701
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24 Senoko Loop Singapore 758156
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
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: 13-12-18 Time Received: 2020

2. ☐ New ☐ SPARK Kakis

Name of Customer : Mr Looi

Contact No. : 94462869

Vehicle No. : SHC 7927 U

Make / Model / Colour : i40

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: 30 Eunos Cres MRT

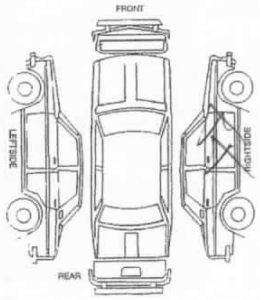
8. Vehicle Tow - In Workshop:
- ☐ Smoky Exhaust
- ☐ Overheating
- ☐ Brake Faulty
- ☐ Starting Problem
- ☒ Accident
- ☐ Return Taxi
- ☐ Wheel Jammed
- ☐ Steering Faulty
- ☐ Alternator Faulty
- ☐ Loss Power
- ☐ Engine Stalled

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

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 : Jaden NG

Vehicle No. : GBE 2073B

Time Dispatch : 2020

Time of Arrival : 2045

Time Completed : 2110

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™.

13-12-18 Date

2045 Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COP