INS. CASE OWNER: | CC 3, CT 180 13069, 1ha3 | LKK:
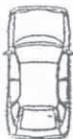IDAC:

ASSIGNMENT

Surveyor: _Awt_ DOI: _24/10/18_ Date / Time: _24/10/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE SJX 2787E

Insured Vehicle No. : ____ Claim No. : _____

Name of Insured : ____ Policy No. : _____

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

Excess Sec II :S$ ____ D.O.A : _21/10/18_ 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**

SJA 2186J ⟶ ⟶ ⟶ ⟶

INSRS: | INSRS: | INSRS: | INSRS:
WSP: Cmobyay. | WSP: | WSP: | WSP:
Tel : | Tel : | Tel : | Tel :
Liability : | Liability : | Liability : | Liability :
RMKS: | RMKS: | RMKS: | RMKS:

Date/ Time			STAGE	DATE / PIC
	SJA 2186J. X;		Non-Reporting ltr (1st):	
	SJX 2787E - cwr AKA1 bo18e28 Ahg3e?i.00A:S 10/18		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$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[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:	

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'ed 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.

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: _____

Veh No: **SHA 2186J**   Yr Regn: **22 Dec , 2016**

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

Make: **Hyundai 240**   c.c **1685**

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

Sp.Reading **20852**   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHLB41UMHU409 7272**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or **Affected**

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: **205 / 60 R16**
          R: _____

	N/S	O/S

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. **21/12/18**		D.O.I. **24/12/18**	

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
	LTI
	P/p

Date/Time, File Pass to? ☐ : Prell. Report

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / L.S.I. (S _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

___ S + RS ___ SI _____

Photos _____

Others _____

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717   7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286   501 Yishun Industrial Park A Singapore 768732
320 Ubi Road 3 Singapore 408689

Date/Time: 22.12.2018 10:57   Page : 1

Team: ARC Repair TP(CLSO)1   **JOB CARD**   Sales Order: 3884245   JC NO.: 305253265

CUSTOMER		
COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHA2186J	MILEAGE
CUSTOMER NO. 7010045	MAKE : HYUNDAI	FUEL E...........1/2...........F
383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 21.12.2018 14:50
65508755 (R) (O)	YR OF MANU. 22.12.2016	TARGET DATE
(P)	CHASSIS CODE KMHLB41UMHU097272	COMPLETION DATE/TIME:
ACCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 21.12.2018
NATURE: 3P 21.12.18/C

S/NO	LABOR CODE	DESCRIPTION	FRONT
	Towing - Normal.		

LEFT SIDE   RIGHT SIDE

REAR
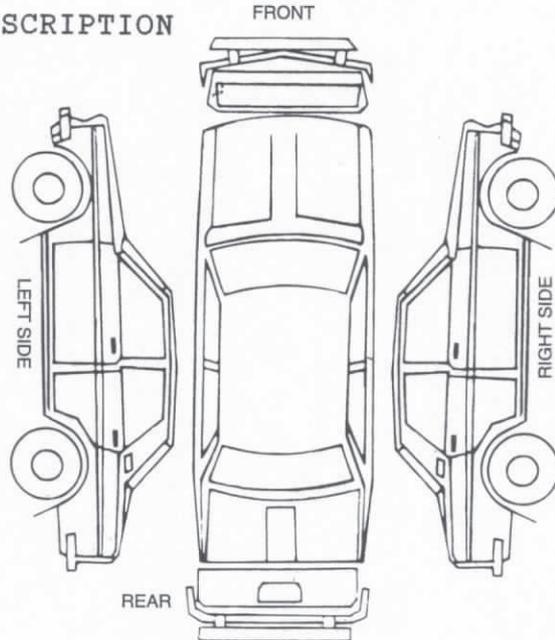
CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE

Acknowledgement Slip   Exit Pass

		Vehicle No.:	
No.: SHA2186J	FZ CHINA LKK		SHA2186J
Service Advisor	Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	