

15/5/2010

INS. CASE OWNER:

CC 4 / LPC1900

0010, 12 h63

LKK:

IDAC:

Surveyor:

kalwin

DOI:

ASSIGNMENT

28/12/18

Date / Time:

28/12/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKD 1066C

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : S\$

D.O.A:

28/12/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature 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

SKD 1066C

SKL 3816H

S/N 3806K



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



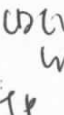
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	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:
Repair Cost:	S\$	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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\$	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
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:

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/HS/TP RES/OD RES/EVA/INV/MV

To Inspected 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 Rpt: _____ 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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.L: (\$ _____)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, \$ _____

Photos _____

Others _____

Veh No: _____

SH C3816H

Yr Regn: _____

7 Aug, 2014

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

Truck / Trailer or

Make: _____

Hyundai 240

C.C. _____

1680

Colour _____

Blue

A/C: Insured / Std / NI / NA

Sp. Reading _____

477963

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KMHLB414ME4 05634

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

205/60R16

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. _____

27/12/18

D.O.I. _____

28/12/18

Survey held at _____

C DGE (Loyang)

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

n/s Front / d/s Front

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

Longue
L/

A member of COMFORTDELGRO

Date/Time: 28.12.2018 09:17 Page : 1

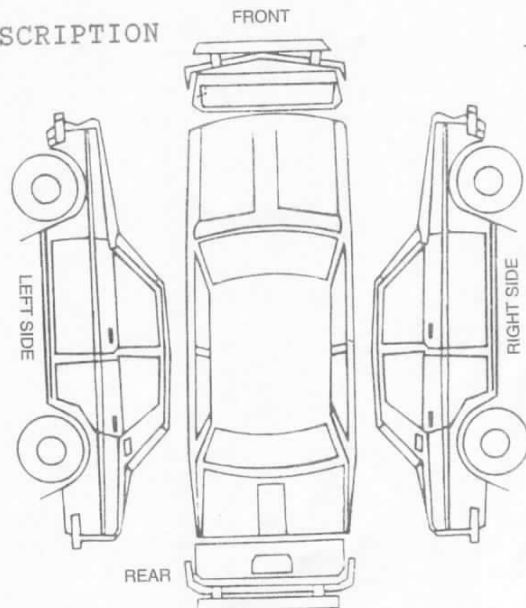
Team: ARC Repair TP(CLSO)1		JOB CARD		Sales Order:		JC NO.: 305254793	
CUSTOMER R/M/S COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (O) EL (R) (P)				REGN NO.: SHC3816H		MILEAGE	
				MAKE: HYUNDAI		FUEL E.....1/2.....f	
				MODEL I-40		DATE/TIME IN 27.12.2018 08:45	
				YR OF MANU. 07.08.2014		TARGET DATE	
				CHASSIS CODE KMHLB41UMEU056314		COMPLETION DATE/TIME:	
DISCOUNT CARD NO.							

JOB DESCRIPTION

Accident Date: 27.12.2018
NATURE: 3P 27.12.2018 -C

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:
/C No.:
Vehicle No.: SHC3816H CHIANG

Vehicle No.: SHC3816H

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard