15/5/2010

INS. CASE OWNER: CC 3, CTI 19002577, Npa3

LKR:
IDAC:

ASSIGNMENT

Surveyor: Na2
DOI: 11/2/19
Date / Time: 11/2/19
Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.: PC4347T	Claim No.:
Name of Insured:	Policy No.:
Insured Tel No.: HP:	Make / Model:
Excess Sec II :S$ D.O.A: 8/2/19	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**

SHO8504U → ____ → ____ → ____

INSRS: WSP: COUE Toyota. Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SHO8504U - CC4/ASM18011994/Clpa3; DOA: 22/11/18
	- CC3/AIG17017609/ML4g3a2; DOA: 23/6/17
	PC4347T - 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: Email ☐ Call ☐
Repair Cost: S$ (days) Reduction: %

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
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:

F2

REF: GTI

Surveyor: NA2

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

X X X

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: SJD 8504U Yr Regn: 7 APR, 2016

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

Make: HYUNDAI 140 c.c. 1,685

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

Sp.Reading 328,858 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMLB41UMGU087124

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / 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.	5 mm	R/Bal.	5 mm
U/Bal.	5 mm	U/Bal.	5 mm
D.O.A	8/2/19	D.O.I.	11/2/19

Survey held at CDGE COYANG

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

The U/C / Chassis frame / Body Structure affected due to collisio CTI PIP

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli Report ☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____ Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp ($ _____) S + RS SI

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____) Others

☐ : Weekend ($ _____)

TOTAL _____

OMFORTDELGRO ENGINEERING
member of COMFORTDELGRO

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205 Braddell Road Singapore 579701
Mainline : + 65 6383 6280 Facsimile : + 65 6280 9755
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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 11.02.2019 08:55

JOB CARD

Sales Order: 3896804 JC NO.: 305266836

Team: ARC Repair TP(CFSO)1

OMER
S CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

OUNT CARD NO.

REGN NO.: SHD8504U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 09.02.2019 10:25
YR OF MANU. 07.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU087124	COMPLETION DATE/TIME:

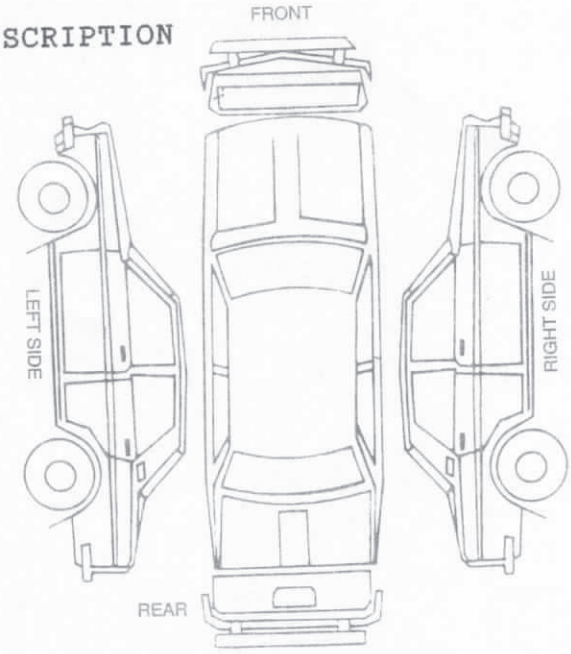
JOB DESCRIPTION

Accident Date: 08.02.2019
NATURE: 3P 08.02.19/B

Rear

CHINA

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SHD8504U FZ CHINA

e of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD8504U

Name of Service Advisor

Date

To be kept by Security Guard