15/5/2010

INS. CASE OWNER: Cynthia | CC 4 / ~~AX~~ ASM A1900 3572/E7463 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kalvin | DOI: 26/7/19. | Date / Time : 26/7/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 9814A | Claim No. : SAM01F4K/100783

Name of Insured : | Policy No. :

Insured Tel No. : | HP: | Make / Model :

Excess Sec II :S$ | D.O.A : 26/7/19. | 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**

SH 8539T → → →

INSRS: WSP: CDVE Tel : Liability : LW RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH 8539T – X SHB 9814A – Y
	*General Arm.
	– OIWR

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 ☐ 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$ (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$		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:	

Surveyor: Kelvin | REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP IWS / 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

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 8539T Yr Regn: 18 Nov, 2016

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

Make: Toyota Prius c.c 1798

Colour Blue A/C: Insted / Std / Nil / NA

Sp.Reading 293651 T/Radio: Insted / Std / Nil / NA

Eng/No: _____

C/No: JTDKB3F440353756X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size; F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	24/2/19	D.O.I.	26/2/19

Survey held at CDGE (Luyang)

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
	AXA
	PP

Date/Time, File Pass to? _____ : Preli. Report

1) _____ : Final Report

Date/Time, File Return to?

2) _____

Report Format _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____ : Site Insp ($ _____)

_____ : Interview ($ _____)

_____ : Tech. Insp ($ _____)

_____ : _____ ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS _____ SI

Photos _____

Others _____

OMFORTDELGRO 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
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 25.02.2019 16:26 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305272190

MER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

MER NO.
SS
(R)
(P)

AXA

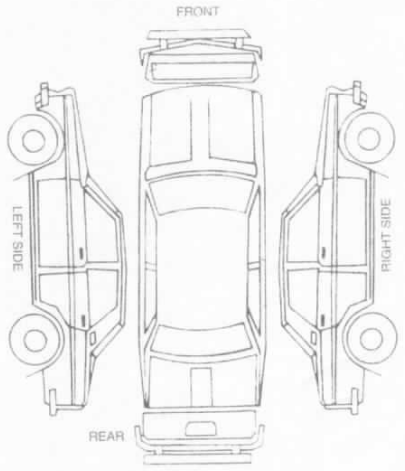
UNT CARD NO.

REGN NO.: SH 8539T	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 25.02.2019 11:55
YR OF MANU. 18.11.2016	TARGET DATE
CHASSIS CODE JTDKB3FU403537564	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.02.2019
NATURE: 3P 24.02.2019

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SH 8539T LKE

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8539T

Name of Service Advisor

Date

To be kept by Security Guard