

15/5/2010

INS. CASE OWNER:

Richard / CCE RM 33666, 12/2/10

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

12/2/10

Date / Time :

24/2/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKK 1250A

Claim No. :

SAMOIFM 101045

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

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

SHC 13AAH



INSRS:

WSP:

Tel :

Liability :

RMKS:

WGT

M



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:	%
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:
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/MVA

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

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.

NIS	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repair: _____ days Res.: Yes or No

Lum Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

3)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp IS

☐ : Interview IS

☐ : Tech. Adv. IS

☐ : Rep. and

Survey Fee:

Transportation:

S + RS IS

Photos

Others

Veh No: SHC B99H Yr Regn: 5 Jan, 2017

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

Truck / Trailer or

Make: Hyundai Ix0 cc 1685

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

Sp. Reading: 439080 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLB414M/H4097914

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Daranti

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 25/2/19 D.O.I. 27/2/19

Survey held at C DGE (Loyang)

Des. of Damages: Frl / Rear / S / NIS / UIC / Roof/Top or

Pen

The UIC / Chassis frame / Body Structure affected due to collision.

AXA

PT

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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Workshops

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383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Ubi Road 3 Singapore 408648

24 Serico Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 26.02.2019 15:24

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305272433

OWNER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

UNIT CARD NO.

REGN NO.:

SHC1399H

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

26.02.2019 11:35

YR OF MANU.

05.01.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU097914

COMPLETION DATE/TIME:

JOB DESCRIPTION

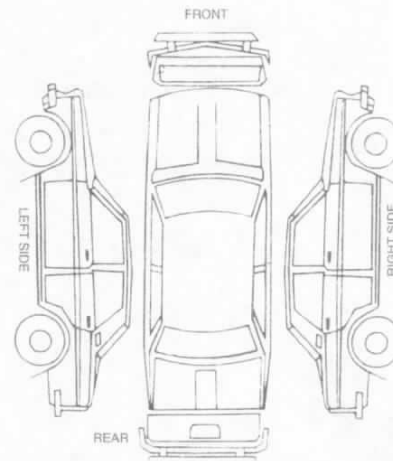
Accident Date: 25.02.2019

NATURE: 3P 25.02.19

S/NO

LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Admission Slip

Exit Pass

Vehicle No.: SHC1399H

LIMITS

Vehicle No.:

SHC1399H

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard