

INS. CASE OWNER:

Lynn Chong

CC 4, ASM 1900

4022, Nfa3

LKK:

IDAC:

102132

Surveyor:

M.T.

DOI:

ASSIGNMENT

5/3/19

Date / Time :

5/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Sml 218 L

Name of Insured :

Tan Eng Chye

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

3/3/19

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

SA M 01 PPF

Policy No. :

Make / Model :

Place 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

SHA 320 B

Sml 218 L

SHD 4860 S



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

CDWG

10445.

1P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

SHD 4860 S - MHA 18/11/12/V : BOA: 20/6/18
 - CSI PC 16/08/2008 - 11/13/2011 : BOA: 30/4/16
 Sml 218 L - 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:

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)

OR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

LTA/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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor

NAR

REF:

ASM

TJ

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SHD 48603

at Workshop m/s

CDGE

of

Insured:

Policy No.

Claims No.

Sum Insured:

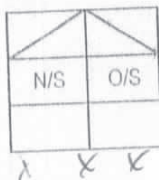
Excess:

(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:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD 48603

Yr Regn: 6 MAR 2014

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

Truck / Trailer or

Make:

HYUNDAI 140

C.C. - 1,685

Colour

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

595,784

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UME.U048578

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:

205/60 R16

R:

11

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

TOYO / YOKO or

WESTLAKE

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

3/3/19

D.O.I.

5/3/19

Survey held at

CDGE COYANG

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

REAR

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

Date / Time

Action / Instruction

Asm US

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

Lump Sum / I.B.I: (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

) S + RS SI

) Photos

) Others

TOTAL

COMFORTDELGRO 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 608286

320 Ubi Road 3 Singapore 128910

24 Serangoon Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 04.03.2019 17:00

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305274443

MEMER

COMFORT TRANSPORTATION PTE LTD

7010045

MEMER NO.

ISS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R)

65508755

(O)

(P)

UNIT CARD NO.

REGN NO.:

SHD4860S

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

04.03.2019 14:10

YR OF MANU.

06.03.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU048578

COMPLETION DATE/TIME:

JOB DESCRIPTION

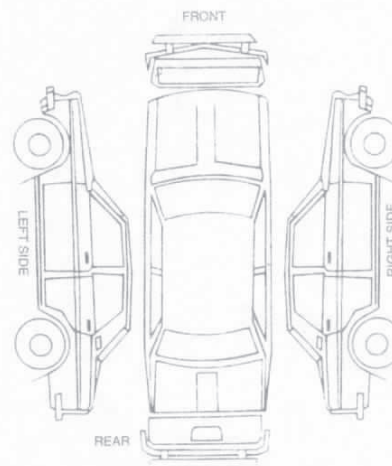
Accident Date: 03.03.2019

NATURE: 3P 03.03.19

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.:

SHD4860S

LIMITS

Vehicle No.:

SHD4860S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard