15/5/2010
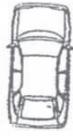
INS. CASE OWNER: Wang Peter | CC 4, Asm 1900 4381, K1ea3

LKK:

IDAC: 103370

Surveyor: Awk

ASSIGNMENT

DOI: 12/3/19

Date / Time: 11/03/2018

Pre-assign / CCU / FTE

Registered in Merimen: —

Insured Vehicle No. : SLC 6339B

Claim No. : 59M01GLO

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$

D.O.A : 9/3/19

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**

SHA 7828 H →

INSRS:
WSP: Coke lorry.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

Date/ Time

SHA7828A - CC3/CT1170158472/K1wb3h27 DOA: 8/8/2017
SLC6339B . 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:

Confirm by:

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: Confirm with

Email □ Call □

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	Email □ Call □
Repair Cost:	S$		If NO or B 28, Ass. Lia :
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$		
Medical:	S$		
Disbursement:	S$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$		2) Report Format:
Total:	S$	Global Sum S$:	3) Survey fee:

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 Insped 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 Report: _____   Consistent? : Yes or No

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

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

Lum Sum: _____ %   J Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHA 7828H**   Yr Regn: **5 Mar 2015**

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

Make: **Hyundi i40**   c.c **1685**

Colour **Blue**   A/C: Insted / Std / NI / NA

Sp.Reading **522198**   T/Radio: Insted / Std / NI / NA

Eng/No: _____

C/No: **KMHLB41UMFU06474**

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:

BS / DUN / EXNOVA / GY / FS / LIZA & MIC / OHTSU / PIR /-SUMI /
TOYO / YOKO or   **Campion**

Front		Rear	
R/Bal. **6** mm		R/Bal. **6** mm	
L/Bal. **6** mm		L/Bal. **6** mm	
D.O.A. **9/3/19**		D.O.I. **12/3/19**	

Survey held at   **C D G E (Loyang)**

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

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

Date / Time	Action / Instruction

N/S	O/S

ASA

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 11.03.2019 14:22   Page : 1

Team: ARC Repair TP(CLSO)1   **JOB CARD**   Sales Order: JC NO.: 305276292

CUSTOMER		REGN NO.: SHA7828H	MILEAGE
R/MS	COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: HYUNDAI	FUEL E............1/2............F
CUSTOMER NO. ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	MODEL I-40	DATE/TIME IN 11.03.2019 09:20
L. (R) (P)	(O)	YR OF MANU 05.03.2015	TARGET DATE
DISCOUNT CARD NO.	AXA	CHASSIS CODE KMHLB41UMFU064767	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.03.2019
NATURE: 3P 09.03.2019

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

Acknowledgement Slip   Exit Pass

Vehicle No.: SHA7828H   LKE   Vehicle No.: SHA7828H

Name of Service Advisor   Signature/Date   Name of Service Advisor   Date

returned to Service Reception upon collection   To be kept by Security Guard