15/5/2019

INS. CASE OWNER: CC³ /CTI1900 4655, 82062

LKK:
IDAC:

ASSIGNMENT

Surveyor: _kalvin_   DOI: 13/7/19   Date / Time: 13/7/19.

Registered in Merimen: _____

Pre-assign / CCU / FTE   GBF 7484K

Insured Vehicle No. : GBF 7484K
Name of Insured :
Insured Tel No. :   HP: 15/7/19
Excess Sec II :S$ D.O.A : 15/7/19
Is driver the owner? (YES / NO)   Nature of Accident :

Claim No. :
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**

SH 7802L ⟶

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: CDGE		WSP:		WSP:		WSP:
	Tel : LIS		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time			STAGE	DATE / PIC
	SH 7802L - X		Non-Reporting ltr (1st):	
	GBF 7484K - (...) 3/1/19		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:	

PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	
			Others:	

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)			
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: Kalvin   REF:

ASSIGNMENT

From: _____   Date: _____

Estimated Cost: _____

OD / TP IWS / TP RES / OD RES / EVA / INV / MV

To Insp.ed 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 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: _____

Date / Time	Action / Instruction

Veh No: **SH 7803L**   Yr Regn: "Feb, 2014

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

Make: Hyundai 240   c.c 1685

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

Sp.Reading: 660241   T/Radio: Insted / Std / Nil / NA

Eng/No: ·

C/No: KMHLB41UMD4043628

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R:

	N/S	O/S

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

	Front			Rear	
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	13/3/19		D.O.I.	13/2/19	

Survey held at   CDGE (Loyang)

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

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

CTZ
4.

Vehicle: IN / OUT

Date/Time, File Pass to? ☐ : Prell. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

☐ : Interview ($ ___)   Photos

☐ : Tech Insp ($ ___)   Other

COMFORTDELGRO ENGINEERING
A member of COMFORTDELGRO

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

Date/Time: 13.03.2019 14:24   Page : 1

Team: ARC Repair TP(CLSO)1	**JOB CARD**	Sales Order: 3905891	JC NO.: 305277199

CUSTOMER		
R/MS	COMFORT TRANSPORTATION PTE LTD	REGN NO.: **SH 7803L**	MILEAGE
CUSTOMER NO.	7010045	MAKE : **HYUNDAI**	FUEL E...........1/2...........F
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL **I-40**	DATE/TIME IN **13.03.2019 12:30**
TEL. (R) (P)	65508755 (O)	YR OF MANU **11.02.2014**	TARGET DATE
DISCOUNT CARD NO.		CHASSIS CODE **KMHLB41UMDU043628**	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.03.2019
NATURE: 3P 13.03.19/B-

S/NO	LABOR CODE	DESCRIPTION
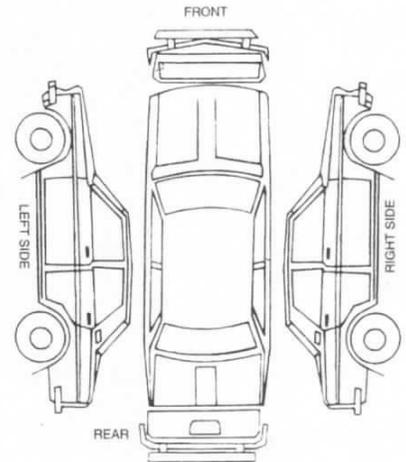
CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

Acknowledgement Slip	Exit Pass
Date:	
No.:	
Vehicle No.: **SH 7803L** FZ CHINA	Vehicle No.: **SH 7803L**
Name of Service Advisor Signature/Date	Name of Service Advisor Date
To be returned to Service Reception upon collection	To be kept by Security Guard