15/5/2010

INS. CASE OWNER: | CC 3/CT1 1900 5055 /Klea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Awk DOI: 19/3/2019 Date / Time : 19/3/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : Ym 6533A		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 18/3/2019	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**

SHD 3238 X → ________ → ________ → ________

INSRS: WSP: Clear ways Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD3238X - CC2/A16180007741/KLW5392; DOA: 10/1/18
	Ym 6533A - CL6/1117012861/AKca392; DOA: 29/6/17
	- C5/CT1 19003829/Kled3 ; DOA: 25/2/19

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)		
LOR only ☐	LOU only ☐ LOR + LOU ☐	LOR + LOI ☐ **[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 Insped Vehicle No: ______

at Workshop m/s ______

of ______

Insured: ______

Policy No. ______

Claims No. ______

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

N/S	O/S

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: ______ Vehicle: IN / OUT

Veh No: SHD 3238X Yr Regn: 30 Jan 2016

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading: 344387 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: KMHLB41UAK4091607

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. 18/3/19 D.O.I. 19/3/19

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.

Date / Time	Action / Instruction
	CTI

Date/Time, File Pass to? ______

1) ______

Date/Time, File Return to?

2) ______

☐ : Prel. Report

☐ : Final Report

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp S$ ______

☐ : Interview S$ ______

☐ : Tech. Invest S$ ______

☐ : Test ______

Report Format ______

Survey Fee: ______

Transportation: ______

___S + RS___SI ______

Photos ______

Others ______

614.60

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: 18.03.2019 15:29 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305278656

OMER

S COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO.
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

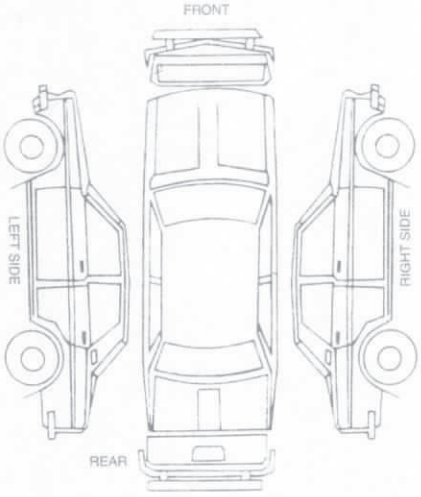
OUNT CARD NO.

REGN NO.: SHD3238X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 18.03.2019 11:10
YR OF MANU 30.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091607	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 18.03.2019
NATURE: 3P 18.03.2019

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHD3238X CHIANG

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3238X

Name of Service Advisor

Date

To be kept by Security Guard