15/5/2010

INS. CASE OWNER: CC 3/1111900 5787, Neb3

LKK:

IDAC:

ASSIGNMENT

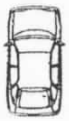
Surveyor: Naz

DOI: 01/4/19

Date / Time : 11/4/19

Registered in Merimen: 15/4/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 8383G.

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 21/2/19.

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

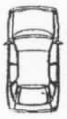
Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHC 1105P →



INSRS:
WSP:
Tel :
Liability :
RMKS: COLE LY

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC1105P-Y GBG8383G-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 ☐ Cal ☐
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 ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

CS / ~~III~~ 9005787 N d3 III

REF: INC

F2

Surveyor: NAZ

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect 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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SHC 1105P Yr Regn: 5 Jul 2017

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

Make: TOYOTA PRIUS HYBRID c.c. 1,798

Colour BLUE A/C: Insur.d / Std / NI / NA

Sp.Reading 249,437 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU303561189

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / (STD) A/Rim or

Tyre Size: F: 195/65 R15

R: 11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	31/3/19	D.O.I.	11/4/19

Survey held at CDGE LOYANG

Dos. 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 collisio

PLP

Date / Time	Action / Instruction
	SHC 1105P - CC4 / 111 18021815 / GPB3 D.O.A - 16/11/2019
	GBG 8383G - X
	NO Policy
23/4/19	FINALIZED PART BY PART REPAIR $ 332.21 / 4 DAYS
25/04/19	@ 09:11 a.m. checked with Fauzy, proceed direct settlement (Meera) from III

Date/Time, File Pass to?

1) : Preli Report

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

: Weekend ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL

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

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 3910539 JC NO.: 305282954

OMER
S
OMER NO.
ESS
(R)
(P)
UNT CARD NO.

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

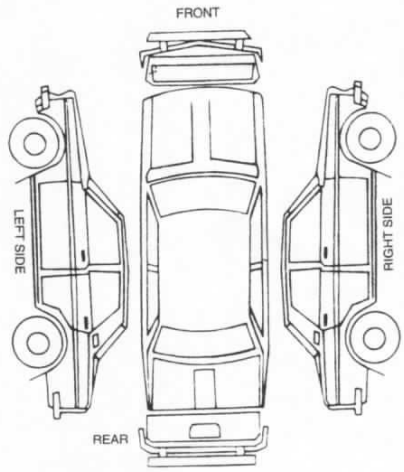
REGN NO.: SHC1105P	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 31.03.2019 09:45
YR OF MANU 05.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU303561189	COMPLETION DATE/TIME:

JOB DESCRIPTION

NTUC

Accident Date: 31.03.2019
NATURE: 3P 31.03.19/B

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC1105P

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1105P

Name of Service Advisor

Date

To be kept by Security Guard