15/5/2010

INS. CASE OWNER: CC 3, LPC 1900 5897, K1ha3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Awk DOI: 24/4/19 Date / Time : 24/4/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YN8804A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A : 11/4/19

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**

SH 6846 U → → →

INSRS:
WSP: Unknown/Loyang
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH6846U - O3/ARA1301/1546/H/V/b3w7 ; DOA: 28/6/13
	YN8804A - 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)	
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: Kelvin | REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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: _____ 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: SH 6846 Yr Regn: 16 IV , 2015

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 52 9442 T/Radio: Insulated / Std / Nil / NA

Eng/No: _____

C/No: KMHLB41UMG407526 6

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: 205/60R16

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	1/4/19	D.O.I.	2/4/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	Lompoc c/s

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

_____ : Final Report

Date/Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____ : Site Insp (S$ _____)

_____ : Interview (S$ _____)

_____ : Tech. Insp (S$ _____)

_____ : Test and _____

Survey Fee: _____

Transportation: _____

_____ S + RS _____ SI

Phone _____

Other _____

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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: 02.04.2019 11:50 Page : 1

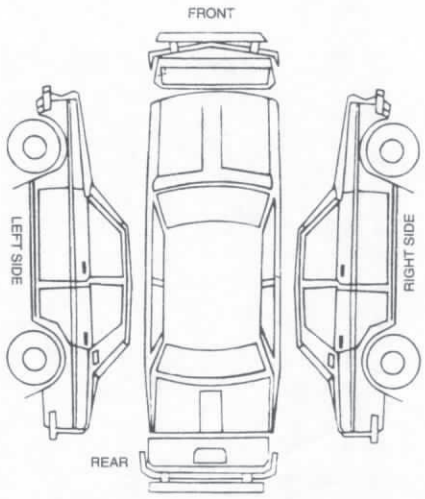
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 3911263 JC NO.: 305283671

TOMER		REGN NO.: SH 6846U	MILEAGE
MS	COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E.....1/2.....F
TOMER NO.	7010045	MODEL I-40	DATE/TIME IN 02.04.2019 09:25
RESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 16.07.2015	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE KMHLB41UMGU075266	COMPLETION DATE/TIME:
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 01.04.2019
NATURE: 3P 01.04.19/B

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
.:
le No.: SH 6846U FZ LONPAC

e of Service Advisor Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6846U

Name of Service Advisor Date

To be kept by Security Guard