15/9/2010

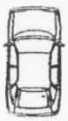
INS. CASE OWNER: CC 4/CTI1900 710 FZ pb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Falvin DOI: 7/4/19 Date / Time : 7/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YK 985D. Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

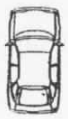
Excess Sec II :S$ D.O.A : 14/4/19. Place of Accident :

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

If **NO**. Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

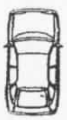
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHA 7213H → → →



INSRS:
WSP: LOKE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 7213H YK 985D

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 + 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: Kelvin | REF:

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: _____ 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: SHA 7913J Yr Regn: 16 July 2015

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

Make: Hyundai Z4o c.c 1685

Colour Blue A/C: Ins~~ured~~ / Std / NI / NA

Sp.Reading 32~~8~~14 T/Radio: Ins~~ured~~ / Std / NI / NA

Eng/No: _____

C/No: KMHC8x14MGU075782

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: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	19/4/19	D.O.I.	22/4/19

Survey held at CDAE (Loyang)

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

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

Date / Time	Action / Instruction
	CTI 4x

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : _____ ($ _____)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 22.04.2019 11:25 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3916045 JC NO.: 305289024

OMER

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

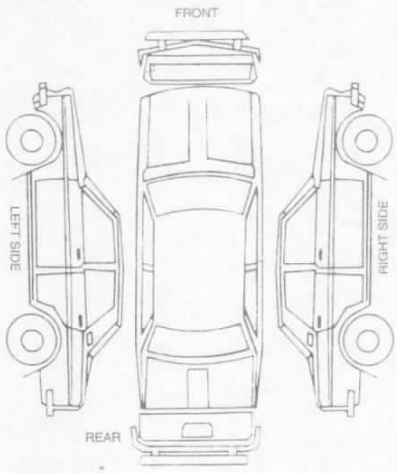
OUNT CARD NO.

REGN NO.: SHA7913U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 19.04.2019 05:30
YR OF MANU. 16.07.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU075382	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.04.2019
NATURE: 3P 19.04.19

S/NO	LABOR CODE	DESCRIPTION
000010	23-01	TOWING FEE



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA7913U JU CHINA

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7913U

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

NOTE. F/R TYRE Exchange to spare TYRE. By sve workshop.

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Maintline +65 6383 6280 Facsimile +65 6280 9755
Service Centres
205 Braddell Road Singapore 579701 | 59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286 | 383 Sin Ming Drive SIngapore 575717
7 Sungei Kadut Way Singapore 728791 | 320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
6553 1111
SPARK Assist Recovery • Towing • Accident
Appointed Partners

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 19/4/19 Time Received: 0700

2. ☐ New ☐ SPARK Kakis

Name of Customer : Mr MOHD

Contact No. : 86618121

Vehicle No. : SHA7913U

Make / Model / Colour : 140

Email :

3. Vehicle Type:
- ☐ Private
- ☑ Taxi (CTPL/CCPL)
- ☐ Fleet
- ☐ STK (Boon Lay)

4. Type of Towing:
- ☑ Normal Tow
- ☐ King Dolly
- ☐ Flat Bed
- ☐ Crane-up

5. Nature of Service:
- ☐ Jumpstart
- ☐ Recovery
- ☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

7. Location: 5-7 Geylang Bahru

8. Vehicle Tow - In Workshop:
- ☐ Smoky Exhaust
- ☐ Overheating
- ☐ Brake Faulty
- ☐ Starting Problem
- ☑ Accident
- ☐ Return Taxi
- ☐ Wheel Jammed
- ☐ Steering Faulty
- ☐ Alternator Faulty
- ☐ Loss Power
- ☐ Engine Stalled

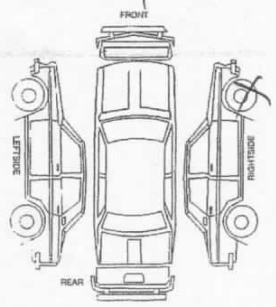
STEERING PROBLEM

9. Preferred Workshop:
- ☐ Braddell
- ☑ Loyang
- ☐ Pandan
- ☐ Sin Ming
- ☐ Sungei Kadut
- ☐ Ubi
- ☐ Senoko
- ☐ Komoco (UBI / Leng Kee)
- ☐ Cycle & Carriage (PD)
- ☐ Others:

10. Odometer Reading : 324798

Fuel Level : F | 1/4 | 1/2 | 3/4 | E

11. Radio / CD Player
- ☐ OK
- ☐ Faulty
- ☐ Not tested



#: Cracked X: Dented
/: Scratched O: Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☐ TZ ☐ YISHUN TOWING ☐ OTHERS

Name of Driver : Shan Song

Vehicle No. : YK985D

Time Dispatch : 0446

Time of Arrival : 0624

Time Completed : 0700

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

19/4/19 Date | 0700 Time | Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard | Date & Time of Arrival | Signature of Attending Staff/Guard

CUSTOMER'S COPY