

Surveyor:

Amc

DOI:

ASSIGNMENT

29/4/19

Date / Time :

29/4/19

Registered in Merimen:

Pre-assign / CCU / FTE

GAA 70442



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

26/4/19

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

SHC 7756 X



INSRS:

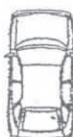
WSP:

Tel :

Liability :

RMKS:

chhe loyong



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 7756 X - 05/04/19 006669/1003 : 10/4/19
GAA 70442 - 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:	%
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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$			2) Report Format:
				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 Report: _____ 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: SHC 7756X Yr Regn: 7th Jan 2013
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa Fe c.c. 1991
 Colour: Yellow AJC: Insured / Std / NI / NA
 Sp. Reading: 762690 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHBT41MCA 831459
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 245/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Went to
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 26/4/19 D.O.I. 29/4/19
 Survey held at CPAE (Loyang)
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
8/5/19	Insured US \$2650 / 3 hrs. CTZ 45

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

____ \$ + PS ____ \$

Add Fee: ☐ : Site Insp (S) _____

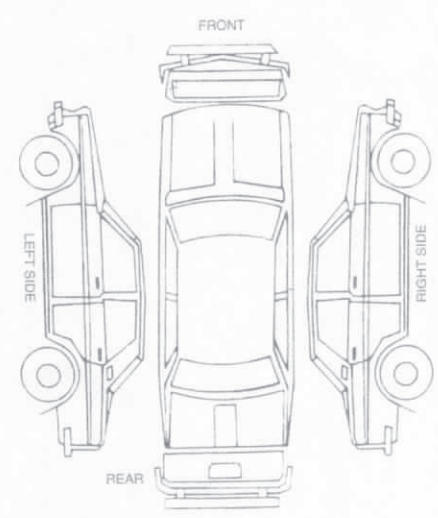
Team:	ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305291064
TOMER		REGN NO.:	SHC7756X	MILEAGE
MS	CITYCAB PTE LTD	MAKE :	HYUNDAI	FUEL
TOMER NO.	7010070	MODEL	SONATA	E.....1/2.....F
RESS	383 SIN MING DRIVE	YR OF MANU.	30.01.2013	DATE/TIME IN
	Singapore SINGAPORE 575717	CHASSIS CODE	KMHET41VMCA831459	27.04.2019 11:20
(R)	65551188			TARGET DATE
(P)				COMPLETION DATE/TIME:
COUNT CARD NO.				

CHINA

JOB DESCRIPTION

Accident Date: 26.04.2019
NATURE: 3P 26.04.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

:
:
e No.:

SHC7756X

LKE

Kalu

Exit Pass

Vehicle No.:

SHC7756X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No 305291064
Date : 07.05.19

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC7756X CCPL

Fax :

26.04.19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: CHINA — GBA7044Z
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c.) Lumpsum Repair (if applicable) _____
 - Total for Lumpsum repair cost after Less: 20% \$2,650.00
 - Final Lumpsum Repair cost** \$2,650.00

3. Estimated normal period for repairs: 3 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kahr
Date : 8/5/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:
