15/5/2010

INS. CASE OWNER:

CC 3/CTI1900 7719, #1j63

LKK:
IDAC:

Surveyor: __kalvin__ DOI: __3014/m__

ASSIGNMENT

Date / Time: __3014/4__

Registered in Merimen: _____

Pre-assign / CCU / FTE GBH 2966J.

Insured Vehicle No. : __GBH 2966J.__

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : __2014/09__

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 2911C

INSRS:	INSRS:	INSRS:	INSRS:
WSP: COGE	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : W	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		SHC2911C-4 GBH2966J-4	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:

Surveyor: Kalvin   REF: _____

ASSIGNMENT

From: _____ Date: _____	Veh' No: SHC 3211 C Yr Regn: 1 Feb, 2019

Estimated Cost: _____

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

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

To Insp ed Vehicle No: _____

Make: Hyundai Towy   c.c 1580

at Workshop m/s _____

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

of _____

Sp.Reading: 2 6 329   T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: KMHC851CVKU138055

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or _____

Make of Veh: _____

Modi: Nil / S/Rim / STD A/Rim or _____

(Policy Condition)

Tyre Size;   F: 195/65R15
              R: _____

Remark: The veh had commenced Its repair at the time of inspection.

N/S	O/S

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

Bal. or Market Value: _____

	Front			Rear	
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days   Res.: Yes or No

D.O.A.	29/4/19	D.O.I.	30/4/19

Lum Sum: _____ %   3 Val.: Yes or No

Survey held at: CDAE (Loyang)

CA / REV / REP. / 24 HRS

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or o/s wing Mirror

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	CTI
	P/P

Date/Time, File Pass to?	☐ : Prell. Report	Days Of Repair: _____
1) _____	☐ : Final Report	Resurvey No. of Trip: _____
Date/Time, File Return to?		

				Survey Fee:	
2)	Add Fee: ☐ : Site Insp ($ ____)			Transportation:	
	☐ : Interview ($)			S + RS___SI	
Report Format:	☐ : Tech. Inve ($)			Photos	
_____	☐ : Weekend			Others	
				TOTAL	

OMFORTDELGRO ENGINEERING

member of **COMFORTDELGRO**

JOB CARD

Team: ARC Repair TP(CLSO)1   Sales Order: JC NO.: 305291883

OMER

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

OUNT CARD NO.

REGN NO.: SHC3211C	MILEAGE
MAKE : HYUNDAI	FUEL E................1/2................F
MODEL IONIQ(G2)	DATE/TIME IN 30.04.2019 11:40
YR OF MANU. 01.02.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU134055	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.04.2019
NATURE: 3P 29.04.19

S/NO   LABOR CODE   DESCRIPTION
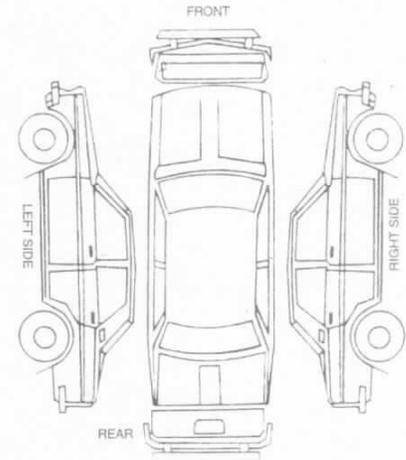
CKED & PASSED OUT BY: _____

_____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

ledgement Slip   Exit Pass

                                   Vehicle No.:

No.: SHC3211C   LIMTS   SHC3211C

f Service Advisor   Signature/Date   Name of Service Advisor   Date