15/5/2010

INS. CASE OWNER: CC 3/CTI1900 8519 , K1e63.

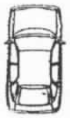
LKK:
IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 17/5/19 Date / Time : 18/5/19

Registered in Merimen: —

Pre-assign / CCU / FTE



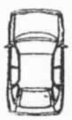
Insured Vehicle No. : GBC 7834A		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 17/5/19.	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

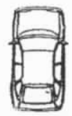
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

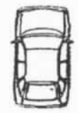
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHA 7845M ⟶ ______ ⟶ ______ ⟶ ______


INSRS: [illegible]
WSP: m.
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA8845M - k GBC7834A - a	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$ (S x days)		
Loss of Income (LOI):	S$ (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

Estimate Cost:

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

To Insp ed 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 7895 M Yr Regn: 30 Jun 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: Installed / Std / NI / NA

Sp.Reading: 579312 T/Radio: Installed / Std / NI / NA

Eng/No:

C/No: KMHLB41UMGU075154

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD G/Rim or

Tyre Size: F: 205/60R16

R: "

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	12/5/19		D.O.I.	13/5/19	

Survey held at: CDAE (Loyang)

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

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

Date / Time	Action / Instruction
	CTZ
	4x

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) __S + RS __SI

[ ] : Interview ($) Photos

[ ] : Technical ($) Others

[ ] : Weekend ($)

Survey Fee:	
Transportation:	
S + RS __SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
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

Date/Time: 13.05.2019 14:11 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

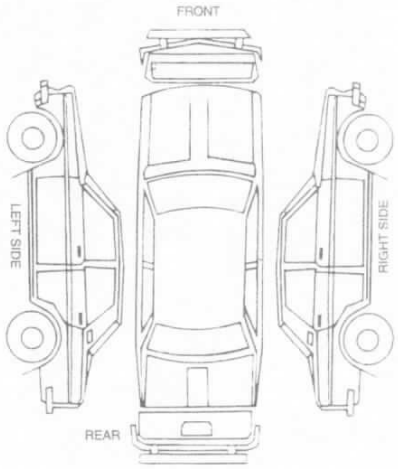
JC NO.: 305295079

OMER	REGN NO.: SHA7895M / MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI / FUEL E.....1/2.....F
OMER NO. 7010045	MODEL I-40 / DATE/TIME IN 12.05.2019 18:50
IESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 30.06.2015 / TARGET DATE
(R) 65508755 (O) (P)	CHASSIS CODE KMHLB41UMGU075154 / COMPLETION DATE/TIME:
OUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 12.05.2019
NATURE: 3P 12.05.19

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA7895M LIMTS

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7895M

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

6553 1111

SPARK Assist
Recovery • Towing • Accident

Appointed Partners

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 12/5/19 Time Received:

2. ☐ New ☐ SPARK Kakis

Name of Customer : Snmnuddin

Contact No. 96844577

Vehicle No. SHA 7895M

Make / Model / Colour :

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: Toa Payoh Lor 4

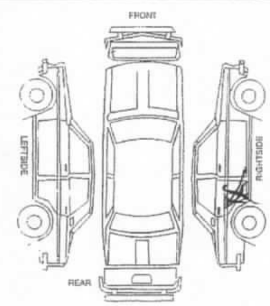
8. Vehicle Tow - In Workshop:
- ☐ Smoky Exhaust
- ☐ Wheel Jammed
- ☐ Overheating
- ☐ Steering Faulty
- ☐ Brake Faulty
- ☐ Alternator Faulty
- ☐ Starting Problem
- ☐ Loss Power
- ☐ Accident
- ☐ Engine Stalled
- ☐ Return Taxi

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

10. Odometer Reading : 578311

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

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



: Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

Job Attended

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

Name of Driver : Mazi Ah Tk

Vehicle No. : GU 4140J

Time Dispatch : 1950

Time of Arrival : 2020

Time Completed :

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™

12/5/19

Date Time Signature of Customer

14. WORKSHOP

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

CUSTOMER'S COPY