15/5/2010

INS. CASE OWNER: CC³ /CTI1900 8729 , K1963 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kalvin   DOI: 15/5/19   Date / Time : 15/5/19.

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 : 14/5/19.	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**

SHC929K → ______ → ______ → ______

INSRS: C06E	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : 100	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC929K - X
	YK985D - CC3/CTI1900 8729 K1963 DOA : 14/5/19

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$ (S x days)		
Loss of Income (LOI):	S$ (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 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: SHC 929K Yr Regn: 10 Oct 2013

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

Make: Mercedes Benz Vi ano c.c 2143

Colour White A/C: Insp'ed / Std / NI / NA

Sp.Reading 726276 T/Radio: Insp'ed / Std / NI / NA

Eng/No:

C/No: WDF63981323801650

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop'er / Jammed / Leaked / Burnt or

Brake: Inop'er / Jammed / Leaked / Burnt or

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

Tyre Size; F: 225 / 60 R16C

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	14/5/19	D.O.I.	15/5/19

Survey held at CDAE (Loyang)

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

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

Date / Time	Action / Instruction
	CTE

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Technical ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
__S + RS__SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408849
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3922724 JC NO.: 305295824

STOMER

/MS CITYCAB PTE LTD
STOMER NO. 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
.. (R) 65551188 (O)
(P)

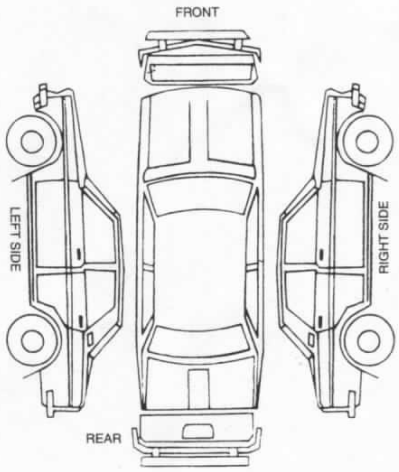
COUNT CARD NO.

REGN NO.: SHC 929K	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL VIANO CDI 2.2L	DATE/TIME IN 14.05.2019 14:45
YR OF MANU. 10.10.2013	TARGET DATE
CHASSIS CODE WDF63981323801650	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.05.2019
NATURE: 3P 14.05.19/B

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC 929K FZ CHINA

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 929K

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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205 Braddell Road Singapore 579701
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Service Centres
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7 Sungei Kadut Way Singapore 728791
24 Senoko Loop Singapore 758156
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
320 Ubi Road 3 Singapore 408649

6553 1111
SPARK Assist
Recovery • Towing • Accident

Appointed Partners

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 14/5/19 Time Received: 14:44

2. ☐ New ☐ SPARK Kakis
Name of Customer : Leng Say Boon
Contact No. : 91828353
Vehicle No. : SHC 929 K
Make / Model / Colour :
Email :

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

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: 190 BOON LAY DR

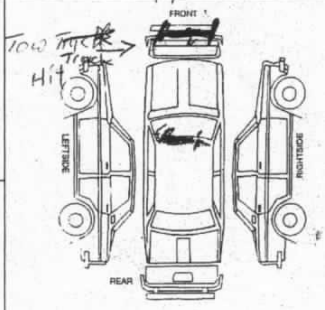
8. Vehicle Tow - In Workshop:
☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☑ Starting Problem ☐ Loss Power
☐ Accident ☐ Engine Stalled
☐ Return Taxi
Front Got sound can't start

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

10. Odometer Reading : being loaded onto the

Fuel Level | F | 1/4 | 1/2 | 3/4 | E | breakdown, the vehicle

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested
pulled broken



: Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAQ ☐ TZ ☐ YISHUN TOWING ☐ OTHERS
Name of Driver : Yin Lei
Vehicle No. : YJC985D
Time Dispatch : 14:44
Time of Arrival : 15:20
Time Completed : 16:20

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™.

14/5/19 — Date
16:20 — Time
Signature of Customer

14. WORKSHOP

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

WORKSHOP COP