1575/2010		CC 3 /CTI1900	9874,1	LLKK: IDAC:	
INS. CASE OWNER			IN CENTE		
	Kalvin.	DOI: M	glu	hilt	olun.
Surveyor:	(	DOI:	9 00	Date / Time : Registered in Merimen:	_
Pre-assign / CCU	/ FTE			regimered in memory	
	SCA 22	99R.	Claim No.		
Insured Vehicle No	). :			:	
Name of Insured	:		Policy No.		
Insured Tel No.	:	HP:	Make / Model	:	
Excess Sec II :S\$		D.O.A: Mb 4.	Place of Accid	lent :	
Is driver the owner		Nature of Accident :			
If NO. Driver Nar	ne / Age ·		OI GIA REPO	RT: YES / NO : TP GIA RE	PORT: YES / NO
Driver Tel		(V/L: YES / NO )	Insured Liabil		Yes / No
SHA 757	nH -				
- Little State			TA COD C	IN	ISRS:
WSP: WY	INSRS WSP:		INSRS: WSP:		SP:
A Tel:	M' A Tel:	A-A	Tel:	n n	1:
Liability:	Liabili	(U - V)	Liability : RMKS:	[MW]	ability : MKS:
RMKS:	RMK:	S:	KMKS:	K	VIKS.
Date/ Time	111111111111111111111111111111111111111	/		cm - cm	DATE/PIC
	SHATEMIN -1	1	^ -	STAGE Non-Reporting ltr (1st):	DATE/FIC
	SUVNART	\$107119000000000	NA 2 56	Non-Reporting ltr (2nd):	
	1 10	10149009674182	V6/3	Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
		1- 1 (0) 11-1	***	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:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:	
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):		days)			
LOR only LOU only		LOR + LO [Tick only	onel		
GIA/LTA Search	SS	Tree only	0,101		
Medical:	S\$			1) Claim status: Normal/Re	ject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independ	dent)	2) Report Format:	
Legal Cost	SS			3) Survey fee:	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal	
Payee 1:	SS	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	SS	Name 3:			

	Ven No. SHA 7533H Mer 2015
Profit Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / T A / Prime Mover /
EstimatedCost ""	Truck / Trailer or
ODITP/WS/TP RES/OD RES/EVA/INV/MV	
To Inspect Vehicle No:	Make: Handa Z40 c.c 1685  Colour Blue A/C: Insufed/Std/NI/NA
at Workshop m/s	Sp.Reading 54724 T/Radio: Ins@ed / Std / NI / NA
of	
insured:	C/No: KMHLB41 umf4065935
Policy No.	
Claims No.	Gen. Cond: Good / Far / Poor / Burnt
Sum Insured: Excess:	Steering: Inor 194/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorger Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/B/m or
	Tyre Size: F: 205/60116
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Catypeon
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 4 7 mm [L/Bal. 7 mm
Est Repairs: days Res.: Yes or No	D.O.A. 29/5/19 D.O.I. 31/5/19
Lum Sum: % 3 Val.: Yes or No .	Survey held at CPGE (Loyans)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN/OU	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	GI
13	4)-
:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
1) : Final Report	Transportation:
Date/Time, File Return to?  Add F	
2) Add F	Interview (\$ ) Photos
Signature and the signature of the signa	Tech. Invs (\$ ) Others
Report Format :	: Weekend (\$
Lump Sum / I.B.I: (\$)	TOTAL

e Welnigi



COMFORTDELGRO

Date/Time: 30.05.2019 16:12 Page: 1

JC NO.: 305299676 JOB CARD Sales Order: Team: ARC Repair TP(CLSO)1 MILEAGE REGN NO.: SHA7533H TOMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE: VIS. HYUNDAI 7010045 TOMER NO. 383 SIN MING DRIVE 29.05.2519 17:30 MODEL I - 40Singapore SINGAPORE 575717 65508755 YR OF MAN26.03.2015 TARGET DATE (R) (P) CHASSIS CRAFTLB41UMFU065935 COMPLETION DATE/TIME: COUNT CARD NO.

JOB DESCRIPTION

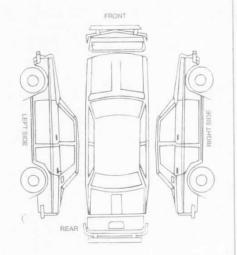
Accident Date: 29.05.2019

NATURE: 3P 29.05.2019

S/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:				
SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
wledgement Slip		Exit Pass		
s.: SHA7533H	CHIANG	Vehicle No.: SHA7533H		
e of Service Advisor	Signature/Date	Name of Service Advisor	Date	
returned to Service Reception upon collection		To be kept by Security Guard		



member of COMFORTDELGRO

⊕ 6553 1111 5PARH OAssist

ComfortDelGro Engineering Pte Ltd



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition					
1. Date: >P. Y. 15 Time Receiv	ed: \820	3. Vehicle Type:		pe of Towing:	
2. New SPARK Kakis		Private		→ Normal Tow  ☐ King Dolly	
Name of Customer : Mr Chan	A	Taxi (CTPL/CCPL)		☐ Flat Bed	
Contact No. : 96930618		STK (Boon Lay)		Crane-up	
Vehicle No. : 3HA 753	2 H	5. Nature of Service:	6. P	arts Replaced/Remarks:	
	2.1	Jumpstart			
Make/Model/Colour: ( I I MO		Recovery			
Email :		Change Tyre / Batte		w	
7. L()ion: Shell Tax	mpines A	re 2 8	. Vehicle Tow - In  Smoky Exh		
9. Preferred Workshop:			Overheating		
☐ Braddell ☐ Loyang		Pandan	Brake Fault Starting Pro		
Sin Ming Sungei Kadut		Ubi	Accident	Engine Stalled	
Senoko Komoco (UBI / I	Leng Kee)	Cycle & Carriage (PD)	Return Taxi		
United St.					
10. Odometer Reading :		11. Radio / CD Pi	ayer -	FRONT	
		□ ок			
Fuel Level : F 1/	4 1/2 3/4 E	Faulty	tod	91 14 18	
Job Attended		Not tes	ted	пертия почетия	
Job Attended					
12. Tow Truck / Recovery Van : URS	G QA GA	OZTZ YISHUN [	OTHERS		
Name of Driver :	189	TOWING			
V ple No. : G	52288I				
Time Dispatch :				#: Cracked X: Dented /: Scatched O: Missing	
Time of Arrival :				AL.	
				Signature of Customer	
Time Completed :	eranica versiones and			Oignature or oddtorner	
Cash Invoice Details (if applicable)					
13. Cash Invoice No. :					
Customer Acknowledgement					
a. I have been advised to remove all valuable iter	ms in my vehicle, includ	ling Global Positioning System (	GPS), audio compa	ct disk, thumbdrive, carpark coupo	
cash cards, spectacles, pen, etc. b. I understand that any items left behind are at	my own risk and SPAR	K Car Care™ will not be held liab	ole for such losses.		
c. Surcharge: Towing fee will be levied if the cus	tomer decides neither t	to tow nor proceed with the repa	irs in SPARK Car Car	are™.	
				11.	
29.2.19	1852				
Date	Time		Signatur	e of Customer	
14. WORKSHOP					
	Det a T	of Amiron	Cionati wa of A	ttending Staff/Guard	
Name of Attending Staff/Guard	Date & Time of	oi Affival	Signature of A	CUSTOMER'S C	