15/5/2010

INS. CASE OWNER: CC 3/EQI1900 9879. / [illegible] | LKK: | IDAC:

ASSIGNMENT

Surveyor: Taufiek. DOI: 2/6/19 Date / Time : 3/6/19.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : PC 5855M. Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 1/6/19. 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 7101C → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: LODGE IN.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA7101C – CC4/EQI1900376[illegible] DOA: 2/6/19.
	PC 5855M – 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: % 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: Tanjilah | REF: EQ

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect 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
	X

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: SHA3001C. Yr Regn: 2017 Dec

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

Make: Hyundai I40 c.c. 1685

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

Sp.Reading: 233713 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB414MHM099945.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	3/6/19 @ 5.20pm

Survey held at: Comfort Loyang

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

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

Date / Time	Action / Instruction

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 ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:
Transportation: $ + RS, SI
Photos
Others
TOTAL

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

COMFORTDELGRO

Date/Time: 03.06.2019 08:48 Page : 1

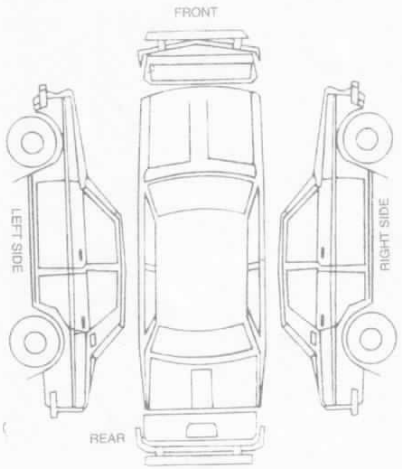
Team: ARC Repair TP('CLSO)1 **JOB CARD** Sales Order: JC NO.: 305300285

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHA3001C	MILEAGE
/MS	7010045	MAKE : HYUNDAI	FUEL E.....1/2.....F
STOMER NO.	383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 01.06.2019 22:30
DRESS	Singapore SINGAPORE 575717	YR OF MANU 20.12.2017	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE KMHLB41UMHU099945	COMPLETION DATE/TIME:
(P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 01.06.2019
NATURE: 3P 01.06.2019

S/NO	LABOR CODE	DESCRIPTION



HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

ne:
No.: SHA3001C CHIANG
icle No.:

ne of Service Advisor Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA3001C

Name of Service Advisor Date

To be kept by Security Guard