15/5/2010

INS. CASE OWNER: Richard | CC 4 Asm /~~AXA~~1901 0766, NPB3. | LKK: IDAC:

ASSIGNMENT

Surveyor: MAZ DOI: 17/6/19 Date / Time : 18/6/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 303K Claim No. : SAMOZQUQ/ 171864

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 15/6/19 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

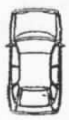
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHA 699J. → → →

INSRS:
WSP: LOKE
Tel :
Liability : 4.
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA699J - t SHD303K - t
	- O/NR

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$	($ 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 ☐ 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: NA2 | REF: AKA

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

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 Rpart: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: SHA 699J Yr Regn: 30 APR 2019

Type: M.Car / M.Cycle / BUS / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailor or

Make: HYUNDAI IONIQ c.c. 1580

Colour YELLOW A/C: (Insur. d) Std / NI / NA

Sp.Reading 26,397 T/Radio: (Insured) Std / NI / NA

Eng/No:

C/No: KMHC851CVKU147026

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / (STD A/Rim or

Tyre Size: F: 195/65 R15

R: 11

BS / DUN / EXHOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	15/6/19	D.O.I.	17/6/19

Survey held at CDGR LOYANG

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

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

Date / Time	Action / Instruction
	AKA PIP

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Proll Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) S + HS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Emails

☐ : Weekend ($)

Survey Fee:

Transportation:

TOTAL

COMFORTDELGRO ENGINEERING

COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 17.06.2019 08:52 Page : 1

JOB CARD

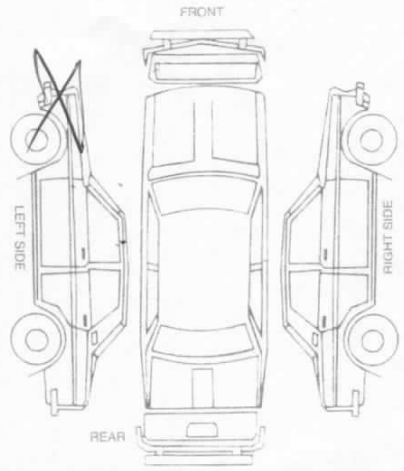
Team: ARC Repair TP(CFSO)1 Sales Order: JC NO.: 305303840

OMER		REGN NO.: SHA 699J	MILEAGE
IS	CITYCAB PTE LTD	MAKE : HYUNDAI	FUEL E.....1/2.....F
OMER NO.	7010070	MODEL IONIQ(G2)	DATE/TIME IN 15.06.2019 13:30
IESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 30.04.2019	TARGET DATE
(R)	65551188 (O)	CHASSIS CODE KMHC851CVKU141026	COMPLETION DATE/TIME:
(P)			
OUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 15.06.2019
NATURE: 3P 15.06.19/C

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA 699J JU AXA

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 699J

Name of Service Advisor

Date

To be kept by Security Guard