INS. CASE OWNER: CC *3* /EQI1901 | 108 , K1wb3   LKK:

IDAC:

Surveyor: _Kalvin._   DOI: _21/6/19_   **ASSIGNMENT**   Date / Time : _21/6/19_

Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No. : _SKX 2413 Y._   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : _20/6/19._   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**

SH 9715 U   →   _____ → _____   _____ → _____   _____ → _____

INSRS: WSP: _COTE_ Tel : Liability : _ln_ RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SH 9715 U — ✗ SFX 2413 Y ✗	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:	

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):	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 ☐ Cal ☐	
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		

Surveyor: Kalvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insped 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: SH 97154　Yr Regn: 5 July, 2018

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

Truck / Trailer or _____

Make: Hyundai Zonig　c.c　1580

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

Sp.Reading: 8 21 72　T/Radio: Insured / Std / NI / NA

Eng/No:. _____

C/No: KMHC851CKJ410748

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: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Duranti

Front		Rear	
R/Bal. 8	mm	R/Bal. 8	mm
L/Bal. 8	mm	L/Bal. 8	mm
D.O.A. 20/6/19		D.O.I. 21/6/19	

Survey held at CPGE (Loyang)

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

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

Date / Time	Action / Instruction			
				EQ
				/11

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

1) _____　☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)　___S + RS.___SI

☐ : Interview ($ _____)　Photos

☐ : Tech Invs ($ _____)　Others

Survey Fee: _____

Transportation: _____

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305305083

TOMER		
IS	REGN NO.: SH 9715U	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E...........1/2...........F
TOMER NO. 7010045	MODEL IONIQ(G2)	DATE/TIME IN 20.06.2019 13:50
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	YR OF MANU. 05.07.2018	TARGET DATE
OUNT CARD NO.	CHASSIS CODE KMHC851CVJU103438	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.06.2019
NATURE: 3P 20.06.19

S/NO	LABOR CODE	DESCRIPTION

FRONT

LEFT SIDE   RIGHT SIDE

REAR
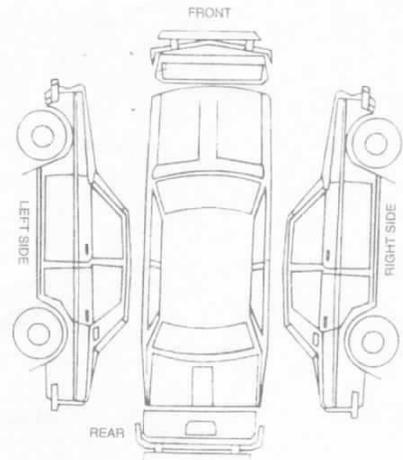
ED & PASSED OUT BY:
_____

_____
SERVICE ADVISOR

_____
CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

).: SH 9715U   LIMTS

Vehicle No.:
SH 9715U

_____
Service Advisor   Signature/Date

_____
Name of Service Advisor   Date

rned to Service Reception upon collection

To be kept by Security Guard