

15/5/2010

INS. CASE OWNER:

minnie

CC 4 / AXA1901

v2225, 10/1/10

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

10/1/10

Date / Time :

10/1/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SML 6624

Claim No. :

Samoitgm / 125871

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

9/1/10

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SML 6624



INSRS:

WSP:

Tel :

Liability :

RMKS:

CDG

W



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SML 6624	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:		
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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:		
		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:		

(08/11/13)

ASS. REC. BY:

Kahar

REF

Asm (AKA)

ASSIGNMENT

From:

Date: 10.7.2019

Estimated Cost:

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

To Inspect Vehicle No: SHA 73832

at Workshop m/s Comfor design

of 59 longang drive

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 Rpt: 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:

SHA 73832

Yr Regn:

2 Apr 2015

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

Truck / Trailer or

Make:

Hyundai Z4

C.C

1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

552675

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH18414MF4067842

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Wahat Haka Haka

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

9/7/19

D.O.I.

10/7/19

Survey held at

CPhE (Logos)

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

Rear of

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

Date / Time

Action / Instruction

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 (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS, SI

Photos

Others

TOTAL

Report Format :

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

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

100 Bras Basah Road Singapore 179571
Mainline + 65 6383 6380 Facsimile + 65 6380 8755
Workshops
59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732
224 Ubi Road Singapore 738099

Date/Time: 09.07.2019 14:42 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305309925

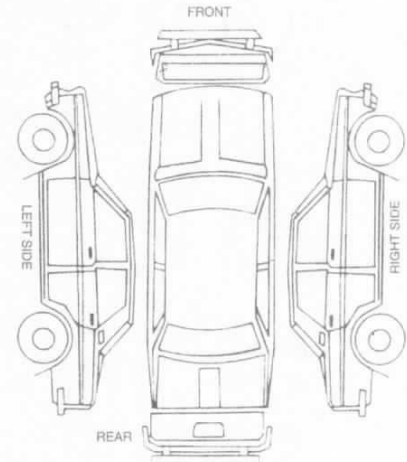
OMER	REGN NO.: SHA7383Z	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL I-40	E.....1/2.....F
ESS 383 SIN MING DRIVE	YR OF MANU 02.04.2015	DATE/TIME IN 09.07.2019 12:15
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMFU067842	TARGET DATE
65508755 (R) (O)		COMPLETION DATE/TIME:
(P)		

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 09.07.2019
NATURE: 3P 09.07.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: **SHA7383Z** **LIMITS**

Vehicle No.: **SHA7383Z**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard