15/5/2010

INS. CASE OWNER: kc | CC 4 / ~~AXA~~ ASm 1901 w69 / K2p63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kalvin. DOI: 12/7/19. Date / Time : 12/7/19

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : SFT 7000C		Claim No. :	S9M0175W / 126487
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 10/7/19.	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**

SHL 949C → → →

INSRS: CDGE WSP: W/ Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHL949C – US / FU 19111884 / R2p63 DIA: 12/7/19	
	SFT7000C — A	
	– OI NR	
08/09/2021	Pls refer to VIEWS for details.	

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: L/sum	S$ 1,200.00 (2 days)	Reduction: 83 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/09/2021	Confirm with Aileen	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,284.00		
Loss of Rental (LOR):	S$ 322.36	(2 days) x$161.18	
Loss of Use (LOU):	S$	(S$ x days)	
Loss of Income (LOI):	S$ 100.00	(S$ 50 x 2 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ✓ **[Tick only one]**	
GIA/LTA Search	S$ 7.49		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Sett~~le
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 1,713.85	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Call ☐
Payee 1:	S$ 1,713.85	Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13)

Surveyor: Kalvin

REF:

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

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: SHC 949 C Yr Regn: "Oct / 2013

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

Make: Mercedes Benz Vians c.c 2143

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

Sp.Reading 55 0 684 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 6398132380172 6

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: 225 / 60R16C

R: -"-

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	10/7/13	D.O.I.	12/7/13

Survey held at CPGE (Loyang)

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

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

Date / Time	Action / Instruction
	AXA 4s

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 Insp ($ _____)

Report Format: _____

Survey Fee:	
Transportation:	
___$ + RS. ___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

A SUBSIDIARY OF COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 12.07.2019 10:08 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO.: 305310607

JSTOMER

R/MS
JSTOMER NO.
DDRESS

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

L. (R) (O)
(P)

SCOUNT CARD NO.

VARS

B

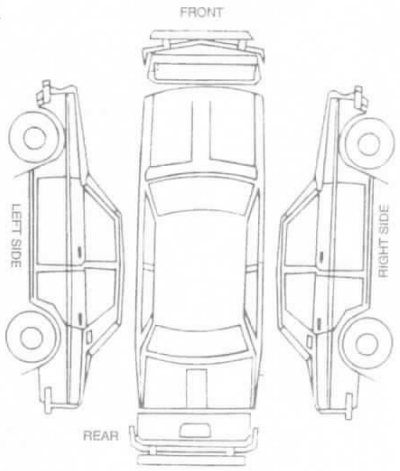
REGN NO.: SHC 949C	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL VIANO CDI 2.2L	DATE/TIME IN 11.07.2019 12:25
YR OF MANU 11.10.2013	TARGET DATE
CHASSIS CODE WDF63981323801726	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 10.07.2019
NATURE: 3P 10.07.2019

S/NO LABOR CODE DESCRIPTION

AXA - Rear



SUR

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC 949C LARRY

Larry No

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 949C

Name of Service Advisor

Date

To be kept by Security Guard