

15/5/2010

INS. CASE OWNER:

Jas

CC 4 / AXA 1901

4462, 62pb3

LKK:

IDAC:

Surveyor:

calin.

DOI:

ASSIGNMENT

19/8/19

Date / Time:

19/8/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMG 7074

Claim No. :

S9M02XB2 / 13911

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A.:

16/8/19

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

SHB 2699R



INSRS:

WSP:

Tel :

Liability :

RMKS:

CODE
UH

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days) Reduction:	%
			Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
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Repair Cost:	S\$		
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Loss of Rental (LOR):	S\$	(days)	
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Loss of Use (LOU):	S\$	(\$ x days)	
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Loss of Income (LOI):	S\$	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
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GIA/LTA Search	S\$		
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Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:
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Legal Cost	S\$		3) Survey fee:
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Total:	S\$	Global Sum S\$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$	Name 1:	
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Payee 2: (Strike if N.A.)	S\$	Name 2:	
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Payee 3: (Strike if N.A.)	S\$	Name 3:	
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ASS. REC. BY:

Kalin

REF:

ASM(CA&A)

ASSIGNMENT

From:

Date:

19/8/19

Estimated Cost:

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

To Inspect Vehicle No:

SHB 2699R

at Workshop m/s

comfort Belgro

of

SA Ioying 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

1up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 2699R

Yr Regn:

24 Oct, 2018

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

Truck / Trailer or

Make:

Hyundai Zang

C.C

1580

Colour

Yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

148407

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

K MHC851CVK4114905

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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

Doranti

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

16/8/19

D.O.I.

19/8/19

Survey held at

CDHE (Lyn)

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

n/s Front

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:

S + RS. SI

Photos

Others

TOTAL

Report Format :

Lump Sum / L.B.F. (\$

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

220 Ubi Road Singapore 680199

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 16.08.2019 15:36

Page : 1

Member of COMFORTDELGRO

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: (Fri)

JC NO.: 305325285

CITYCAB PTE LTD
7010070
STOMER NO. 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65551188

(R)

(O)

(P)

REGN NO.: SHB2699R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 16.08.2019 13:20
YR OF MANU 24.10.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU114985	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.08.2019

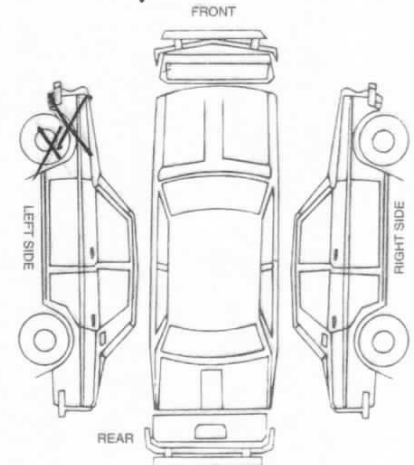
NATURE: 3P 16.08.19

S/NO

LABOR CODE

DESCRIPTION

AXA - SMG 2107Y



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHB2699R

LIMITS

Vehicle No.:

SHB2699R