15/5/2010

INS. CASE OWNER: CC 3 /EQI1901 5572, [illegible] | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin. DOI: 7/9/19 Date / Time : 7/9/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKL 2157A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 7/9/19 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**

SHB 6749A → → →

INSRS: COGE
WSP: My.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 6749A - X SKL 2157A - X	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 ☐ 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:	

(08/11/13)

Surveyor: Kalvin

REF:

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 6349A Yr Regn: 27 Feb / 2009

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

Make: Hyundai Ioniq c.c 1580

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

Sp.Reading 56050 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU140826

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 _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	2/9/19	D.O.I.	2/9/19

Survey held at CJGE (Loyang)

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

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

Date / Time	Action / Instruction
	EQ
	P/P

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 ($ _____)

Survey Fee:

Transportation: ___S+RS, ___SI

Photos

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 76873
300 Ubi Road 3 Singapore 408648

Date/Time: 02.09.2019 14:37 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

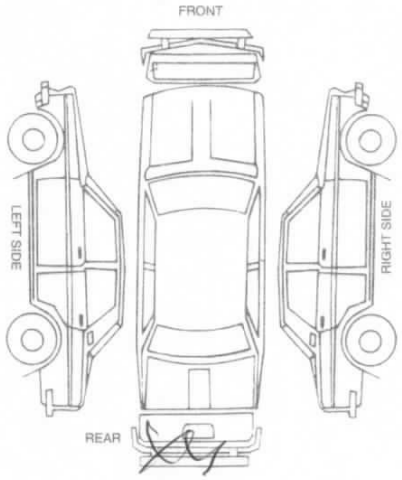
JC NO.: 305329457

STOMER	REGN NO.: SHB6349A / MILEAGE
'MS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI / FUEL E.....1/2.....F
STOMER NO. 7010045	MODEL IONIQ(G2) / DATE/TIME IN 02.09.2019 11:40
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 27.02.2019 / TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHC851CVKU140826 / COMPLETION DATE/TIME:
(P)	
COUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 02.09.2019
NATURE: 3P 02.09.2019

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

vledgement Slip

: No.: SHB6349A CHIANG

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB6349A

Name of Service Advisor

Date

To be kept by Security Guard