INS. CASE OWNER:	-	CC 3 /QBE1901 5748, K1ebb	LKK:
			IDAC:

ASSIGNMENT

Surveyor: _kalun._   DOI: _4|9|19_   Date / Time : _4|9|19_

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No.   : SJN 9759T

Name of Insured   :

Insured Tel No.   :   HP:

Excess Sec II :S$ D.O.A : 3|9|19

Is driver the owner?   (YES / NO)   Nature of Accident :

Claim No.   :

Policy No.   :

Make / Model   :

Place 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**

SHA 7351R ——→

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CDGE	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : W	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:
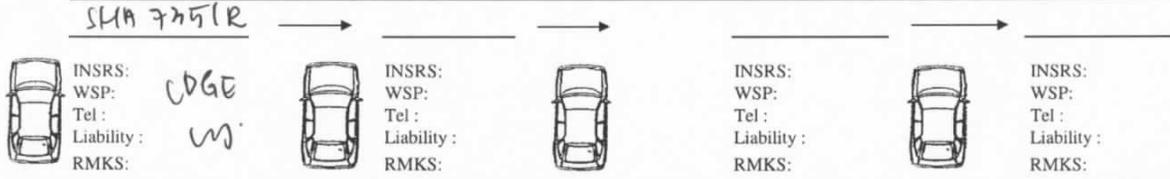
Date/ Time			
	SHA 7351R +	SJN9759T —X	

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:	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: _____	Veh No: **SHA 7351R** Yr Regn: **5 Aug, 2014**
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insp'ed Vehicle No: _____	Make: **Hyundai i40** c.c **1.685**
at Workshop m/s _____	Colour **Blue** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **89379** T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No:
Policy No. _____	C/No: **KMHLB41UME405692**
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or ____
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or ____
Make of Veh: _____	Modi: Nil / S/Rim / STD A/Rim or ____
	Tyre Size; F: **205/60R16**

(Policy Condition)		
Remark: The veh had commenced its repair at the time of inspection.	N/S	O/S

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Han Cook**

	Front			Rear		
Bal. or Market Value: _____	R/Bal.	**7**	mm	R/Bal.	**7**	mm
IDAC Accident Rport: ____ Consistent? : Yes or No	L/Bal.	**7**	mm	L/Bal.	**7**	mm
GIA / PR Seen: ____ Consistent? : Yes or No	D.O.A. **3/9/19**			D.O.I. **4/9/19**		
Est. Repairs: ___ days Res.: Yes or No	Survey held at **CDGE (Loyang)**					
Lum Sum: ___% 3 Val.: Yes or No						

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ____ Person Contacted: _____

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

Date / Time	Action / Instruction	
		QBE
		4/

Date/Time, File Pass to? ☐ : Prell. Report	Days Of Repair: ____	
1) ____ ☐ : Final Report	Resurvey No. of Trip: ____	Survey Fee:
Date/Time, File Return to?		Transportation:
2) ____	Add Fee: ☐ : Site Insp ($ ____) __S + RS, __SI	
	☐ : Interview ($ ____) Photos	

Surveyor: Ki

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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Workshops
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383 Sin Ming Drive Singapore 575717   7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286   501 Yishun Industrial Park A Singapore 768732
320 Ubi Road 3 Singapore 408649

| Team: | ARC Repair TP(CLSO)1 | **JOB CARD** | Sales Order: | | JC NO.: | 305330280 |

CUSTOMER				REGN NO.:	SHA7351R	MILEAGE	
S	COMFORT TRANSPORTATION PTE LTD			MAKE :	HYUNDAI	FUEL E............1/2............F	
CUSTOMER NO.	7010045			MODEL	I-40	DATE/TIME IN	
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717					04.09.2019 13:15	
(R)	65508755	(O)		YR OF MANU	05.08.2014	TARGET DATE	
(P)				CHASSIS CODE	KMHLB41UMEU056192	COMPLETION DATE/TIME:	
ACCOUNT CARD NO.							

JOB DESCRIPTION

Accident Date: 03.09.2019
NATURE: 3P 03.09.2019

S/NO	LABOR CODE	DESCRIPTION

FRONT

LEFT SIDE

RIGHT SIDE

REAR
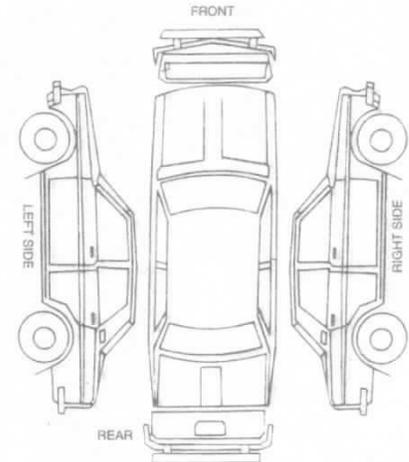
CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHA7351R   CHIANG

Vehicle No.: SHA7351R

Service Advisor	Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	