15/5/2010

INS. CASE OWNER: | CC 3/CTI1901 8808 , K1eb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: kalvin. DOI: 22/10/19 Date / Time : 22/10/19

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBH 9105G	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 21/10/19.	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**

UNKNOWN → GBH 9105G → SHL 33870. → ______

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: 01	INSRS: LOGE WSP: WJ. Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHL33870 – NG/MV1900970009/KTUC/3NV DOM: 29/4/19	**STAGE** — **DATE / PIC**
	GBH9105G – NM/C1119018686/R3 DOM: 21/10/19	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 ☐ 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$		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 ☐ 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)

Surveyor: Kelvin

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: SHC 3787D Yr Regn: 3 Jan / 2014

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 986913 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41GMD040x3509

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STDA/Rim or _____

Tyre Size; F: 205/60R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	21/10/19	D.O.I.	22/10/19

Survey held at CDGE (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
	CTI
	4s

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. 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 768733
298 Ubi Road 3 Singapore 408699

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305343332

STOMER
I/MS
STOMER NO.
DRESS
– (R)
(P)
COMFORT TRANSPORTATION PTE LTD VAPS
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(O)

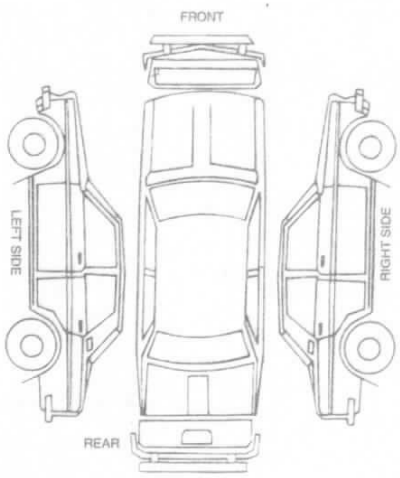
SCOUNT CARD NO.

REGN NO.: SHC3387D	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 22.10.2019 09:15
YR OF MANU 03.01.2014	TARGET DATE
CHASSIS CODE KMHLB41UMDU043509	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.10.2019
NATURE: 3P 21.10.2019

S/NO	LABOR CODE	DESCRIPTION
	CHINA – Rear LHC/Kalmi –	



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

e No.: SHC3387D LARRY
Larry Ng

of Service Advisor Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3387D

Name of Service Advisor Date

To be kept by Security Guard