

INS. CASE OWNER:

CC3/QBE19020953/Fha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

RAM

DOI: 25.11.2019

Date / Time : 25.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 9730L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22/11/2019 11:20

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

SHD 6741P

INSRS:
WSP: CDGE LOYANG

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	STAGE	DATE / PIC
SHD 6741P - NS/INC19010521/K1td3e2; DOA: 12.6.19	Non-Reporting ltr (1st):	
- CC6/III18006167/Uha3q2; DOA : 26.3.18	Non-Reporting ltr (2nd):	
XD 9730L - X	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:	Confirm 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 + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:		
		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:		

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:

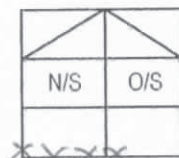
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD 6741P

Yr Regn:

23/06 / 2016

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

Truck / Trailer or

Make:

Hyundai i40

c.c

1685

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp. Reading

48428.1

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB310MGU091558

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: 205 / 60 R16

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.

22/11/19

D.O.I.

25/11/19

Survey held at

comfort delgro (Loyang)

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

rear of N/S rear

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

Date / Time

Action / Instruction

QBE

LIS

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Report Format:

Lump Sum / Hourly

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Wheel end (\$

Survey Fee:

Transportation:

) 3 + RS. SI

) Photos

) Others

TOTAL

Date/Time: 23.11.2019 12:18

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305351166

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

(R)

65508755

(O)

(P)

COUNT CARD NO.

REGN NO.:

SHD6741P

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

22.11.2019 17:15

YR OF MANU.

23.06.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU091558

COMPLETION DATE/TIME:

JOB DESCRIPTION

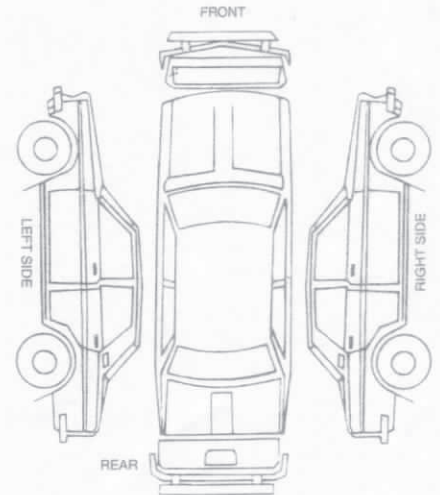
Accident Date: 22.11.2019

NATURE: 3P 22.11.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHD6741P

CHIANG

Vehicle No.:

SHD6741P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard