

ASSIGNMENT

Surveyor:

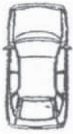
RAM

DOI: 29/11/2019

Date / Time : 29.11.2019

Registered in Merimen: 30.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 5680T

Claim No. : 6851192591SG

Name of Insured : SERVICE STATIONERY & TRADING PTE. LTD.

Policy No. : 1700047571

Insured Tel No. : HP: _____

Make / Model : NISSAN NV350 PANEL VAN 2.5 5MT 5DR EURO V

Excess Sec II :S\$ _____ D.O.A : 28.11.19

Place of Accident : GUL CIRCLE/ BENOI JUNCTION

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

If NO, Driver Name / Age : CHEONG PENG YAM

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97979200 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHB 4948J

INSRS:
WSP: CDGE
Tel: LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHB 4948J - X	GBG 5680T - 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 ☐ 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\$	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:		

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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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 768731

Date/Time: 28.11.2019 16:30

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305357715

STOMER

CITYCAB PTE LTD

7010070

MS

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

SCOUNT CARD NO.

REGN NO.:

SHB4948J

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

28.11.2019 13:20

YR OF MANU.

16.04.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU068333

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.11.2019

NATURE: 3P 28.11.2019

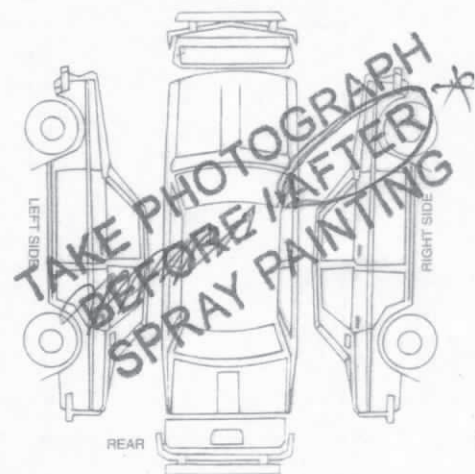
S/NO

LABOR CODE

DESCRIPTION

✓
A19- Rear

FRONT



REAR

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHB4948J

LARRY

Vehicle No.:

SHB4948J

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO

QUALITY CLASS

ISO 9001:2015

Cert No: C15-102940