

15/5/2010

INS. CASE OWNER:

CC 3/CTI1902 1502, Feb 11

LKK:

IDAC:

Surveyor: RAM

DOI:

ASSIGNMENT

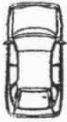
17/11/10

Date / Time :

17/11/10

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLG 4044T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 18/11/10

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature 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

PC 584xSLG 4044TSKD 776LYINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

01

INSRS: WSP
WSP:
Tel : W
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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 + 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: _____	

ASS. REC. BY:

RAM

REF:

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:

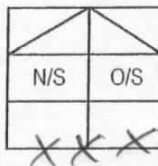
Excess:

(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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 3361Y

Yr Regn: 21/07 / 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

406363

T/Radio: Insured / Std / NI / NA

Eng/No:

-

C/No:

KMHLBAIUMG092286

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.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

28/11/19

D.O.I.

17/12/19

Survey held at

comfortdelgro (Lorain)

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

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.R. / C.

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

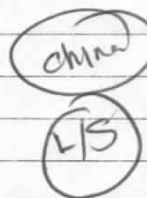
Transportation:

S + RS. SI

Photos

Others

TOTAL



Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 106699

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

number of COMFORTDELGRO

Date/Time: 17.12.2019 08:51

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3976643

JC NO.: 305358030

MEMER

COMFORT TRANSPORTATION PTE LTD

7010045

MEMER NO.

SS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

R)

65508755

(O)

P)

JUNT CARD NO.

REGN NO.:

SHD3361Y

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

28.11.2019 14:40

YR OF MANU.

21.07.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU092206

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.11.2019

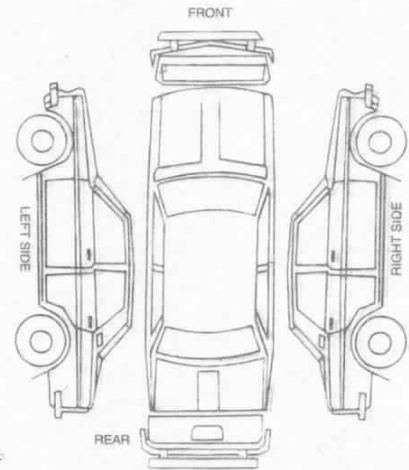
NATURE: TP/3P 28.11.19 (TP POUND)

S/NO

LABOR CODE

DESCRIPTION

0
Tang



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHD3361Y

JU CHINA LKK

Vehicle No.:

SHD3361Y

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard