15/5/2010

INS. CASE OWNER: | CC 3 /AIG1600 3054 / H1463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Henry   DOI: 17/2/16   Date / Time : 18/2/16

Registered in Merimen: 18/2/16

Pre-assign / CCU / FTE

Insured Vehicle No. : SJZ 57770		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 5/2/16	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 3777G → ________ → ________ → ________

INSRS: CDGE	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : Ingang	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHD 3777G - CC3/AIG13004766/MKPA392 DIA: 10/3/13
	SJZ 57770 - 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:	

14-OCT-2015 WED 10:24

(08/11/13)

REF:

Surveyor:

Henry

ASSIGNMENT

From: Henry Date: AIG

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD3777G Yr Regn: 06 / 2010

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

Make: Hyundai Sonata cc 1991

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

Sp.Reading: 777268 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: KMHET41VMAA785091

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: 215/60R16

R: "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	4 mm
L/Bal.	7 mm	L/Bal.	4 mm
D.O.A.	5/2/16	D.O.I.	17/2/16

Survey held at: CDGE Loyang

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

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

Date / Time	Action / Instruction
	LS

Date/Time, File Pass to? 1)

☐ : Prelim. Report

☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

$ = RS. $

Photos

Others

Report Format:

Lump Sum / LB&I ($)

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 8280 Facsimile : 65 6280 9795
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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609283
300 Ubi Road 3 Singapore 408867
24 Senoko Loop Singapore 758136
7 Sungei Kadut Way Singapore 728791
8 Defu Avenue 1 Singapore 539537

Date/Time: 16.02.2016 15:06 Page : 1

AAM: ARC Repair TP(CL50)T

JOB CARD Sales Order:

JC NO.3048655526

TOMER

MS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755
(P) (O)

REGN NO.: SHD3777G	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 16.02.2016 10:53
YR OF MANU. 10.06.2010	TARGET DATE
CHASSIS CODE KMHR741VMAA785091	COMPLETION DATE/TIME:

OUNT CARD NO.

ccident Date: 05.02.2016
ATURE: ACC.05.02.16/C

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION

45
Arg Asia
Front RH

LKK - Henry

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

: SHD3777G LMTS

rvice Advisor

Signature/Date

ed to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3777G

Name of Service Advisor

Date

To be kept by Security Guard