15/5/2010

INS. CASE OWNER:

CC 3/AIG1702 3273 / K1763

LKK:

IDAC:

ASSIGNMENT

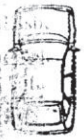
Surveyor: Falvin

DOI: 6/12/17

Date / Time : 6/12/17

Registered in Merimen: 7/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 3566

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 05/12/17

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. :

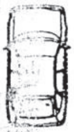
(V/L: YES / NO)

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

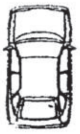
Insured Liability : %

Final ? Yes / No

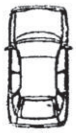
SHA 9109L → ______ → ______ → ______



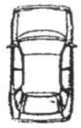
INSRS: LIBE
WSP:
Tel :
Liability : M
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 9109L - CCN/AIG1701894681 F2763A DOA: 30/11/17
	SKW 3566 - 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:
Rental 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:	

Surname: Kalvin | 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.

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

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SHA 9109L | Yr Regn: 22 Jun 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 6

Make: Toyota Prius | c.c

Colour: Yellow | A/C: Insured / Std / NI / NA 6

Sp.Reading: 63358 | T/Radio: Insured / Std / NI / NA 6

Eng/No:

C/No: JTDKB3FG7 03558912

Gen. Cond: Good / Fair / Poor / Burnt 6

Steering: Inorder / Jammed / Leaked / Burnt or 6

Brake: Inorder / Jammed / Leaked / Burnt or 6

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or 6

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	5/12/17	D.O.I.	6/12/17

Survey held at COKE (Loyang)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or 6/S Front

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

Date / Time	Action / Instruction
	A2A PIP

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___$ + PS. ___$)

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp ($) ☐ Interview ($) ☐ Tech. Invs ($) ☐ Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

AIG ASIA

LKK

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9756
Workshops
58 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539507

Date/Time: 06.12.2017 10:26 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO. 305095303

OMER

IS CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

OUNT CARD NO.

REGN NO.: SHA9109L	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)05.12.2017 21:40	DATE/TIME IN
YR OF MANU. 22.06.2017	TARGET DATE
CHASSIS CODE JTDKB3FU703558912	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 05.12.2017
ATURE: 3P 05.12.17

/NO LABOR CODE DESCRIPTION

Front RH

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA9109L LIMTS

f Service Advisor

Signature/Date

Exit Pass

Vehicle No.: SHA9109L

Name of Service Advisor

Date