15/5/2010

CC 3 /AIG1702 3996 , FZ 4663

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: Kalvin DOI: 18/12/17 Date / Time : 18/12/17

Registered in Merimen: 19/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SLL 1479R		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 16/12/17	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**

SHB 6749A → → →

INSRS: LOUIE WSP: VG Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHB 6749A - CS/ECL1700[illegible] Kalvin DOA: 18/12/17
	SLL 1479R - 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: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:
Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$	
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: SHB 6349A Yr Regn: 31 Oct 2013

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: 716273 T/Radio: Insured / Std / NI / NA

Eng No:

C No: KMHLB41MPD40 41985

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 Westlake

Front		Rear	
R/Bal	7 mm	R/Bal	7 mm
L/Bal	7 mm	L/Bal	7 mm
D.O.A	16/12/13	D.O.I	18/12/13

Survey held at: COKE (Loan)

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
	AIG 43

Date/Time File Pass to?

1)

Date/Time File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($

☐ Interview ($

☐ Tech Insp ($

☐ Weekend ($

Survey Fee:

Transportation:

Photos:

Others:

Report Format :

Lump Sum / I.B.I: (3

OMFORTDELGRO
ENGINEERING

Member of COMFORTDELGRO

Date/Time: 18.12.2017 10:12 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3790587 JC NO.305098664

REGN NO.: SHB6349A	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL: I-40	DATE/TIME IN: 16.12.2017 15:40
YR OF MANU: 31.10.2013	TARGET DATE
CHASSIS CODE: KMHLB41UMDU041985	COMPLETION DATE/TIME:

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

OUNT CARD NO.

JOB DESCRIPTION

:cident Date: 16.12.2017
ATURE: 3P 16.12.17

'NO	LABOR CODE	DESCRIPTION
00010	23-01	TOWING FEE

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHB6349A - JU AIG LKK

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB6349A

Name of Service Advisor

Date

To be kept by Security Guard