15/5/2010

INS. CASE OWNER: CC3 / AIG1702 4051 / Klea3

LKK:

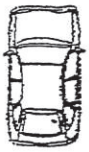
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 13/12/17 Date / Time: 13/12/17

Registered in Merimen: 19/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SGM 1048E

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 16/12/17

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

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

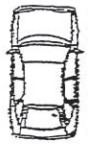
Make / Model :

Place of Accident :

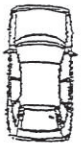
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

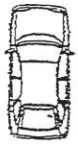
SHC 185P → → →



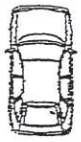
INSRS:
WSP: COGE Clayang)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel.:
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 185P - CC3/CAI1500955 7/HWG352 DOA: 06/06/17
	J - CS/ECI12021578/Cvd1 DOA: 01/11/12
	SGM 1048E - 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$		
Disbursement:	S$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$		2) Report Format:
Total:	S$	Global Sum S$:	3) Survey fee:
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor: 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: SHC 185P Yr Regn: 30 Apr 2012

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

Make: Hyundai Sonata c.c 1991

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

Sp.Reading: 26591 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHETK1VMCA 824391

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.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A. 16/12/12 D.O.I. 18/12/12

Survey held at COGE (Gong)

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

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

Date / Time	Action / Instruction
	AIA C/S

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 Invs ($ ☐ Weekend ($

Survey Fee:

Transportation:

) $ + RS $

Photos

Other

TOTAL

Report Format :

Lump Sum / I.B.I: ($

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Date/Time: 18.12.2017 10:12 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO. 305098663

TOMER

AS CITYCAB PTE LTD

TOMER NO. 7010070

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R) (O)

(P)

OUNT CARD NO.

REGN NO.: SHC 185P	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 17.12.2017 10:55
YR OF MANU 30.04.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA824391	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 16.12.2017
ATURE: 3P 16.12.17

/NO LABOR CODE DESCRIPTION

:KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC 185P JU AIG LKK

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 185P

Name of Service Advisor Date

To be kept by Security Guard