15/5/2010

INS. CASE OWNER: | CC 3 /AIG1702 4107 / K2464 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kawin | DOI: 19/11/17 | Date / Time : 19/11/17
Registered in Merimen: 20/11/17

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 7300H | Claim No. :
Name of Insured : | Policy No. :
Insured Tel No. : | HP: | Make / Model :
Excess Sec II :S$ | D.O.A : 19/11/17 | 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 6907D → ______ → ______ → ______

INSRS: WSP: Tel : Liability : RMKS: (UOE ky.)	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD 6907D – 18/11/56 1700 8516 / HL adv am. 28/4/17
	GBF 7300H – 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: Email ☐ Call ☐
Repair Cost: S$ (days) Reduction: %

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$ (S$ x days)	
Loss of Income (LOI):	S$ (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:

Kalvin

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 Report: Consistent? : Yes or No

G/A / PR Seen: Consistent? : Yes or No

Est. Repairs: days Rest: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD 6907D Reg: 8 Oct 2015

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

Make: Hyundai I40 cc 1685

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

Sp Reading: 318399 T Radio: Installed / Std / Nil / NA

Eng No:

C/No: KMHLBX14MHG078X33

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod.: Nil / S/Rim / STD / Rim or

Tyre Size F: 205/60R16

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.: 19/12/17 D.O.I.: 19/12/17

Survey held at: (PKE) (...)

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

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

Date / Time Action / Instruction

AZG
P/P

Date/Time File Pass to? [ ] : Preli. Report

[ ] : Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] Site Insp. $
[ ] ... $
[ ] ... $

Survey Fee

Transportation

Photos

Report Format:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 19.12.2017 14:14 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.305099327

TOMER

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

REGN NO.: SHD6907D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 19.12.2017 10:45
YR OF MANU 08.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU078433	COMPLETION DATE/TIME:

COUNT CARD NO.

AIG

JOB DESCRIPTION

ccident Date: 19.12.2017
IATURE: 3P 19.12.2017

S/NO LABOR CODE DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

:
.:
e No.: SHD6907D LKE/KALVIN

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6907D

Name of Service Advisor

Date

To be kept by Security Guard