15/5/2010

INS. CASE OWNER: CC 3 / AIG170 24703 / KIKS3

LKK:

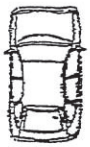
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 28/12/17 Date / Time: 28/12/17

Registered in Merimen: 29/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SGT 6899X

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 26/12/17

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

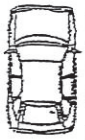
Place of Accident :

Nature of Accident :

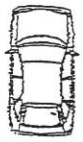
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

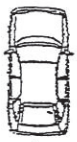
SHA 312A → → →



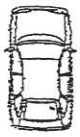
INSRS:
WSP: CDGE (Amos)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel.:
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 312A - CC3/AIG1102584.1/HK2a2Q2 DOA: 14/12/11
	- CS/FCIII016243/Hk2 DOA: 18/03/11
	- NS/INC120113 46/Hk-2 DOA: 05/06/12
	SGT 6899X - CC6/AIG1001 7246/Hjk2p2 DOA: 29/08/10

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:	

Surname: Kalvin | REF:

ASSIGNMENT

From: | Date: 18 Mar 2008

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 312A | Yr Regn:

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

Make: Hyundai Sonata | cc: 1991

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

Sp.Reading: 165017 | T.Radio: Insured / Std / NI / NA

Eng.No:

C/No: KMHETK1 VMAA776690

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	26/12/07	D.O.I	28/12/07

Survey held at: CHAI (Tuas)

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

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

Date / Time	Action / Instruction
	AZA 4/1

Date/Time File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp $

☐ Interview $

☐ Tech Insp $

☐ Weekend $

Survey Fee

Transportation

Report Format :

Lump Sum / I.B.I: /S

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 27.12.2017 17:50 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.305101659

STOMER

MS CITYCAB PTE LTD

STOMER NO. 7010070

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65551188 (O)

(P)

COUNT CARD NO.

AIG

REGN NO.: SHA 312A	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 27.12.2017 10:15
YR OF MANU. 18.03.2010	TARGET DATE
CHASSIS CODE KMHET41VMAA776690	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.12.2017
NATURE: 3P 26.12.2017

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:

.:

e No.: SHA 312A LKE/KALVIN

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 312A

Name of Service Advisor

Date

To be kept by Security Guard