15/5/2010

INS. CASE OWNER:

CC 7/AIG1800 0609 / DW63

LKK:

IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 8/1/18 Date / Time : 8/1/18

Registered in Merimen: 9/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLF 8222A		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 07/1/18	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**

SH 6778H ⟶ ______ ⟶ ______ ⟶ ______

INSRS: OUE WSP: W Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SH 6778H – CS/ TM/ 16005543/ 11:20 am won 11/1/18	
	SLF 8222A –	

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$ (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:	

Damage? | 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:

(Clients Report)

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: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SH 6778H | Yr Regn: 2012 March

Type: M/Car / M/Cycle / Bus / Van / Lorry / (Sx) Prime Mover / Truck / Trailer of

Make: Hyundai Sonata | cc: 1991

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

Sp Reading: 189719 | T/Radio: Insured / Std / NI / NA

Eng No: D4EAB055828

C No: KMHET41VMCA821772

Gen Cond: (Good) / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: Nil / (Alum) / STD A/Rim or

Tyre Size F: 215/60 R16

R: —"—

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

Front		Rear	
R.Bal:	5 mm	R.Bal:	5 mm
L.Bal:	5 mm	L.Bal:	5 mm
D.O.A:	07/01/2018	D.O.I:	08/01/2018

Survey held at: CDGB Lorong

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

Rw

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

Date	Time	Action / Instruction
		AIG SLF8222A

Date/Time File Pass to I:

Date/Time File Return to I:

Report Format:

Lump Sum / I.B in: $

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp $ ☐ Inspection $ ☐ Test Drive $ ☐ Weekend $

Survey Fee:

Transportation:

Parking:

Other:

COMFORTDELGRO ENGINEERING

Member of COMFORTDELGRO

Date/Time: 08.01.2018 13:54 Page : 1

eam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305104905

TOMER

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

OUNT CARD NO.

AIG

REGN NO.: SH 6778H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 07.01.2018 17:40
YR OF MANU. 27.03.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA821772	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 07.01.2018
ATURE: 3P 07.01.2018

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SH 6778H LKE

f Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6778H

Name of Service Advisor Date

To be kept by Security Guard