15/5/2010

INS. CASE OWNER: | CC 3 / AIG1800 0541 / Dja3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ABT — DOI: 8.1.18 — Date / Time : 8.1.18

Registered in Merimen: 9.1.18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU 4669D		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 5.1.18	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**

SHB 4651P → ______ → ______ → ______

INSRS: WSP: Wah loy auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			
	SHB4651P - CS/FU/60157331/h3 ; DOA: 20/8/16	**STAGE**	**DATE / PIC**
	-MS/WC/1600 7385/H14h3n2 ; DOA: 20/4/16	Non-Reporting ltr (1st):	
	-CS3/FCI/150/7337/KWbd1 ; DOA: 12/10/15	Non-Reporting ltr (2nd):	
	SKU4669D - NA/AIG/7007389/K4 ; DOA: 16/4/17	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$		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:	

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.

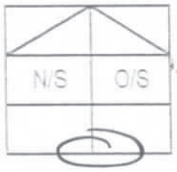
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: P/Pd % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHB 4651P Yr Regn: 2016 Ang

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

Make: Hyundai I40 c.c 1685

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

Sp.Reading 247142 T/Radio Insured / Std / NI / NA

Eng No: D4FDGU662605

C No: KMHLB41UMGU92614

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or

Brake: Intact / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R: —11—

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

Front		Rear	
R.Bal.	6 mm	R.Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	05/01/2018	D.O.I.	08/01/2018

Survey held at CDGB Loyang

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

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

Date / Time	Action / Instruction
	AIG SKU 4669D

Date/Time File Pass to?

: Preli. Report

: Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip: Survey Fee

Transportation

Add Fee: Site Insp $ Parking $

Interview $ Photos

Technical $ Others

Weekend $

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 06.01.2018 13:10 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO.305104450

TOMER

MS CITYCAB PTE LTD

TOMER NO. 7010070

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65551188 (O)

(P)

COUNT CARD NO.

AIG

REGN NO.: SHB4651P	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 06.01.2018 08:55
YR OF MANU. 11.08.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU092614	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.01.2018
NATURE: 3P 05.01.2018

S/NO LABOR CODE DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

e No.: SHB4651P LKE/KALVIN

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB4651P

Name of Service Advisor

Date

To be kept by Security Guard