15/5/2010

INS. CASE OWNER: CC 3 / AIG180 00580 / Dy53

LKK:

IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 09/01/18 Date / Time: 09/9/18

Registered in Merimen: 09/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GBD 786X

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 08/01/18

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 3340M → → →

INSRS:
WSP: COGE (Cheong)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 3340M - CC3/AIG1400698 6/Sea3g2 DOA: 10/04/14
	- CS/FCI15012653/Agha2 DOA: 25/07/15
	- CS3/FCI17002302/Agh3n2 DOA: 24/01/17
	- NA/AIG18000534/h4 DOA: 08/01/18
	- NA/INC16011395/h4 DOA: 29/06/16
	- NS/INC16012070/Hlth2 DOA: 29/06/16
	GBD 786X2 - NA/AIG17015743/h4 DOA: 03/08/17
	- NA/AIG18001539/h4 DOA: 08/01/18

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. :

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)

Legal Cost S$

Total: S$ Global Sum S$:

If NO or B 28, Ass. Lia :

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:	

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
	O

Bal. or Market Value:

IDAC Accident Rport: Consistant? : Yes or No

GIA PR Seen: Consistant? : Yes or No

Est. Repairs: 3 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: SHC 3340 M Reg: Jan 2013

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

Make: Hyundai Sonata Yr: 1991

Colour: Blue A/C Insured Std / N / NA

Sp Reading: 837597 Radio Insured Std / N / NA

Eng No: D4EAC263473

C/No: KMHET41VMDA833481

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

Steering: In (Order) / Jammed / Leaked / Burnt or

Brake: In (Order) / Jammed / Leaked / Burnt or

Modi.: Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 215/60 R16

R: —"—

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

Front		Rear	
R.Bal.	5 mm	R.Bal.	5 mm
L.Bal.	5 mm	L.Bal.	5 mm

D.O.A. 08/01/2018 D.O.I. 09/01/2018

Survey held at: CDGE Loyang

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

O/S Rear

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

Date / Time Action / Instruction

AIG ~~&~~ GBD786X

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. $

☐ $

☐ $

☐ $

Report Format:

Lump Sum / I.B.: $

COMFORT ENGINEERING

A member of COMFORTDELGRO

Date/Time: 08.01.2018 17:01 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305105049

USTOMER		REGN NO.: SHC3340M	MILEAGE
R/MS	COMFORT TRANSPORTATION PTE LTD		
USTOMER NO.	7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL SONATA	DATE/TIME IN 08.01.2018 11:50
L. (R)	65508755 (O)	YR OF MANU. 31.01.2013	TARGET DATE
(P)		CHASSIS CODE KMHET41VMDA833481	COMPLETION DATE/TIME:
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 08.01.2018
NATURE: 3P 08.01.2018

S/NO	LABOR CODE	DESCRIPTION
		A1G - tari Right Rear Damage LKR/

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC3340M LARRY

Larry Ng
e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3340M

Name of Service Advisor

Date

To be kept by Security Guard