

INS. CASE OWNER:

CC 3 / AIG18000580 / Dyc3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Bryan

DOI:

09/01/18

Date / Time:

09/01/18

Registered in Merimen:

09/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

GSD 786X

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$:

D.O.A.:

08/01/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

CHC 3340M



INSRS:

WSP: CO68 (Lapang)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
CHC 3340M - CC3/AIG1400696/Sc232 D.A. 10/04/14	Non-Reporting ltr (1st):	
- CS/FCI15012653/Aq62 D.A. 25/07/15	Non-Reporting ltr (2nd):	
- CS3/FCI7002302/Aq63m2 D.A. 24/01/17	Non-Reporting ltr (Final):	
- NA/AIG18000580/h4 D.A. 08/01/18	Notification ltr (if non-pickup):	
- NA/INC16011995/h4 D.A. 29/06/16	Call OI:	
- NS/INC16012070/H4h2 D.A. 29/06/16	After call ltr to OI:	
GSD 786X2 - NA/AIG1701574/h4 D.A. 03/02/17	Documentation Check List:	Handler Typist
- NA/AIG18000580/h4 D.A. 08/01/18	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)

Total Cost

S\$

Total:

S\$

Global Sum S\$:

Email ☐Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

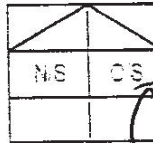
Name 3:

ASSIGNMENT

From _____ Date _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No. _____
 at Workshop this _____
 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: _____
 IDAO Accident Report: _____ Consistent? : Yes or No
 GIA / RR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res: Yes or No
 Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date Time Action Instruction

AlG GBD786X

Make SHC 3340 M Reg Jan 2013
 Type M/Car / M/Cycle / Bus / Van / Lorry / ☒ Prime Mover
 Truck / Trailer or _____
 Make Hyundai Santa Yr 1991
 Colour Blue A/C Insured Std M/NA
 Sp Reading 837597 T/Paid Insured Std M/NA
 Engine No D4EA C263473
 Ch No KMHET4LVMDA833481
 Gen Cond. ☒ Good / Fair / Poor / Burnt
 Steering: Ino ☒ Jer / Jammed / Leaked / Burnt or
 Brakes: Ino ☒ Jer / Jammed / Leaked / Burnt or
 Mod: 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. S mm R.Bal. S mm
 L.Bal. S mm L.Bal. S mm
 D.O.A. 08/01/2018 D.O.A. 09/01/2018
 Survey held at CDGB Loyang
 Des of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Rev
 The U/C / Chassis frame / Body Structure affected due to collision

Date/Time File Pass to:

☐ : Preli. Report
☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

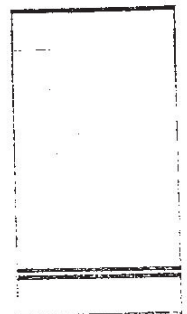
Transportation

Add Fee:

☐ Site Insp \$
☐ Repairs \$
☐ Transport \$
☐ Test & Eng \$

Report Format:

Lump Sum / L.B. / S



COMFORT DELGRO ENGINEERING

A member of COMFORT DELGRO

Date/Time: 08.01.2018 17:01 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305105049

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

JOB DESCRIPTION

Accident Date: 08.01.2018
NATURE: 3P 08.01.2018

S/NO	LABOR CODE	DESCRIPTION
	ALG -	taxi Right Rear Damage
	LKR/	

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
e: lo.: le No.: SHC3340M LARRY		Vehicle No.: SHC3340M	
Signature/Date Larry Ng		Name of Service Advisor Date	
e returned to Service Reception upon collection		To be kept by Security Guard	