15/5/2010

INS. CASE OWNER: CC 3/ AIG180 00767 / KlWS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 11/01/18 Date / Time : 11/01/18

Registered in Merimen: 12/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLB 6552 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 09/01/18 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 72882 → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: EDGE (Lowyers)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SH 72882 - CC3/AIG1200365/H1g2r1g2 DOA: 16/01/17
	- CC3/AIG1202324S/H1g2g2 DOA: 30/11/12
	- CCS/FCI/1202035 3/CyHdl DOA: 13/10/12
	- NA/AIG1200/120/e1 DOA: 16/01/12
	- NSA/INC0803319 61/K1 DOA: 18/12/08
	- NS/INC1702423 5/K1vbn2 DOA: 19/12/17
	- NS/INC1702479 9/K1vbn2 DOA: 28/12/17
	SLB 6552 - X

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 + LO [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:	

Surveyor Kalvin | 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)

N/S	O/S

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: 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. SH 7288Z Regn 3 Oct 2017

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

Make Toyota Prius c.c

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

Sp Reading 37394 T Radio Insured / Std / NI / NA

Eng/No.

C/No. JTDKBJF94035 64988

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size F: 195/65R15

R: -"-

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

Front			Rear		
R/Bal	7	mm	R/Bal	7	mm
L/Bal	7	mm	L/Bal	7	mm
D.O.A	9/1/18		D.O.I	11/1/18	

Survey held at CDGE (Loyang)

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

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

Date / Time Action / Instruction

AZG

P/P

Date/Time File Pass to? : Prell. Report

Date/Time File Return to? : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Add Fee: Site Insp $

$

Tech $

Weekend $

Report Format :

Lump Sum / I.B.I.

AIG ASIA

LKK

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Workshops
69 Loyang Drive Singapore 508933
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Sarimi 1 Loop Singapore 734136
7 Bridge Kadut Way Singapore 728794
6 Defu Avenue 1 Singapore 539537

Date/Time: 10.01.2018 14:14 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO. 305105709

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

REGN NO: SH 7288Z	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)09.01.2018 21:15	DATE/TIME IN
YR OF MANU 03.10.2017	TARGET DATE
CHASSIS CODE JTDKB3FU403564988	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 09.01.2018
ATURE: 3P 09.01.18

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SH 7288Z LIMTS

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7288Z

Name of Service Advisor

Date

To be kept by Security Guard