15/5/2010

INS. CASE OWNER: CC3 / AIG18000956 / klhs2

LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 15/01/18 Date / Time: 15/01/18
Registered in Merimen: 16/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLM 7071M	Claim No. :	
Name of Insured :	LEE WEN YAN	Policy No. :	
Insured Tel No. :	HP: 9367 3214	Make / Model :	
Excess Sec II :S$	D.O.A :	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**

SHC 2436M → → →

INSRS: WSP: COGS (Clayons) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHC 2436M - CC3/AIG15011223/Hlhs2 DOA: 02/03/1[illegible]	**STAGE** — **DATE / PIC**
	-CC3/AXA12012064/Mlebsy DOA: 18/06/12	Non-Reporting ltr (1st):
	SLM 7071M - X	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: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

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:	

Surname 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)

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: 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. SHC8436M Regn 19/Nov 2015

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

Make Hyundai I40 cc 1685

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

Sp Reading 381842 Radio Insured / Std / NI / NA

Eng No

C/No. KMHLB41AHU080555

Gen. Cond. Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: "

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

Front			Rear		
R Bal	7	mm	R Bal	7	mm
L Bal	7	mm	L Bal	7	mm

D.O.A 12/1/18 D.O.I 15/1/18

Survey held at CAGE (Loyang)

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

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

Date / Time	Action / Instruction	
16/1/18	Confirmed P/P $1416.12/ 2 days	AZA P/P

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.I:

AIG ASIA

LKF

OMFORT
ENGINEERING

COMFORTDELGRO

Date/Time: 12.01.2018 16:13 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: Fri JC NO. 305106379

OMER

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

REGN NO: SHC8436M	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 12.01.2018 10:55
YR OF MANU 19.11.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080555	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 12.01.2018
ATURE: 3P 12.01.18

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC8436M LIMIS

f Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8436M

Name of Service Advisor Date

To be kept by Security Guard