15/5/2010

INS. CASE OWNER:

CC 3 / AIG180 02027 / Kly53

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN

DOI: 31/01/13

Date / Time : 31/01/13

Registered in Merimen: 01/02/13

Pre-assign / CCU / FTE

Insured Vehicle No. : SCH 3835

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 30/01/13

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 7684U → ______ → ______ → ______

INSRS: WSP: COGS Cuyag? Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 7684U - X
	SCH 3835 - NA / ZUC080318 45 / S1 DOA 08/12/08

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: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal 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:

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 SHC 7684Y | Regn 2 Feb 2012
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make Hyundai Sonata | cc 1998
Colour Yellow | A/C Insured / Std / NI / NA
Sp Reading 226300 | Radio Insured / Std / NI / NA
Eng/No
C No. KMHET41VMCA821630
Gen. Cond: Good / Fair / Poor / Burnt
Steering Inorder / Jammed / Leaked / Burnt or
Brake Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD / Rim or
Tyre Size F: 215/60R16
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 30/1/18 | D.O.I 31/1/18
Survey held at (AHE (...))
Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Body.
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time | Action / Instruction

AZH 4/2

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 $
Interim $
$
$

Report Format
Lump Sum / I.B.I

COMFORT ENGINEERING

COMFORT

Date/Time: 31.01.2018 13:21 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO 305112373

STOMER
/MS CITYCAB PTE LTD
STOMER NO 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

COUNT CARD NO.

REGN NO: SHC7684U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: SONATA	DATE/TIME IN 31.01.2018 09:35
YR OF MANU 02.02.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA821630	COMPLETION DATE/TIME:

AIG

JOB DESCRIPTION

Accident Date: 30.01.2018
NATURE: 3P 30.01.2018

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC7684U LKE/KALVIN

e of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7684U

Name of Service Advisor

Date

To be kept by Security Guard