15/5/2010

INS. CASE OWNER: CC 3 / AIG1800 2204 / KHS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 02/02/18 Date / Time : 02/02/18

Registered in Merimen: 05/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJL 3303A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 01/02/18 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**

SHC 2465 → → →

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 3465 - CS/FCI 1401527 6/MKM342 DOA 10/07/14
	- CS/FGI 1800 1381/TAS DOA: 24/01/18
	- CS3/FCI 1402286 3/GPD21 DOA 06/12/14
	- NBA/CIM 601259 Y DOA 20/09/16
	SJL 3303A - 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 + 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:	

Surveyor: Kalvin | REF:

ASSIGNMENT

From: Date: 31/Oct 2018

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: SHC 3465 Yr Regn:

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

Make: Hyundai I40 cc: 1685

Colour: Yellow A/C: Insured / Std / Nil / NA

Sp Reading: 54559 Radio: Insured / Std / Nil / NA

Eng No:

C No: KMHCB414MDU042168

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: 205/60R16

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.	1/2/18	D.O.I	2/2/18

Survey held at: CBD Checking

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

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

Date / Time	Action / Instruction
	AZA 42

Date/Time File Pass to?

Date/Time File Return to?

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp $

☐ Inter $

☐ Tel $

☐

Report Format:

Lump Sum / LB

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408864
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 01.02.2018 16:49 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3801550 JC NO. 305112762

CUSTOMER

M/S CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

AIG

COUNT CARD NO.

REGN NO.: SHC 346S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 01.02.2018 15:05
YR OF MANU 31.10.2013	TARGET DATE
CHASSIS CODE KMHLB41UMDU042168	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 01.02.2018
NATURE: 3P 01.02.18/B

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC 346S FZ AIG LKK

Name of Service Advisor

Signature/Date

Please returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 346S

Name of Service Advisor

Date

To be kept by Security Guard