15/5/2010

INS. CASE OWNER: CC 3 / AIG18002607 / klhsz

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 07/02/18 Date / Time : 0 .

Registered in Merimen: 08/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 7498R

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 06/02/18

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**

SHA 8660S →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 8660S - CC4/AIG08026857/ROAn DOA 24/09/08
	- CS/FCI17D14459/KHbn2 DOA 23/07/17
	- CS/FCI17016561/Uvbn2 DOA 24/08/17
	- CS/FCI18000819/TIvQ3 DOA : CS/01/18
	- CS/QW1102142 3/RyIn DOA : 08/10/11
	GBG 7498R - 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:	

Kalvin

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: SHA 8660S Regn: 14 July 2016

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: 287483 T Radio: Insured / Std / Nil / NA

Eng No: ______

C No: KMHLB41UAGU092288

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 Wxl/lk

Front			Rear		
R/Bal.	7	mm	R.Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	6/2/18		D.O.I.	7/2/18	

Survey held at: CAGE / buy

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	
9/2/18	Contacted P/P $1516.58 / 2 Days	ADJ P/P

Date/Time File Pass to: ______ ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to: ______

Report Format: ______

Lump Sum - I.B.: $ ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ Site Insp $ ______ ☐ Interview $ ______ ☐ Tech ... $ ______ ☐ Weekend $ ______

Survey Fee ______

Transportation ______

S/PS ______

Photos ______

Others ______

TOTAL ______

COMFORT DELGRO ENGINEERING

COMFORTDelGro

Date/Time: 06.02.2018 17:19 Page : 1

'eam: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO.305114398

TOMER

MS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188
(P) (O)

COUNT CARD NO.

REGN NO: SHA8660S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 06.02.2018 15:40
YR OF MANU 14.07.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU092288	COMPLETION DATE/TIME:

.ccident Date: 06.02.2018
'ATURE: 3P 06.02.18

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION

— REAR —

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/ledgement Slip

No.: SHA8660S JU AIG LKK

f Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA8660S

Name of Service Advisor

Date

To be kept by Security Guard