15/5/2010

INS. CASE OWNER: CC3 / AIG180 04233 / K/y53

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN

DOI: 02/03/18

Date / Time : 02/03/18

Registered in Merimen: 05/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLC 755Y

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 01/03/18

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 7134B → ______ → ______ → ______

INSRS: WSP: CG&C (Loyang) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA 7154B - NS/INC/20/7201/Albzd/ DOA 01/03/18
	SLC 755Y - 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: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

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$	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$:**	

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

SHA 7134B   24 Mar 2016

From   Date

Estimated Cost

OD TP WS TP RES OD RES EVA NV MV

To inspect vehicle No

at workshop

of

Insured

Policy No

Claims No

Sum Insured   Excess

Clients 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

Accident Report   Consistent? : Yes or No

GIA   Seen   Consistent? : Yes or No

Est. Repairs   days   Res : Yes or No

Lump Sum   %   3 val : Yes or No

CA   REV / REP / 24 HRS

Vehicle: IN / OUT

Date   Person Contacted:

Type M/Car M/Cycle Bus Van Lorry Taxi Prime Mover

Truck / Trailer

Make   Hyundai I40   cc 1685

Colour   Blue   A/C   Installed Std NI NA

Sp. Reading   235724   Radio Installed Std NI NA

Eng No

C No   KMHLB41UMGU03 6622

Gen. Cond. Good / Fair / Poor / Burnt

Steering. Inorder / Jammed / Leaked / Burnt or

Brake. Inorder / Jammed / Leaked / Burnt or

Mod. Nil / S/Rim / STD Rim or

Tyre Size.   Ft: 205/60 R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI

TOYO / YOKO or   Hankook

Front		Rear	
R.Bal.	7 mm	R.Bal.	7 mm
L.Bal.	7 mm	L.Bal.	7 mm
D.O.A.	1/3/16	D.O.	2/3/16

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/F

Date/Time File Passed to   Prel. Report

Final Report

Date/Time File Returned

Days Of Repair:

Resurvey No. of Trip.

Survey Fee

Transportation

Add Fee: Site Insp $

$

$

$

Report Format

Lump Sum $

Total

OMFORT
ENGINEERING

COMFORT

Date/Time: 02.03.2018 10:20 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO: 305121275

OMER COMFORT TRANSPORTATION PTE LTD IS 7010045 OMER NO: IESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO.: SHA7134B / MILEAGE MAKE : HYUNDAI / FUEL E..........1/2..........F MODEL I-40 / DATE/TIME IN 01.03.2018 16:50 YR OF MANU 24.03.2016 / TARGET DATE CHASSIS CODE KMHLB41UMGU086622 / COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 01.03.2018
ATURE: 3P 01.03.18

/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA7134B JU AIG LKK

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7134B

Name of Service Advisor

Date

To be kept by Security Guard