15/5/2010

INS. CASE OWNER: _CC³, AIG1800 4751, ICIea3_ LKK: _____ IDAC: _____

ASSIGNMENT

Surveyor: _Auk_ DOI: _17/3/18_ Date / Time: _17/3/18_ Registered in Merimen: _13/3/18_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SJQ 5837L_ Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : _11-3-18_ 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
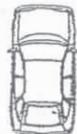
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ?** Yes / No
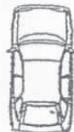
SJU 7663 L → _SJQ 5837L_ → _SH2 8475A_ →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: _OMB hm_	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability : _01_	Liability : _Tp_	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SAC 8475A - cut/111/2017215/ beb292;hog +31/6/2	Non-Reporting ltr (1st):	
	SJQ5837L - c3/AM/ 40225... /thann; voA:31/3/18	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$ _____

Disbursement: S$ _____ (e.g. Tow/ Independent) 1) Claim status: Normal/Reject/Private Settle

Legal Cost S$ _____ 2) Report Format: _____

Total: S$ _____ 3) Survey fee: _____

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: _____

(08/11/13)

Surve Mr: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / IWS / TP RES / OD RES / EVA / INV / MV

To Insp ed Vehicle No: _____

at Work Shop 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 8475A   Yr Regn: 22 Oct 2015

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

Make: Hyundai Z KD   c.c 1685

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

Sp.Reading: 278587   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MGU079513

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   Wat/ke

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	11/3/18		D.O.I.	12/3/18	

Survey held at   CDGE (Loyang)

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

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

AIG
P/P

Date / Time	Action / Instruction

Date/Time, File Pass to?   ☐ : Preli. Report

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

Survey Fee:	
Transportation:	
__S + RS.__ SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 12.03.2018 11:51   Page : 1

Team: ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: 3809867   JC NO: 305124048

CUSTOMER		REGN NO.: SHC8475A	MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD 7010045		MAKE : HYUNDAI	FUEL E...............1/2.................F
CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755		MODEL I-40	DATE/TIME IN 11.03.2018 00:05
TEL. (R) (O) (P)	*AIG*	YR OF MANU 22.10.2015	TARGET DATE
DISCOUNT CARD NO.		CHASSIS CODE KMHLB41UMGU079513	COMPLETION DATE/TIME:

Accident Date: 11.03.2018
NATURE: 3P 11.03.18/B

JOB DESCRIPTION

Towing / Normal

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

_____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:

No.:

Vehicle No.: SHC8475A   FZ AIG LKK

_____

Name of Service Advisor   Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.:   SHC8475A

_____

Name of Service Advisor   Date

To be kept by Security Guard