

INS. CASE OWNER:

cc 3, A61800 5519, Dp a3

LKK:

IDAC:

Surveyor:

ABT

DOI:

ASSIGNMENT

23/03/18

Date / Time :

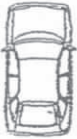
23/03/18

Registered in Merimen:

24/03/18

Pre-assign / CCU / FTE

SDG 6622 G



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

22/03/18

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. :

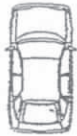
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHD 3223M



INSRS:

WSP:

Tel :

Liability :

RMKS:

C1618 10444



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 3223M - C1618 10444 / Krgl : 15/1/09 SDH 6622 G - X	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\$		
Disbursement: S\$	(e.g. Tow/ Independent)	
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:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

717

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

BHD 3223 M

Yr Regn:

2016 June

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

Truck / Trailer or

Make:

Hyundai I40

C.C

1685

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp.Reading

264400

T/Radio:

Insured / Std / NI / NA

Eng/No:

D4FDGU652951

C/No:

KMHLB41-UMGU091601

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / STD A/Rim or

Tyre Size:

F:

205/60 R16

R:

— 11 —

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

22/03/2018

D.O.I.

23/03/2018

Survey held at

EDGE

Loyang

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

AIG SDG 6622 G

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) S + RS. SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

AIG
LKK

member of COMFORTDELGRO

Date/Time: 23.03.2018 10:59 Page : 1

am: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305127938

OMER	REGN NO: SHD3223M	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO 7010045	MODEL I-40	E.....1/2.....F
ESS 383 SIN MING DRIVE	22.03.2018 22:05	DATE/TIME IN
Singapore SINGAPORE 575717	YR OF MANU 30.06.2016	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHLB41UMGU091601	COMPLETION DATE/TIME:
(P)		

Accident Date: 22.03.2018
NATURE: 3P 22.03.18/C

NO LABOR CODE DESCRIPTION

RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip	Exit Pass
No.: SHD3223M LIMITS	Vehicle No.: SHD3223M
Signature/Date	Name of Service Advisor Date
turned to Service Reception upon collection	To be kept by Security Guard