15/5/2010

CC 3 / AIG 1800 6589 / K1pa3

LKK:

IDAC:

INS. CASE OWNER: Awk

ASSIGNMENT

Surveyor:

DOI: 9.4.18

Date / Time : 9-4-18

Registered in Merimen: 10-4-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK6412E

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 09-04-18

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**

SHA4513K → → →

INSRS:
WSP: CDG/layas.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA4513K. [illegible]
	SLK6412E. 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:

Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

If NO or B 28, Ass. Lia :

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	S$	
Loss of Rental (LOR):	S$	(days)
Loss of Use (LOU):	S$	(S x days)
Loss of Income (LOI):	S$	(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$**	**Global Sum S$:**

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Insp'd 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: SHA 4513K Yr Regn: 14 Apr 2011

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

Make: Hyundai Santa c.c 1994

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

Sp.Reading 511935 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41VMBA807519

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperative / Jammed / Leaked / Burnt or

Brake: Inoperative / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD W/Rim or

Tyre Size: F: 205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Maxxis

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	9/4/18	D.O.I.	9/4/18

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
16/4/18	Enlisted 45 $900 / 2 Pgs

AZA 45.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 09.04.2018 12:00 Page : 1

Team: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO. 305139830

STOMER

/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

SCOUNT CARD NO.

REGN NO.: SHA4513K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: SONATA	DATE/TIME IN 09.04.2018 10:25
YR OF MANU. 14.04.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA807519	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.04.2018
NATURE: 3P 09.04.2018

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHA4513K CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4513K

Name of Service Advisor

Date

To be kept by Security Guard