15/5/2010

INS. CASE OWNER: CC 3 / AIG1800 [redacted] 9028 / Nja3

LKK:

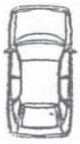
IDAC:

ASSIGNMENT

Surveyor: Naz DOI: 15/5/18 Date / Time: 15/5/18

Registered in Merimen: 18/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 2895 T

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11.5.18

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

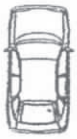
Place of Accident :

Nature of Accident :

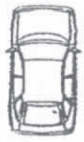
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SH 7351 Z → → →



INSRS:
WSP: CDGt Layang.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 7351 Z: X ; SLB 2895 T: 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 + LOI ☐ **[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:	

NA2 REF: AIG

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. SH 7351Z 1st Regn. MAY 2015

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

Make. HYUNDAI I40 CC 1582

Colour BLUE A/C (Insured) / Std / NI / NA

Sp.Reading 341,097 Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMFU068937

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: 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. 11/5/18 D.O.I. 15/5/18

Survey held at CDGR LOYANG

Des. of Damages (Frt) / Rear / O/S / N/S / U/C / Rooftop or FRONT

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

Date / Time	Action / Instruction
	AIG R/F 4/5

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

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ : Site Insc $ ☐ : Interpret $ ☐ : Tech Fee $ ☐ : Weekend $

Photos

Others

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 14.05.2018 17:27 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO: 305160188

STOMER

VMS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65508755 (O)
(P)

SCOUNT CARD NO.

REGN NO.: SH 7351Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 14.05.2018 15:45
YR OF MANU.: 14.05.2015	TARGET DATE
CHASSIS CODE: KMHLB41UMFU068937	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.05.2018
NATURE: 3P 11.05.2018

S/NO	LABOR CODE	DESCRIPTION

IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SH 7351Z CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7351Z

Name of Service Advisor

Date

To be kept by Security Guard