15/5/2010

INS. CASE OWNER: | CC 3 / AIG1800 9029 / Nma3 | 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 5410P		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 14/5/18	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 3442Y → ______ → ______ → ______

INSRS: WSP: CDGE Lorry. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	9/4/18
	SHD3442Y - CC3/TMA1800 6668/ 149bn2 ; DOA:
	SLB5410P - NA/AIG18 0088261 h4 ; DOA: 14/5/18

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. SHD 3442 Y 1st Regn. JULY 2016

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

Make: HYUNDAI I40 cc 1582 1685

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

Sp.Reading 171,048 Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMGU093253

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 R 16

R: 11

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.	14/05/18	D.O.I.	15/5/18

Survey held at CDE 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
	P/P

Date/Time File Pass to:

: Preli. Report

: Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee

Transportation $ PS $

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: 15.05.2018 09:10 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO305160206

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.: SHD3442Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN 14.05.2018 16:40
YR OF MANU.: 28.07.2016	TARGET DATE
CHASSIS CODE: KMHLB41UMGU093253	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.05.2018
NATURE: 3P 14.05.2018

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:

lo.:

cle No.: SHD3442Y CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3442Y

Name of Service Advisor

Date

To be kept by Security Guard