15/5/2010

INS. CASE OWNER: | CC3 /LOR 1800 9596 / N wa3 | LKR:
IDAC:

ASSIGNMENT

Surveyor: Naz   DOI: 22/5/18   Date / Time : 22/5/18
Registered in Merimen: 23/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLB 6674M		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 21/5/18	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**

SHC 663B → ______ → ______ → ______

INSRS: WSP: CDL & Loying. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC663B - CS/AG1800070X/K19d3n7 ; DOA: 20/1/18
	SLB6674M - 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:

Tinnat NA2 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)

x	x	x
N/S		O/S

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

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 663 B Regn. 28 FEB 2011

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

Make. HYUNDAI SONATA cc 1991

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

Sp.Reading 308,309 Radio (Insured) / Std / NI / NA

Eng/No:

C/No: KMHET41VMBA807142

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: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or MAXXIS(F), WESTLAKE (R)

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	21/5/18		D.O.I.	22/5/18	

Survey held at CDGE LOYANG

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

FRONT O/S

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

Date / Time Action / Instruction

AIG L/S

25/5/18 FINALIZED LUMPSUM $600.00 / 2 DAYS

Date/Time File Pass to

[ ] : Preli. Report

[ ] : Final Report

Date/Time File Return to

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp $

[ ] Interim $

[ ] Tech $

[ ] Weekend $

Survey Fee

Transportation

Photos

Total

Report Format :

Lump Sum / I.B.I: $

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

AIG L/S

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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: 22.05.2018 12:09 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO305163144

VARS

JSTOMER	
R/MS	CITYCAB PTE LTD
JSTOMER NO.	7010070
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
L. (R)	65551188 (O)
(P)	
SCOUNT CARD NO.	

REGN NO.: SHC 663B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 21.05.2018 14:40
YR OF MANU. 28.02.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA807142	COMPLETION DATE/TIME:

B

JOB DESCRIPTION

Accident Date: 21.05.2018
NATURE: 3P 21.05.2018

S/NO	LABOR CODE	DESCRIPTION
		AIG - taxi front damage
		LKK/Kahin -

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC 663B LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 663B

Name of Service Advisor

Date

To be kept by Security Guard