15/5/2010

INS. CASE OWNER: | CC 3/AIG1801 N47 / N463 | LKK:
IDAC:

ASSIGNMENT

Surveyor: NAZ | DOI: 2/7/18 | Date / Time : 2/7/18
Registered in Merimen: 4/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJQ 7170	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 29/6/18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SH 7989J ⟶ ________ ⟶ ________ ⟶ ________

INSRS: UMGE WSP: Tel : ug. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH7989J – LS/FU18004434 / Grd 3n~00015/7/18
	SJQ7170 – 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$ (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$		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:	Veh. No. SH 7989 J Regn. 29/10/2015
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
OD / TP/WS / TP RES / OD RES / EVA / INV / MV	Make. HYUNDAI I40 cc 1685
To Inspect Vehicle No:	Colour BLUE A.C. Insured / Std / NI / NA
at Workshop m/s	Sp.Reading 411,947 Radio: Insured / Std / NI / NA
of	Eng No:
Insured:	C/No: KMHLB41UMGU079773
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil / S/Rim / STD A/Rim or
Make of Veh:	Tyre Size: F: 205/60 R16 R: 〃
(Policy Condition)	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or WESTLAKE (F) HANKOOK (R)
Remark: The veh had commenced its repair at the time of inspection.	
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R.Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 29/6/18 D.O.I. 2/7/18
Lum Sum: % 3 Val.: Yes or No	Survey held at CDGE LOYANG
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or FRONT N/S, N/S FRONT
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.

X	X
N/S	O/S

Date / Time Action . Instruction

AIG P/P

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 Insp. S ☐ Interim S ☐ Tech S ☐ Weekend S

Photos

Others

Report Format :

Lump Sum/I.B.: S

Total

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 6280 Facsimile : 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408849
24 Seniko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305181691

'OMER

IS COMFORT TRANSPORTATION PTE LTD
'OMER NO. 7010045
IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

)UNT CARD NO.

REGN NO.: SH 7989J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 29.06.2018 17:00
YR OF MANU. 29.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU079773	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.06.2018
NATURE: 3P 29.06.18

S/NO	LABOR CODE	DESCRIPTION

:KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SH 7989J CHIANG

f Service Advisor

Signature/Date

Exit Pass

Vehicle No.: SH 7989J

Name of Service Advisor

Date