15/5/2010

INS. CASE OWNER: CC3 / AIG 180 12173, Njo3

LKK:

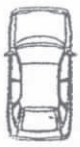
IDAC:

## ASSIGNMENT

Surveyor: NAZ DOI: 3/7/18 Date / Time : 3/7/18

Registered in Merimen: 4/7/18

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLD 5138R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

**Excess Sec II :S$** D.O.A : 1-7-18 Place of Accident :

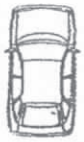
Is driver the owner? ( YES / NO ) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

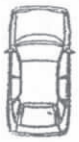
Driver Tel No. : (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

SHD 3210 A → → →

INSRS:
WSP: CMG6 Loyang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SHD 3210A. (C3/AIG130149846/Ya263w2; DOR: 13/8/13 |
| | SLD 5138R-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: | |

Ref: N92 REF: AIG

# ASSIGNMENT

From: Date:

Est. Repair Cost.

OD / TP/WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop / 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 |
|---|---|---|
| X | | |
| X | | |

Bal. or Market Value:

IDAC Accident Report: 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 3210A Reg. 30/06/2016

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

Make. HYUNDAI 140 CC 1685

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

Sp.Reading 221,809 Radio: Insured / Std / NI / NA

Eng No:

C/No: KMJLB41UMGU091592

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 HANKOOK

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |

D.O.A. 1/7/18 D.O.I. 3/7/18

Survey held at CDGE LOYANG

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

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

| Date / Time | Action / Instruction |
|---|---|
| | AIG IPP |

Date/Time File Passed: : Preli. Report : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: : Site Insp $ : Interpret $ : Technical $ : Weekend $

Photos

Others

Report Format :

Lump Sum / I.B. : S

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
24 Senoko Loop Singapore 758136
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 02.07.2018 13:44 Page : 1

Team: ARC Repair TP(CLSO)1

# JOB CARD

Sales Order:

JC NO.: 305182237

TOMER

MS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

OUNT CARD NO.

| | |
|---|---|
| REGN NO.: SHD3210A | MILEAGE |
| MAKE : HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 02.07.2018 08:20 |
| YR OF MANU. 30.06.2016 | TARGET DATE |
| CHASSIS CODE KMHLB41UMGU091592 | COMPLETION DATE/TIME: |

AIG

JOB DESCRIPTION

Accident Date: 01.07.2018
NATURE: 3P 01.07.2018

| S/NO | LABOR CODE | DESCRIPTION |
|---|---|---|

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

: No.: SHD3210A LKE

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3210A

Name of Service Advisor

Date

To be kept by Security Guard