15/5/2010

INS. CASE OWNER: CC3 / AMG180 12174, Nwa3

LKK:

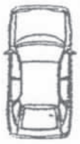
IDAC:

ASSIGNMENT

Surveyor: Naz   DOI: 3/12/18   Date / Time : 3/12/18

Registered in Merimen: 4/12/18

Pre-assign / CCU / FTE

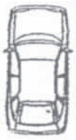


Insured Vehicle No. : SKO4315P		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 2/12/18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

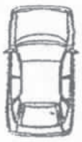
If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHO6918Y ⟶ ______ ⟶ ______ ⟶ ______



INSRS:
WSP: Chin loyang.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHO6918Y. cc3/07118006110/C/wb397 ; DOA: 29/3/18	**STAGE** — **DATE / PIC**
	- cs/PH17003379/ agh397 ; DOA: 28/1/17	Non-Reporting ltr (1st):
	SKO4315P- cc3/AMG140104581/Tigbu7 ; DOA: 30/5/14	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

Item	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:

Estimate/Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

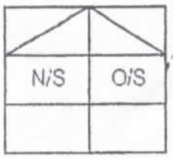
Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)



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

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 6918Y. Regn. 08/10/2015

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

Make. HYUNDAI I40 cc 1685

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

Sp.Reading 358,636 Radio (Insured) / Std / NI / NA

Eng No:

C/No: KMHLB41UMGU078439

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 (F), WESTLAKE (R)

Front			Rear		
R/Bal.	5	mm	R.Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.	2/7/18		D.O.I.	3/7/18	

Survey held at CDGE LOYANG

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

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

Date / Time Action / Instruction

AIG PIP

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. $

[ ] Interim $

[ ] Tech $

[ ] Weekend $

Photos

Others

Total

Report Format:

Lump Sum/I.B.: $

OMFORTDELGRO 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 Upper Bukit Timah Road Singapore 588849
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 02.07.2018 13:42 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305182350

OMER

S
OMER NO.
ESS
(R)
(P)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(O)

OUNT CARD NO.

REGN NO.: SHD6918Y	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 02.07.2018 08:45
YR OF MANU. 08.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU078439	COMPLETION DATE/TIME:

AIG

JOB DESCRIPTION

Accident Date: 02.07.2018
NATURE: 3P 02.07.2018

S/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHD6918Y LKE

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6918Y

Name of Service Advisor

Date

To be kept by Security Guard