15/5/2010

INS. CASE OWNER: CC3 / AG 180 12172, Nua3

LKK:

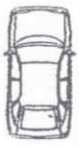
IDAC:

ASSIGNMENT

Surveyor: Naz DOI: 4/7/18 Date / Time : 4/7/18

Registered in Merimen: 5/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SGP734Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

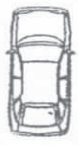
Excess Sec II :S$ D.O.A : 3/7/18 Place of Accident :

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

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

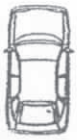
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 7974H →

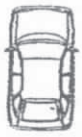


INSRS:
WSP: COLE (many)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 7974H - X ;
	SGP734Y - CS3/AG180 12729/ Fgbdi ; DOA: 4/7/18

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:	

Insurer: NA2 REF: A/A

ASSIGNMENT

From: Date:

Estimated 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

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 7971H Insp. 17 SEP 2015

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

Make. HYUNDAI 140 CC 1685

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

Sp.Reading 258,005 Radio: Insured / Std / NI / NA

Eng No:

C/No: KMHLB41HMGU079398

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: "

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.	3/7/18	D.O.I.	4/7/18

Survey held at CD BE LOYANG

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

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

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee

Transportation

Photos

Others

Date/Time File Return to:

Add Fee: : Site Insp $

: Interpret $

: Tech Fee $

: Weekend $

Report Format :

Lump Sum / I.B.I: S

COMFORTDELGRO ENGINEERING
A member of COMFORTDELGRO

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Mainline + 65 6383 6280 Facsimile + 65 6280 9755
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59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Upper Paya Lebar Road Singapore 534949
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 04.07.2018 15:49 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO.: 305183516

STOMER
/MS
STOMER NO.
DRESS
(R)
(P)
(O)

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

VARS

B

SCOUNT CARD NO.

REGN NO.: SHC7974H	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 03.07.2018 20:00
YR OF MANU. 17.09.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU079398	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.07.2018
NATURE: 3P 03.07.2018

S/NO	LABOR CODE	DESCRIPTION
		AIG - taxi Right Rear damage
		LKK/

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC7974H LARRY

Larry Ng

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7974H

Name of Service Advisor

Date

To be kept by Security Guard