15/5/2010

INS. CASE OWNER: CC 3, AG 180 12477, Nwa3

LKK:

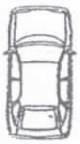
IDAC:

ASSIGNMENT

Surveyor: Naz DOI: 6/7/18 Date / Time : 6/7/18

Registered in Merimen: 9/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 2221 P Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 5/7/2018 Place of Accident :

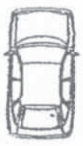
Is driver the owner? (YES / NO) Nature of Accident :

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

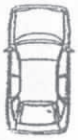
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHO 4978L →

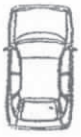
INSRS:
WSP: CDHE (orang.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHO 4978L - X; SKW 2221P, 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:	

Initial: NA2 REF: AIG

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)

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

N/S	O/S

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 4978 L Regn. 10 SEP 2014

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 500,802 Radio: Insured / Std / NI / NA

Eng No:

C/No: KMHLB41UMEU059556

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: 215/60 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.	3 mm
L/Bal.	5 mm	L/Bal.	3 mm
D.O.A.	5/7/18	D.O.I.	6/7/18

Survey held at CDGE LOYANG

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

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

Date / Time Action / Instruction

AIG L/S

Date/Time File Pass to: [ ] : Preli. Report

[ ] : Final Report

Date/Time File Return to:

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: [ ] : Site Insp $

[ ] Interim $

[ ] Tech $

[ ] Weekend $

Report Format :

Lump Sum / I.B.I: $

AIG
LKK

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 588249
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 05.07.2018 15:02 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305183878

OMER

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

UNT CARD NO.

REGN NO.: SHD4978L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 05.07.2018 11:20
YR OF MANU. 10.09.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU059556	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 05.07.2018
IATURE: 3P 05.07.18

S/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHD4978L LIMTS

f Service Advisor

Signature/Date

Exit Pass

Vehicle No.: SHD4978L

Name of Service Advisor

Date