15/5/2010

INS. CASE OWNER: | CC 3 /AIG1801 7617, Nelo3 | LKK: IDAC:

ASSIGNMENT

Surveyor: NAZ   DOI: 25/7/18   Date / Time : 25/7/18
Registered in Merimen: 26/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKU 569R.	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 24/7/18	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**

SGC 9345H → SKU569R → SHL8275K →

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: 01	INSRS: LOGE WSP: by. Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHL8275K - U4 | AL1809208 | (2mb) DUK. 15/5/18
	SKU569R - 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:	

NA2 A/G

ASSIGNMENT

From: Date:	Veh No. SHC 8275 K 1st Regn. 06 AUG 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	
To Inspect Vehicle No:	Make. HYUNDAI I40 cc 1685
at Workshop m/s	Colour BLUE AC (Insured) / Std / NI / NA
of	Sp.Reading 229,889 Radio (Insured) / Std / NI / NA
Insured:	Eng No:
Policy No.	C/No: KMHLB41UMEU075539
Claims No.	Gen. Cond: Good / (Fair) / Poor / Burnt
Sum Insured: Excess:	Steering: (Inorder) / Jammed / Leaked / Burnt or
(Client's Record)	Brake: (Inorder) / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / (STD A/Rim) or
	Tyre Size: F: 205/60 R16
(Policy Condition)	R: "
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or BS (REAR) WESTLAKE (FRONT)
N/S O/S x x x	
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 5 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 24/7/18 D.O.I. 25/7/18
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 REAR,
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

A/G PTP

Date/Time File Pass to: ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to:

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee

Transportation

Photos

Others

Total

Add Fee: ☐ : Site Insp $ ☐ Intern. $ ☐ Tech $ ☐ Weekend $

Report Format :

Lump Sum / I.B.I: $

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
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732
421 Ubi Road 3 Singapore 408643

Date/Time: 25.07.2018 09:15 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3842468 JC NO.: 305191894

OMER
IS
OMER NO.
IESS
(R)
(P)
OUNT CARD NO.

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

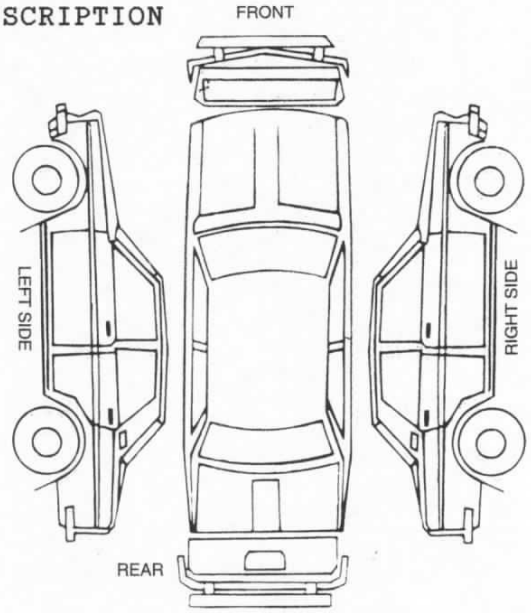
REGN NO.: SHC8275K	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 24.07.2018 16:00
YR OF MANU 06.08.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU075539	COMPLETION DATE/TIME:

AIG

JOB DESCRIPTION

Accident Date: 24.07.2018
NATURE: 3P 24.07.18/B-

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC8275K FZ AIG LKK

f Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8275K

Name of Service Advisor

Date

To be kept by Security Guard