INS. CASE OWNER: | CC 3, AIG 180 13669, Nja3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: Naz   DOI: 25/7/18   Date / Time : 25/7/18

Registered in Merimen: 26/7/18

Pre-assign / CCU / FTE   SDN5544J

Insured Vehicle No. :		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**

SH8012X → ________ → ________ → ________

INSRS: WSP: Onwe Tel : Liability : Lyon RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH8012X - [illegible]
	SDN5544J - 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:	

NAZ REF: AIG

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) X

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: SH 8012X Regn. 29 DEC 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 251,687 Radio Insured / Std / NI / NA

Eng No:

Ch No: KMHCB41CMH40.97352

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 CST

Front		Rear	
R/Bal.	4 mm	R/Bal.	5 mm
L/Bal.	4 mm	L/Bal.	5 mm
D.O.A.	24/7/18	D.O.I.	25/7/18

Survey held at CDGE LOYANG

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

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

Date / Time Action / Instruction

AIG P/S

Date/Time File Pass to:

Date/Time File Return to:

: Preli. Report

: Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: : Site Insp $

: Increased $

: Tech Fee $

: Weekend $

Survey Fee

Transportation $ - PS $

Photos

Others

Report Format :

Lump Sum / I.B.I: S

COMFORTDELGRO ENGINEERING
A member of COMFORTDELGRO

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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

Date/Time: 25.07.2018 11:32 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305192067

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

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

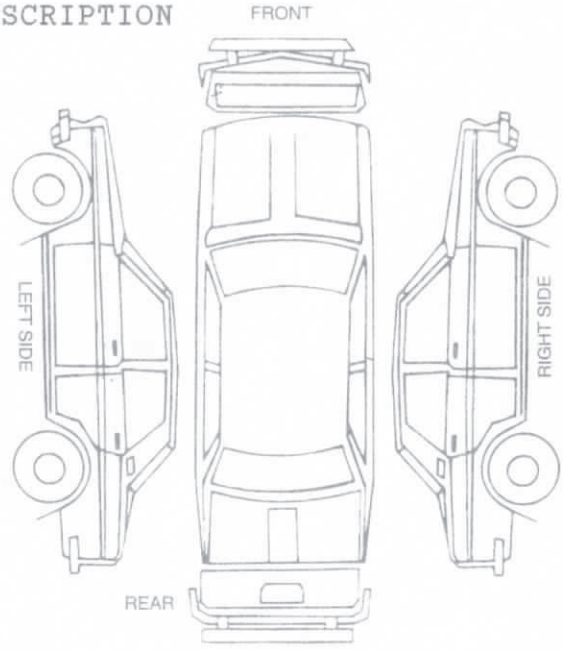
COUNT CARD NO.

REGN NO.: SH 8012X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN: 25.07.2018 10:00
YR OF MANU: 29.12.2016	TARGET DATE
CHASSIS CODE: KMHLB41UMHU097352	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.07.2018
NATURE: 3P 24.07.2018

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.: SH 8012X CHIANG
le No.:

e of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8012X

Name of Service Advisor

Date

To be kept by Security Guard