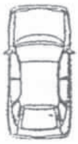
15/5/2010

INS. CASE OWNER: CC 4, LCR 180 22905, N P03 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Naz   DOI: 21/12/18   Date / Time : 21/12/18
Registered in Merimen: 21/12/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM3129H   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

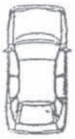
Excess Sec II :S$ D.O.A : 20/12/18   Place of Accident :

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

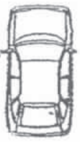
If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

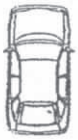
SHC3228E → ______ → ______ → ______



INSRS:
WSP: CDate Wyas
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC3228E - CS/FCL/18009515/Asd3n2 ; DOA : 23/5/18
	SLM3129H - 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:	

Surveyor: NAZ

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

CIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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 3228E Yr Regn: 31 JAN 2013

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

Make: HYUNDAI SONATA c.c. 1,991

Colour BLUE A/C: Insured / Std / NI / NA

Sp.Reading 895,671 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHET41UMDA833462

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or HANKOOK

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	20/12/18	D.O.I.	21/12/18

Survey held at COGB LOYANG

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

The U/C / Chassis frame / Body Structure affected due to collisio

AIG L/S

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prelt. Report ☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

COMFORTDELGRO ENGINEERING
A 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 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3883883 JC NO.: 305252999

TOMER

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

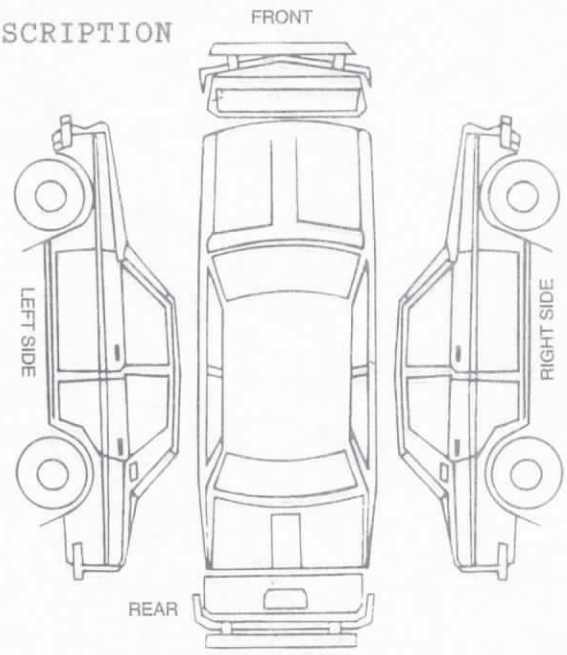
COUNT CARD NO.

REGN NO.: SHC3228E	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 20.12.2018 14:30
YR OF MANU. 31.01.2013	TARGET DATE
CHASSIS CODE KMHET41VMDA833462	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.12.2018
NATURE: 3P 20.12.18/B

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHC3228E FZ AIG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3228E

Name of Service Advisor

Date

To be kept by Security Guard