

ASS. REQ. BY: Tanaka

REF:

ALG.

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
	X

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC8991B Yr Regn: 2016 MayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLR414464089827Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or DavantiFront R/Bal. 6 mmRear R/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. _____ D.O.I. 29/6/20Survey held at Computerdela LogayDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐: Preli. Report1) _____
Date/Time, File Return to?☐: Final Report

2) _____

Rep. Form: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐: Site Insp (\$ _____)☐: Interview (\$ _____)☐: Tech. Invs (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

COMFORTDELGRO ENGINEERING

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

27A, Riverside Drive, Singapore 117621

Telephone: +65 6283 8280, Facsimile: +65 6283 9755

Workshops

24, Upper Serangoon, Singapore 552085

383, Sin Ming Drive, Singapore 575717

45, Tanjong Pagar, Singapore 060095

24, Serangoon Road, Singapore 158750

7, Serangoon Road, Singapore 158751

501, Telok Ayer St, Singapore 158732

Date/Time: 27.06.2020 08:56

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305407339

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

REGN NO. SHC8991B

MILEAGE

MAKE: HYUNDAI

FUEL

E 1/2 F

MODEL I-40

DATE/TIME IN 26.06.2020 14:20

YR OF MANU 19.05.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU089827

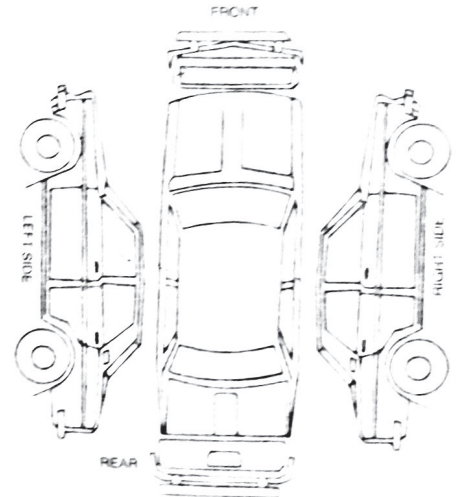
COMPLETION DATE/TIME:

JUNT CARD NO

Accident Date: 26.06.2020
NATURE: 3P 26.06.2020

JOB DESCRIPTION

:/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass

SHC8991B

LIMITS

Vehicle No.

SHC8991B

Name of Service Advisor

Date

RE: Accident involving SHC8991B and your insured SMA7927X dated 26.06.2020

AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Mon 29/6/2020 8:14 AM

To: Lim Tien Siong <limts@cdge.com.sg>

Cc: Wong, Ken-FK <Ken-FK.Wong@aig.com>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

Hi Tien Siong,

We will be appointing LKK to conduct the survey.

Thank you.

AIG Claims Survey.

From: Lim Tien Siong <limts@cdge.com.sg>

Sent: Saturday, June 27, 2020 9:23 AM

To: AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Cc: Wong, Ken-FK <Ken-FK.Wong@aig.com>

Subject: [EXTERNAL] Accident involving SHC8991B and your insured SMA7927X dated 26.06.2020

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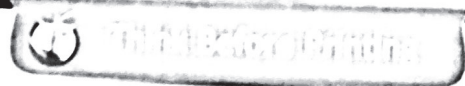
Officer in charge,

Best Regards,

Lim Tien Siong

Taxi Accident Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156



From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

Sent: Saturday, 27 June 2020 9:16 AM

To: Lim Tien Siong <limts@cdge.com.sg>

Subject: Scan Image

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