

Surveyor: AWK DOI: 20/11/17 Date / Time: 20/11/17  
Registered in Merimen: 21/11/17

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GW 1466D Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$\$ D.O.A. : 18-11-17 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

SHC 1062D → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



INSRS:  
WSP: 0246 10409  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC	
<u>SHC 1062D</u> <u>cup 1111</u> <u>600 2027</u> <u>Pub 352</u> ; <u>WTA: 20/11/17</u> <u>GW 1466D - X</u>	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	<b>Documentation Check List:</b>	<b>Handler</b>	<b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:    
Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: \$\$ ( \_\_\_\_\_ 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: \$\$

Loss of Rental (LOR): \$\$ ( \_\_\_\_\_ days)  
Loss of Use (LOU): \$\$ (\$ x \_\_\_\_\_ days)  
Loss of Income (LOI): \$\$ (\$ x \_\_\_\_\_ days)  
LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]  
GIA/LTA Search: \$\$  
Medical: \$\$  
Disbursement: \$\$ (e.g. Tow/ Independent )  
Legal Cost: \$\$  
1) Claim status: Normal/Reject/Private Settle  
2) Report Format:  
3) Survey fee:

**Total:** \$\$ **Global Sum \$\$:** \_\_\_\_\_  
**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$\$ Name 1: \_\_\_\_\_  
Payee 2: (Strike if N.A.) \$\$ Name 2: \_\_\_\_\_  
Payee 3: (Strike if N.A.) \$\$ Name 3: \_\_\_\_\_

Surveyor: Kahni

REF:

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / PR / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

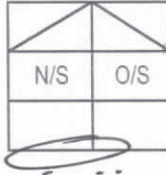
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC 10620 Yr Regn: 20 Aug / 2017

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

Truck / Trailer or \_\_\_\_\_

Make: Toyota Prius C.C. 1798

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

Sp. Reading: 48864 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: J TOKBJF410356384

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD / Rim or \_\_\_\_\_

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 18/11/17

D.O.I. 20/11/17

Survey held at CPA Ecology

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

Rear MS

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

Date / Time	Action / Instruction
	<u>AZA</u>
	<u>PIP</u>

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	
Transportation:	
_____ S + RS, _____ SI	
Photos	
Others	
TOTAL	

Add Fee:  : Site Insp (\$ \_\_\_\_\_ )

: Interview (\$ \_\_\_\_\_ )

: Tech. Invs (\$ \_\_\_\_\_ )

: Weekend (\$ \_\_\_\_\_ )

Report Format : \_\_\_\_\_

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

member of COMFORTDELGRO

Date/Time: 20.11.2017 08:19

Page : 1

am: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order: 3784120

JC NO305090588

MEMBER NO. 7010045 ADDRESS 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO: SHC1062D	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)18.	DATE/TIME IN 11.2017 04:20
	YR OF MANU. 30.08.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU103563684	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 18.11.2017  
 NATURE: 3P 18.11.17

NO 00010 LABOR CODE 23-01

DESCRIPTION TOWING FEE *450.00*

*(REPAIR)*

RECEIVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

Vehicle No.: SHC1062D JU AIG LKK

Vehicle No.: SHC1062D

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard