15/5/2010

INS. CASE OWNER:

CC 3 /EQI1702 ̄b 기 ⼯ 2 nbʒ

LKK:

IDAC:

ASSIGNMENT

Surveyor: _Kalvin_ DOI: _27/11/18_ Date / Time: _27/11/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBA 1201B

Name of Insured :

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ D.O.A : _26/11/18_

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

If **NO**, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : ____% **Final ? Yes / No**

SHA 9497R → _____ → _____ → _____ → _____
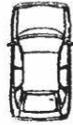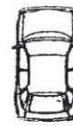
INSRS: Volle M		INSRS:			INSRS:		INSRS:	
WSP:		WSP:			WSP:		WSP:	
Tel :		Tel :			Tel :		Tel :	
Liability :		Liability :			Liability :		Liability :	
RMKS:		RMKS:			RMKS:		RMKS:	

Date/ Time			STAGE	DATE / PIC
	SHA 9497R - X	GBA 1201B - X	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: Kelvin

REF: _____

ASSIGNMENT

From: _____	Date: _____	Veh No: **SHA 9497R** Yr Regn: ¹⁴ Apr/ 2011

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.**

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: **SHA 9497R** Yr Regn: ¹⁴ Apr/ 2011

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

Make: Hyundai Sonata c.c **199**

Colour: Yellow A/C: **Insured** / Std / NI / NA

Sp.Reading **181517** T/Radio: **Insured** / Std / NI / NA

Eng/No: _____

C/No: **KMHET41LMBA807431**

Gen. Cond: Good / **Fair** / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD / **F/Rim** or

Tyre Size: F: **215/60 N6**

R: _____

	N/S	O/S

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

Front		Rear	
R/Bal. **7**	mm	R/Bal. **2**	mm
L/Bal. **7**	mm	L/Bal. **7**	mm
D.O.A. **26/11/7**		D.O.I. **27/11/7**	

Survey held at _____

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

N/S Fad.

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

Date / Time	Action / Instruction
	EQ
	4

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

1) _____

Date/Time, File Return to?

2) _____

Report Format : _____

Lum Sum / I.B.I: ($ _____)

☐ : **Final Report**

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

___ S + RS.___ SI

Photos

Others

TOTAL: _____

eam: CK   ARC Repair TP(CFSO)1   **JOB CARD** Sales Order: JC NO.305092230

TOMER		REGN NO.: SHA9497R	MILEAGE
/S CITYCAB PTE LTD		MAKE : HYUNDAI	FUEL E...............1/2...............F
TOMER NO. 7010070			
RESS 383 SIN MING DRIVE		MODEL SONATA	DATE/TIME IN 26.11.2017 09:05
Singapore SINGAPORE 575717			
(R) 65551188 (O)		YR OF MANU 14.04.2011	TARGET DATE
(P)			
OUNT CARD NO.		CHASSIS CODE KMHET41VMBA807431	COMPLETION DATE/TIME:

JOB DESCRIPTION

.ccident Date: 26.11.2017
ATURE: 3P 26.11.17

/NO   LABOR CODE   DESCRIPTION

CKED & PASSED OUT BY: _____

_____   _____
         SERVICE ADVISOR   CUSTOMER'S SIGNATURE

vledgement Slip   Exit Pass

: No.: SHA9497R   JU EQ LKK   Vehicle No.:   SHA9497R

_____ _____   _____ _____
of Service Advisor   Signature/Date   Name of Service Advisor   Date

eturned to Service Reception upon collection   To be kept by Security Guard