

15/5/2010

INS. CASE OWNER:

CC³ /AIG1702

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A :

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability :

%

Final ? Yes / No

INSRS:

WSP:

Tel :

Liability :

RMKS:

INSRS:

WSP:

Tel :

Liability :

RMKS:

INSRS:

WSP:

Tel :

Liability :

RMKS:

INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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

Kalish

REF:

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 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: SH 9 111 L Yr Regn: 12 May 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 C.C. 1685

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

Sp. Reading: 14457 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: K M H L B K 14 M H U 08 7 936

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front 2 mm Rear 2 mm

R/Bal. 2 mm L/Bal. 2 mm

D.O.A. 2/12/17 D.O.I. 4/12/17

Survey held at CPKE (Gum)

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

Rear.

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

AZL
PIP

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. 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 (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

) \$ + RS. \$ _____

) Photos

) Others

TOTAL

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

AIG
LKK

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6363 6280 Facsimile + 65 6290 9755
Workshops
59 Loyang Drive Singapore 508969 24 Serangoon Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungai Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537
320 Yishun Road Singapore 768666

Date/Time: 04.12.2017 08:32 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.305094213

OWNER COMFORT TRANSPORTATION PTE LTD IS 7010045 OWNER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO: SH 9111L MAKE: HYUNDAI MODEL I-40 YR OF MANU 12.05.2016 CHASSIS CODE KMHLB41UMGU087936	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 02.12.2017 19:20 TARGET DATE COMPLETION DATE/TIME:
---	---	--

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.12.2017
NATURE: 3P 02.12.17

/NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip No.: SH 9111L LIMITS	Exit Pass Vehicle No.: SH 9111L
Signature/Date	Date