

INS. CASE OWNER:

Kwue may | CC 4 / AXA170 23454, C/pa?

LKK:

IDAC:

SMAK1
S7m005CV

Surveyor:

Amk

DOI:

ASSIGNMENT

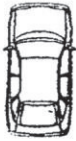
11/12/17

Date / Time :

8/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKV1648D

Name of Insured :

Um Han Ngee

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

7/12/17

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

S7m005CV

Policy No. :

GA027778

Make / Model :

Honda Stream 1800

Place of Accident :

Chong Pang Food Ctr C/p.

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

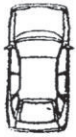
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHB3311 C



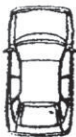
INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP: 100%
Tel: Amk

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

11/12/17 to get 7P's video.

SHB3311C - CC3/AXA170 2338/11/12/17; DOA: 19/01/18
SKV1648D - 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:

11/12/17

Sent By:

Amk

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum SS:

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:

222

SHB3311 C

30 Oct 2018

Ver No. SHASSH C Y. 111 Oct 31 x

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

Truck / Trailer or

Name: Hyndar Zho DO: 1685

Colour Yellow A.C. Ins 6 / Std / Nil / NA

Co. Reading 372295 T-Radio: Insured / Std / NI / NA

C.No: KMHCB/KYME/4061629

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 of

Type Size: F: 205/60R16

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

Front

2000 1000 2000 1000 2000 1000 2000 1000 2000 1000

1501. 1501. 1501. 1501. 1501.

D.O.A. 7/12/12 D.O.I. 10/12/12

Survey held at: CDGE (Nyang)

Des. of Damages: ☐ FT. / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

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

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

☐ : Preli. Report
☐ : Final Report

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: : Site Inc. \$

Interview 3

Neeraj S

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3788534

JC NO.305095821

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO: SHB3311C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 07.12.2017 16:10
	YR OF MANU 30.10.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU061629	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 07.12.2017
NATURE: 3P 07.12.17/B-

/NO	LABOR CODE	DESCRIPTION
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WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHB3311C** FZ AXA

Vehicle No.: **SHB3311C**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard