

15/5/2010

INS. CASE OWNER:

Vale Oh
CC 4/AXA170

23706, Kika3

LKK:

IDAC:

Surveyor:

mkc

DOI:

ASSIGNMENT

13/12/17

Date / Time :

12/12/17

Registered in Merimen:

11/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 51995

Claim No. :

Name of Insured :

TRANS-CAR SERVICES P/L

Policy No. :

P1680520

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

5,000.00

D.O.A :

8/12/17

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

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

SHD 43525



INSRS:

WSP:

Tel :

Liability :

RMKS:

CDW
100mg

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD 43525 X; SHC 51995 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:

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Murni

ASSIGNMENT

From: _____ Date: 13.12.2017

Estimated Cost: _____

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

To Inspect Vehicle No: SHD 4352S

at Workshop m/s

Comfort Delgro

of

59 Loyang Drive

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SHD 4352S

Yr Regn:

5 July 2012

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

Truck / Trailer or

Make:

Hyundai Sonata

C.C.

199

Colour

Blue

A/C: Insured / Std / NI / NA

Sp.Reading

584820

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KMHET41RMCA826793

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: 215/60R16

R: _____

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

8/12/12

D.O.I.

13/12/12

Survey held at

CPHE (Loyang)

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

Rear o/s

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

Date / Time

Action / Instruction

14/12/12 Confirmed 4/5 p750/ 2 days

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Report Format : _____

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

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

S + RS. SI

Photos

Others

TOTAL

JC NO.305096374

REGN NO : SHD4352S	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 09.12.2017 05:30
YR OF MANU 05.07.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA826793	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Incident Date: 08.12.2017
 ATURE: 3P 08.12.17

NO	LABOR CODE	DESCRIPTION
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KEED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

edgement Slip

Exit Pass

SHD4352S LIMTS

Vehicle No.: SHD4352S

Service Advisor

Signature/Date

Name of Service Advisor

Date _____

turned to Service Reception upon collection

To be kept by Security Guard