

INS. CASE OWNER:

CC3 / CTI170

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJJ 4329 E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: 15/12/17

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/12/17

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

SAD 4923 UINSRS: _____
WSP: CDH 10/17/17
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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Signature

Kalin

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. _____

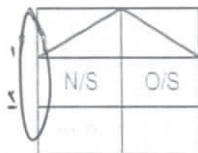
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 49234 Yr Regn: 19 Mar 2014

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

Truck / Trailer or

Make: Hyundai 240 C/C 168r

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

Sp. Reading: 5763x5 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB KUMAE 9052829

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: 205/60 R16

R: _____

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

TOYO / YOKO or

Mitsubishi

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 15/4/17 D.O.I. 18/4/17

Survey held at CPE (Geyang)

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

15/4/17

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

Date / Time Action / Instruction

CTI
45

Date/Time File Pass to:

☐

Preli. Report

Days Of Repair: _____

1)

☐

Final Report

Resurvey No. of Trip: _____

Date/Time File Return to:

Survey Fee

Transportation

2)

Add Fee: ☐ Site Insp \$

) \$ + RS \$

☐ Interview \$

) Photos

☐ Tech Insp \$

) Others

☐ Weekend \$

) TOTAL

Report Format :

Lump Sum / I.B.I. \$

TOTAL

Date/Time: 16.12.2017 08:31

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305098289

STOMER	REGN NO.: SHD4923U	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD STOMER NO. 7010045 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	MAKE: HYUNDAI MODEL I-40 15. YR OF MANU. 19.03.2014 CHASSIS CODE KMHLB41UMEU052829	FUEL E.....1/2.....F DATE/TIME IN 15.12.2017 15:00 TARGET DATE COMPLETION DATE/TIME:
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 15.12.2017
NATURE: 3P 15.12.17/C

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4923U
LIMTS

Vehicle No.: SHD4923U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard