

15/5/2010

INS. CASE OWNER:

CC

h/1702 4446/17063

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

26/12/17

Date / Time :

Registered in Merimen:

26/12/17
27/12/17

Pre-assign / CCU / FTE

STV 471C



Insured Vehicle No. :

Claim No. :

Name of Insured :

UR

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SHA 94397



INSRS:

WSP:

Tel :

Liability :

RMKS:

LIVE
W.

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:
Repair Cost:	S\$	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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)
Total Cost	S\$	
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
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:

Email ☐ Call ☐

Surveyor

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.

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

SHA 9439J

Yr Regn

12 July 2017

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

Truck / Trailer or

Make

Toyota Prius

C/C

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

65924

T. Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKDJF4 60355 9309

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

22/12/17

D.O.I.

26/12/17

Survey held at

CD4E (6-7-17)

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

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

Date / Time Action / Instruction

A26
P/P

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

100 - 100 \$

Repairs

Taxes

TOTAL

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Tech. Insp \$

☐

Weekend \$

Report Format :

Lump Sum / I.B.I: \$

Date/Time: 22.12.2017 16:35

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305100390

CUSTOMER

AS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

QUANTITY CARD NO.

REGN NO: SHA9439J	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)22	DATE/TIME IN 12.2017 12:30
YR OF MANU. 12.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU603559307	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.12.2017
NATURE: 3P 22.12.2017

/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA9439J LKE/KALVIN

Vehicle No.: SHA9439J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard