

INS. CASE OWNER:

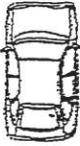
CC 3 / AIG170 24553 / KHSS

LKK:  
IDAC:

Surveyor: KALVIN DOI: 27/12/17 Date / Time: 27/12/17  
Registered in Merimen: 28/12/17

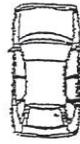
**ASSIGNMENT**

Pre-assign / CCU / FTE

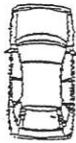


Insured Vehicle No. : RTP 2884A Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A: 25/12/17 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) Nature 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

SHA 1506B



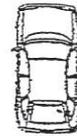
INSRS:  
WSP: CDGE (loyang)  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHA 1506B - CC3/AXA11014661/Mgldg2 DOA: 22/07/11</u>	Non-Reporting ltr (1st):	
<u>- CC3/FCI15013139/Kubaz DOA: 01/09/15</u>	Non-Reporting ltr (2nd):	
<u>RTP 2884A - X</u>	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

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\$ \_\_\_\_\_ 1) Claim status: Normal/Reject/Private Settle

Legal Cost S\$ \_\_\_\_\_ (e.g. Tow/ Independent) 2) Report Format: \_\_\_\_\_

Total: S\$ \_\_\_\_\_ Global Sum S\$: \_\_\_\_\_ 3) Survey fee: \_\_\_\_\_

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: \_\_\_\_\_

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 Rport: \_\_\_\_\_ 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 1506B** Regn: **31 Jan 2017**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: **Hyundai Zonig** CC  
 Colour: **Blue** A/O: **Insured / Std / NI / NA**  
 Sp. Reading: **119770** T. Radio: **Insured / Std / NI / NA**  
 Eng/No: \_\_\_\_\_  
 C/No: **KMHCB5/CVHY017960**  
 Gen. Cond: Good / **F6** / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / **STD** Rim or  
 Tyre Size: F: **195/65 R15**  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Nexen**  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal: **7** mm R/Bal: **7** mm  
 L/Bal: **7** mm L/Bal: **7** mm  
 D.O.A: **25/12/17** D.O.I: **27/12/17**  
 Survey held at: **COKE (Guz)**  
 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.

Date / Time Action / Instruction

AGA  
PIP

Date/Time File Pass to?  : Preli. Report  
 : Final Report

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 \$ \_\_\_\_\_

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO.305101269

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SHA1506B	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: IONIQ	DATE/TIME IN 26.12.2017 09:30
	YR OF MANU: 31.01.2017	TARGET DATE
	CHASSIS CODE: KMHC851CVHU017960	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 25.12.2017  
 NATURE: 3P 25.12.2017

S/NO	LABOR CODE	DESCRIPTION
		ALA - taxi rear damage
		LKK/Kahni -

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA1506B  
 Name: LARRY

Vehicle No.: SHA1506B

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

*Larry Ng*