

19/5/2010

INS. CASE OWNER:

CC 3/AIG18000384 1/1/13

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

05/01/13

Date / Time:

05/01/13

Registered in Merimen:

08/01/13

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKR 5710H

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

02/01/13

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

SHC 32845



INSRS:

WSP: OGE (Loyas)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
SHC 32845 - X ; SKR 5710H - X	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: %
CONFIRM 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)
Global 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:

Surrey

Kalin

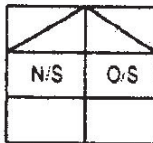
REF:

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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

Vehicle: *SHC 32845* Page: *29 Jan 24*
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: *Hyundai Santa Fe* CC: *1991*
 Colour: *Blue* A/C: _____ Insured / Std / NI / NA
 Sp Reading: *26822* T-Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: *K A H E T 411 MDA 8.05 427*
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size F: *215/60R16*
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or *Wella/le*
 Front _____ Rear _____
 R/Bal. *7* mm R/Bal. *7* mm
 L/Bal. *7* mm L/Bal. *7* mm
 D.O.A. *5/1/8* D.O.I. *5/1/8*
 Survey held at *COGE (17-2-24)*
 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 File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Techn. Ins. \$

☐

Week-end \$

Report Format :

Lump Sum / I.B.I. / S

AZ4
42

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3794658

JC NO 305103968

CUSTOMER

VMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65508755 (O)
(P)

SCOUNT CARD NO.

REGN NO: SHC3284S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 03.01.2018 14:00
YR OF MANU 29.01.2011	TARGET DATE
CHASSIS CODE RMHET41VMBA805427	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 03.01.2018
NATURE: 3P 03.01.18

S/NO	LABOR CODE	DESCRIPTION
000010	23-01	TOWING FEE

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

e:

lo.:

le No.:

SHC3284S

JU AIG LKK

Exit Pass

Vehicle No.:

SHC3284S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard