

INS. CASE OWNER:

CC3, QW1800 0428, K1ka3

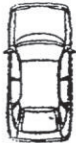
Surveyor: Kalvin

DOI: ASSIGNMENT 51118

Date / Time: 5/1/08

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 218Z
Name of Insured : TRANS. CAB SERVICES P/L
Insured Tel No. : _____ HP: _____
Excess Sec II :SS 5,000-00 D.O.A: 31-12-17
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : _____

If NO, Driver Name / Age :

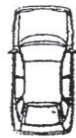
Driver Tel No. : _____

(V/L: YES / NO)

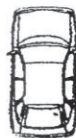
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

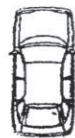
SHC 1652 B



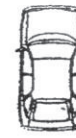
INSRS: MGE layang
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC	
<u>SHC 1652 B</u> <u>SHD 218Z</u> <u>Claiming each others.</u>	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)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>	
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>	
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>	
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>	
Others:	<input type="checkbox"/> <input type="checkbox"/>		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: \$S\$ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>			
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search \$S\$			
Medical: \$S\$			
Disbursement: \$S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost \$S\$	2) Report Format:		
Total: \$S\$ Global Sum \$S\$:	3) Survey fee:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1: \$S\$ Name 1: _____			
Payee 2: (Strike if N.A.) \$S\$ Name 2: _____			
Payee 3: (Strike if N.A.) \$S\$ Name 3: _____			

Surrender

Kalvin

REF:

ASSIGNMENT

20 Sep 2017

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

Vehicle No: SHC1652B Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Proins Colour: Blue A.C. Insured / Std / NI / NA

Sp Reading: 34580 T.Radio: Insured / Std / NI / NA

Eng/No: C/No: J70KBJF940

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: R/Bal: 7 mm L/Bal: 7 mm D.O.A: 31/12/17

Rear: R/Bal: 7 mm L/Bal: 7 mm D.O.I: 5/1/18

Survey held at: CDHE (Logan)

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

n/s front

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

AXA PIP

Date/Time File Pass to? : Preli. Report

: Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transporter

Add Fee: Site Insp \$

Inter. Exp \$

Techn. Ins \$

Week-end \$

Report Format :

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

Job Name: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305102872

OMER NO: 7010045 COMFORT TRANSPORTATION PTE LTD 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P) (O)	REGN NO:	SHC1652B	MILEAGE
	MAKE:	TOYOTA	FUEL E.....1/2.....F
	MODEL:	PRIUS HYBRID(G4)02.	DATE/TIME IN 01.2018 08:15
	YR OF MANU:	20.09.2017	TARGET DATE
	CHASSIS CODE:	JTDKB3FU403564313	COMPLETION DATE/TIME:

AXA

Accident Date: 31.12.2017
 Nature: 3P 31.12.2017

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
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Checked & Passed Out By: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Check-out Slip
 No.: SHC1652B LKE
 Signature/Date _____

Exit Pass
 Vehicle No.: SHC1652B
 Name of Service Advisor _____
 Date _____

Returned to Service Reception upon collection

To be kept by Security Guard