

INS. CASE OWNER:

CC AXA1800 11 337 K2wbh

LKK: IDAC:

ASSIGNMENT

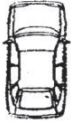
Surveyor: Kalin

DOI: 17/1/18

Date / Time: 17/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : FQ 8848H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 17/01/18

Make / Model :

Excess Sec II : \$\$ D.O.A. : 17/01/18

Place of Accident :

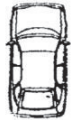
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

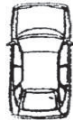
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

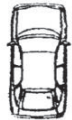
Insured Liability : % Final ? Yes / No



INSRS: WSP: Tel: Liability: RMKS: ONE W



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Table with columns for Date/Time, STAGE, and DATE / PIC. Includes sections for PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT.

Kalvin

REF

ASSIGNMENT

Page: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____
at Workshop/mis: _____
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

N/S		D/S	

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Type: M/Car / M/Cycle / Bus / Van / Lorry / Prime Mover
Truck / Trailer or
Make: Hyundai 240 cc 1685
Colour: Blue A/C Ins: d / Std / NI / NA
Sp Reading: 53492 - Radio Ins: d / Std / NI / NA
Eng No: _____
CI No: KMHLB814MP4067856
Gen Cond: Good / / Poor / Burnt
Steering: Inop / / Jammed / Leaked / Burnt or
Brake: Inop / / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / A/Rim or
Tyre Size: F: 205 / 60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook
Front: _____ Rear: _____
R Bal: 7 mm R Bal: 7 mm
L Bal: 7 mm L Bal: 7 mm
D.O.A: 13/1/8 D.O.I: 17/1/8
Survey held at: COKE (Logan)
Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or
o/s Frnt.
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action Instruction
Excess 48hr.

AxA
PIP

Date/Time File Pass 107 Preli. Report
 Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

Survey Fee _____
Transporter _____

Add Fee: Site Insp: \$
 Incident: \$
 Tech Time: \$
 Weekend: \$

Report Format: _____
Lump Sum / A.B.I: _____

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305106752

CUSTOMER COMFORT TRANSPORTATION PTE LTD RMS 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 L. (R) (O) (P) SCOUNT CARD NO.	REGN NO: SHA7438A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 13.01.2018 17:15
	YR OF MANU 02.04.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMFU067856	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.01.2018
NATURE: 3P 13.01.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
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Acknowledgement Slip

Vehicle No.: SHA7438A
Plate No.: CHIANG @

Exit Pass

Vehicle No.: SHA7438A

Signature/Date

Name of Service Advisor Date

to be returned to Service Reception upon collection

To be kept by Security Guard