

INS. CASE OWNER:

CC 4/ASM1800

LKK:

IDAC:

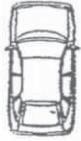
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner? ( YES / NO )

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

Claim No. :

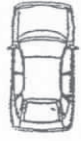
Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

INSRS:  
WSP: CDW & LOGS  
Tel :  
Liability :  
RMKS: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:

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\$

(e.g. Tow/ Independent )

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

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:

REF: AXA

2139/163-

## ASSIGNMENT

Page

Date

5/2/18

Ref No

SHA 7997C

5 Mar 2015

Estimated Cost

Type: M/Cab / M/Cycle / Bus / Van / Lorry / T0 / Prime Mover

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To inspect Vehicle No

SHA 7997C

at Workshop No

Comfort Delgro

of

54 Loyang Drive

Insured

Policy No

Claims No

Sum Insured

Excess

(Clients Record)

Make of Ven

Make

Hyundai I40

cc

1685

Colour

Blue

A/C

Insur

0

Std Nil/NA

Se Reading

450190

T Read

Ins 6

Std Nil/NA

Eng No

O No

KMHLB414MF40 64811

Gen Cond: Good / F6 / Poor / Burnt

Steering: Incl / Jammed / Leaked / Burnt or

Brake: Incl / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STE6 / Rim or

Tyre Size

R

205/60R16

R

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal

7

mm

R/Bal

7

mm

L/Bal

7

mm

L/Bal

7

mm

D/OA

2/2/18

D/OA

5/2/18

Survey held at

(DHE (loyang))

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

Rear N/S

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

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value

IDAC Accident Report: Consistent? / Yes or No

GIA / PR / Seen: Consistent? / Yes or No

Est. Repairs: days Res: Yes or No

Cum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS wp

Vehicle IN / OUT

Date Person Contacted

Date Time Action Instruction

Date Time File Passed

☐

: Prel. Report

: Final Report

Date Time File Returned

Add Fee:

☐

Site / Sp / S

Site / Sp / S

Site / Sp / S

Site / Sp / S

Report Format

Lump Sum / B

Days Of Repair

Resurvey No. of Trip

Survey Ref

Transferred

Site / Sp / S

Site / Sp / S

Site / Sp / S

Site / Sp / S

P/P



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305113069

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

COUNT CARD NO.

REGN NO.

SHA7997C

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

02.02.2018 12:55

YR OF MANU

05.03.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU064811

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 02.02.2018

NATURE: 3P 02.02.2018

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7997C

LKE

Vehicle No.:

SHA7997C

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard