

INS. CASE OWNER:

CC 3 /AIG1800 WVO, KLWH

LKK:

IDAC:

Surveyor:

kalvin

DOI:

ASSIGNMENT

4/2/18

Date / Time :

4/2/18

Registered in Merimen:

5/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

sgm 7775P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

1/2/18

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

SHA 44282



INSRS:

WSP:

Tel :

Liability :

RMKS:

WBE
M

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 44282 - CS/PULI 06059/6 non-W/1/18
sgm 7775P - x

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

LOR + LOI

LOR + LOI

LOR + LOI

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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:

Surveyor

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

Veh No.

SHA 44282

Yr Regn:

25 May 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Toyota Prius

Colour

Blue

Sp Reading

69360

Eng/No:

C/No:

JTDKB3F460556929

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Alloy or

Tyre Size: F:

195/65 R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front

Rear

R/Bal

7

mm

R.Bal

7

mm

L/Bal

7

mm

L.Bal

7

mm

D.O.A.

1/2/18

D.O.I

2/2/18

Survey held at

C/A/E (67-01)

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

O/S Frnt

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

Date/Time File Pass to?

☐

: Prelim. Report

1)

Date/Time File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee:

☐

Site Insp. IS

☐

Inter. ev. S

☐

Tech. ins. S

☐

Weekend S

Report Format:

Lump Sum / I.B.I: S

A24
P11

A member of COMFORTDELGRO

Date/Time: 02:02:2018 11:14

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305113000

CUSTOMER

REGN NO:

SHA4428Z

MILEAGE

1/MS

COMFORT TRANSPORTATION PTE LTD

MAKE:

TOYOTA

FUEL

CUSTOMER NO

7010045

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

ADDRESS

383 SIN MING DRIVE

MODEL

PRIUS HYBRID(G4)02.02.2018 10:00

DATE/TIME IN

L. (R)

65508755

(O)

YR OF MANU

25.05.2017

TARGET DATE

(P)

CHASSIS CODE

JTDKB3FU603556925

COMPLETION DATE/TIME:

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 01.02.2018

NATURE: 3P 01.02.18

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

10:

No.:

Plate No.:

SHA4428Z

JU AIG LKK

Vehicle No.:

SHA4428Z

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard