

INS. CASE OWNER:

CC 3/AIG1800

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. :

HP:

D.O.A :

Nature of Accident :

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:

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

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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:

Sinnzug

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: _____

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

Veh No: SHD8527D Yr Regn: 05 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: HYUNDAI C.O. 1688
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 20962 T/Radio: Insured / Std / NI / NA
 Eng/No:

C/No: KMHUBHUMGU089136

Gen. Cond: Good / Fair / Poor / Burnt

Steering (In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R:

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

Front  mm R/Bal.  mm

L/Bal. $\frac{1}{2}$ mm L/Bal. $\frac{1}{2}$ mm

D.O.A. 05/02/2018 D.O.I. 6/2/2018

Survey held at

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

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

Date / Time	Action / Instruction
-------------	----------------------

Date/Time: File Pass to?

1) _____
Date/Time: File Return to?

Report Format :

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

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$☐ Interview (S)

Tech. Invs. IS

Weekend 18

Survey Fee:

Date/Time: 05.02.2018 18:22

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305113994

CUSTOMER

CITYCAB PTE LTD
7010070
CUSTOMER NO: 383 SIN MING DRIVE
ADDRESS: Singapore SINGAPORE 575717
65551188
L. (R) (O)
(P)

SCOUNT CARD NO.

REGN NO:

SHD8527D

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

05.02.2018 14:00

YR OF MANU

19.05.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU089136

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.02.2018

NATURE: 3P 05.02.2018

LABOR NO

LABOR CODE

DESCRIPTION

ALH - taxi Left Front / Side Mirror damage
LKK/MA

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Signature:

Vehicle No.:

Plate No.:

SHD8527D

LARRY

Exit Pass

Vehicle No.:

SHD8527D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard