

15/5/2010

INS. CASE OWNER:

CC 3 / AIG180 02965 / 1 / kless

LKK:
IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

12/02/18

Date / Time:

12/02/18

Registered in Merimen:

13/02/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJY 3929B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ _____ D.O.A : 07/02/18

Place of Accident : _____

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

If NO. Driver Name / Age :

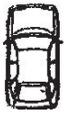
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(VL: YES / NO)

Insured Liability : % Final ? Yes / No

SH 7650A



INSRS:
WSP: CD68 (Lump)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SH 7650A - CALAIG100327d - D.O.A: 17/11/10</u>	Non-Reporting ltr (1st):	
<u>CC3/LCR1800328/kless D.O.A: 24/12/17</u>	Non-Reporting ltr (2nd):	
<u>SJY 3929B - X</u>	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: \$ \$	(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: \$ \$		
Loss of Rental (LOR): \$ \$	(days)	
Loss of Use (LOU): \$ \$	(\$ x days)	
Loss of Income (LOI): \$ \$	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$ \$	
Medical:	\$ \$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ \$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$ \$	3) Survey fee:
Total:	\$ \$	Global Sum \$ \$:
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$ \$	Name 1:
Payee 2: (Strike if N.A.)	\$ \$	Name 2:
Payee 3: (Strike if N.A.)	\$ \$	Name 3:

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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

GA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 7654A Yr Regn: 8 Apr 2014

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 483429 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLR 44AE4052453

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: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 7/2/8 D.O.I. 12/2/8

Survey held at COBE (toyota)

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

Front o/s

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

Date / Time	Action / Instruction
	<u>AZG</u>
	<u>4s</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

1) _____
Date/Time, File Return to?

2) _____
Report Format : _____
Lump Sum / I.B.I.: (\$ _____)

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

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
_____ S + RS, _____ SI	
Photos	
Others	
TOTAL	

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305116146

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SH 7654A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 12.02.2018 11:15
	YR OF MANU 08.04.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU052453	COMPLETION DATE/TIME:

ARK

JOB DESCRIPTION

Accident Date: 07.02.2018
 NATURE: 3P 07.02.2018

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

_____	_____
SERVICE ADVISOR	CUSTOMER'S SIGNATURE

Knowledge Slip

Vehicle No.: SH 7654A

Vehicle No.: CHIANG

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7654A

Name of Service Advisor

Date

To be kept by Security Guard